FEC FORM 3X	REPORT	OF REC SBURSEM	ENTS	Office	Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		ole: If typing, type he lines.	12FE4M5	
UnitedHealth Gro	up Incorporated F	PAC (UnitedHeal	th Group PAC)		
ADDRESS (number and str Check if different than previously reported. (ACC)	Suite 600	nia Ave, NW)4
2. FEC IDENTIFICATION	ON NUMBER ▼	CITY ▲	S	STATE 🔺	ZIP CODE
C C00274431		3. IS THIS REPORT	NEW (N) OR	X (A))
 4. TYPE OF REPOR (Choose One) (a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Year-End Re July 31 Mid- Report (Non Year Only) (Termination (TER) 	eport (Q1) eport (Q2) eport (Q3) eport (YE) -Year -election MY) (c) 12-D PRE Report (d) 30-D POS Report	Election ort for the: Co Election on	May 20 (M5) Jun 20 (M6) Jul 20 (M7) rimary (12P) onvention (12C) M M / D D / eneral (30G) M M / D D / through		(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
I certify that I have exam Type or Print Name of Tr Signature of Treasurer NOTE: Submission of false	Muldoon, Alliso	on, , ,	Da	ate 08 / 0	2 / Y Y Y Y 2023
Office Use Only					C FORM 3X Rev. 05/2016

08/02/2023 13 : 08

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 05/2016)		Page 2
Write or Type Committee Name		
UnitedHealth Group Incorporated	PAC (UnitedHealth Group PAC)	
Report Covering the Period: From:	06 / 01 / Y Y Y Y To:	06 / 0 / Y Y Y Y 06 2023
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		422616.69
(b) Cash on Hand at Beginning of Reporting Period	807144.71	
(c) Total Receipts (from Line 19)	117639.13	825322.15
 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	924783.84	1247938.84
7. Total Disbursements (from Line 31)	230750.00	553905.00
 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 	694033.84	694033.84
 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

Imagad#	2023080	2050640	03600

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) MM D D 01 06 2023 06 30 2023 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 112307.44 743625.66 (i) Itemized (use Schedule A)..... 5331.69 79196.49 (ii) Unitemized (iii) TOTAL (add 822822.15 117639.13 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 822822.15 117639.13 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 Party Committees..... 0.00 13. All Loans Received 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 2500.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))...... 117639.13

20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶ 117639.13

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	-,-		825322.15
	_		825322.15

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 425000.00 127500.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 105.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 105.00 29. Other Disbursements (Including 128800.00 Non-Federal Donations)..... 103250.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 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

I

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
 Total Contributions (other than loans) (from Line 11(d), page 3) 	117639.13	822822.15
 Total Contribution Refunds (from Line 28(d)) 	0.00	105.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	117639.13	822717.15
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

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:

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and Stat for commercial purposes, other than using the na							
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	UnitedHealth Group PA	C)					
Α.	Full Name of Individual (Last, First, Middle Initial GAUDIO, JOSEPH, , , Mailing Address 4842 E MOUNTAIN VIEW RD) or Full O	rganization Name	Date of Receipt				
	City PARADISE VALLEY	State AZ	Zip Code 85253-1539	Transaction ID : PR1159811868559 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		384.60				
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Reg	upation (for Individual) yn CEO Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)				
в.	Full Name of Individual (Last, First, Middle Initial MIGLIORI, RICHARD, , , Mailing Address 8025 VIA VECCHIA	Date of Receipt						
	City NAPLES	State FL	Zip Code 34108-7700	Transaction ID : PR1159827468559 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Senior Advisor	384.60 Memo Item				
	Beceint For:	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)				
C.	Full Name of Individual (Last, First, Middle Initial MILLER, KATHERINE, , ,) or Full O	organization Name	Date of Receipt				
	Mailing Address 2321 HARBOR LAKE DRIVE	State	Zip Code	06 / 30 / 2023				
	ORANGE PARK	FL	32003-7799	Transaction ID : PR1554324368559 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		384.60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Ntwk	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)				
s	UBTOTAL of Receipts This Page (optional)		•	1153.80				
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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		ose of	solicitir		ntribut	ions			
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	AC)										
۹.	Full Name of Individual (Last, First, Middle Initia ANDERSON, CRAIG, , ,	l) or Full O	rganization Name		Date of Receipt									
	Mailing Address 47 AMATO CIRCLE	1												
	City WETHERSFIELD	State CT	Zip Code 06109-3971	Transaction ID : PR1575957368559 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In Pres Ntwk Mgmt		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initial KELLY, JOHN, , ,	l) or Full O	rganization Name		Date of Receipt									
	Mailing Address 4901 HAWTHORNE COURT SUITE 304				06 / 0 / Y Y Y Y 2023									
	City EDINA	State MN	Zip Code 55436-5802				on ID : Each R							
	FEC ID number of contributing federal political committee.	С			384.60 Memo Item									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Tax											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P	P/R Deduction (\$192.30 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initial JOHNSON, THAD, , ,	l) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 9741 GLACIER BAY				^M 06	/	30		2	023	Y			
	City EDEN PRAIRIE	State MN	Zip Code 55347-2615				i on ID : Each R)			
	FEC ID number of contributing federal political committee.	С					y	, ,		384.6	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group Gen Counsel		M	emc	ltem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
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or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (UnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middl A. SCHUMACHER, DANIEL, , ,	le Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 5401 LARADA LANE			06 / D / Y Y Y Y 2023										
City EDINA	State MN	Zip Code 55436-1024	Transaction ID : PR1596305468559										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Strat & Growth Officer	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middl THEISEN, SCOTT, , ,													
	Mailing Address 1950 MEADOWWOODS TRAIL												
City LONG LAKE	State MN	Zip Code 55356-9312	Transaction ID : PR1596305668559 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) s Unit CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Midd C. ANDERSON, MICHAEL, , ,	le Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 17907 INVERNESS CUF			06 / D D / Y Y Y Y Y 2023										
City EDEN PRAIRIE	State MN	Zip Code 55347-2155	Transaction ID : PR1596309368559 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P CInt Relationship	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
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\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initia BORCA, TROY, , ,	l) or Full O	Orgar	nization Name		Date of Receipt									
	Mailing Address 2112 STROLLING WAY					M M / D D / Y Y Y Y Y 06 30 2023									
	City NORTHLAKE	State TX		Zip Code 76226-3369	Transaction ID : PR1596310468559 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.92										
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		N	/lem	0	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 499.98	I F	P/R Deduction (\$38.46 Bi-Weekly)									
B.	Full Name of Individual (Last, First, Middle Initia DAVIDSON, TRACY, , ,		Date of Receipt												
	Mailing Address 6058 HARBOUR TOWN CIR		06 / D D / Y Y Y Y 2023												
	City WESTERVILLE	State OH		Zip Code 43082-8144					o n ID : F Each Re)	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initia HEUMANN, KURT, , ,	l) or Full O	Orgar	nization Name		Date	of R	ec	eipt						
	Mailing Address 63 MUIRFIELD COURT	1.0				^M 06		/	D D 30		Ŷ	20	23		
	City SAINT LOUIS	State MO		Zip Code 63141-7372					on ID : I Each Re)	
	FEC ID number of contributing federal political committee.	С				<u> </u>		,	,		y		88.4	6	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		r	/lem	10	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 574.99	I F	P/R De	duc	tio	on (\$44.	23	Bi-We	ekly	()		
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$\overline{)}$	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	(C)										
Α.	Full Name of Individual (Last, First, Middle Initia HIGGINS, MARY, , ,	l) or Full O	Organ	ization Name		Date of	Re	eceip	ot						
	Mailing Address 54 BELCREST ROAD					06 30 2023									
	City	State		Zip Code		Trans	acti	ion	ID : P	R1596	3138	68559)		
	WEST HARTFORD	СТ		06107-3304	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		M	emo) Ite	em									
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	Primary General Other (specify) ▼		P/R Ded	luctio	on ((\$38.4	6 Bi-We	eekly	/)						
В.	Full Name of Individual (Last, First, Middle Initia TODD, JEFFREY, , ,		Date of Receipt												
	Mailing Address 467 PRAIRIE WAY SOUTH		06	/	D	30	/ Y	20	23 [°]	Y					
	City		Zip Code		Trans	acti	on	ID : P	R15963	3190	68559	1			
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	FEC ID number of contributing federal political committee.			Ē		-		-	_	50.0	0				
	Name of Employer (for Individual) United HealthCare Services Inc		P Underwriting												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia PETERSON, MATTHEW, , ,	l) or Full O	Drgan	ization Name		Date of	Re	eceip	ot						
	Mailing Address 2260 FOX STREET					06 30 2023									
	City	State		Zip Code		Trans	acti	ion	ID : P	R1602	6699	68559)		
	ORONO	MN		55356-8316		Amount	t of	Eac	ch Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С				<u> </u>		y		y	_	384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) sillary & Ind/Sgt CAO		М	emo	b Ite	em						
	Receipt For:	Aggregate	Year	-to-Date ▼											
	Primary General Other (specify)		- y	2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
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IT				or each category of the Detailed Summary Page		11a 11b 11c 12 13 14 15 16 17						
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	Uni	tedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initia EMERSON, PAUL, , , Mailing Address 18855 MEADOW VIEW BLVD	l) or Full O	rgar	nization Name		ate of Receipt						
	City PRIOR LAKE	State MN		Zip Code 55372-3133	06 30 2023 Transaction ID : PR1806750368559 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				384.60						
	Name of Employer (for Individual) Optum Services, Inc			ion (for Individual) t CEO		Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	P/I	R Deduction (\$192.30 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia ANDERSON, CATHERINE, , ,	l) or Full O	rgar	nization Name		ate of Receipt						
	Mailing Address 57 SIMMONS LANE City SEVERNA PARK	State MD		Zip Code 21146-1921		06 / 30 / 2023 Transaction ID : PR1903550768559 mount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С				384.60						
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) alth Equity Strategy		Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initia WEYMOUTH, PAUL, , ,	l) or Full O	rgar	nization Name	D	ate of Receipt						
	Mailing Address 1185 HOPKINTON RD	State		Zip Code	4 6	06 / 30 / 2023 Transaction ID : PR1903636968559						
	HOPKINTON	NH		03229-2647		mount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			ļ	384.60						
	Name of Employer (for Individual) Optum Services, Inc	Occu Mkt		ion (for Individual) CIO		Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
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	y information copied from such Reports and Stat for commercial purposes, other than using the n																
	NAME OF COMMITTEE (In Full)																
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	AC)												
Α.	Full Name of Individual (Last, First, Middle Initial DUPERRE, BRIAN, , ,) or Full O	rgani	ization Name		Date of	Re	eceij	pt								
	Mailing Address 100 LONG HILL DRIVE				06 / D D / Y Y Y Y 2023												
	City	State CT		Zip Code	Transaction ID : PR1910417368559												
	SOMERS			06071-1272	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			76.92												
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Gen Counsel		M	emo	o Ite	em								
	Receipt For:	Aggregate	Year	r-to-Date ▼													
	Primary General Other (specify) ▼		7	499.98	F	P/R Ded	ucti	ion ((\$38.4	46 Bi-W	eekly	y)					
В.	Full Name of Individual (Last, First, Middle Initial GILDERNICK, AMY, , ,) or Full O	rgani	ization Name		Date of	Re	ecei	pt								
	Mailing Address 2709 WILLIAMS GRANT																
	City	State		Zip Code	Transaction ID : PR2119475268559 Amount of Each Receipt this Period												
	DE PERE	WI		54115-9456													
	FEC ID number of contributing federal political committee.	С			40.00 Memo Item												
	Name of Employer (for Individual) United HealthCare Services Inc			on (for Individual) Mgmt													
	Receipt For:	Aggregate	Year	r-to-Date ▼													
	Primary General Other (specify) ▼		,	260.00	P	/R Ded	uctio	on ((\$20.0	00 Bi-W	eekly	()					
с.	Full Name of Individual (Last, First, Middle Initial KANNE, KATHLEEN, , ,) or Full O	rgani	ization Name		Date of	Re	ecei	pt								
	Mailing Address 4826 PALOMINO COURT					^M 06	/		30	/ Y)23	Y				
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2119	4796	68559)				
	ERIE	PA		16506-6624		Amount	of	Ead	ch Re	eceipt th	nis P	eriod					
	FEC ID number of contributing federal political committee.	С						,		9		384.6	0				
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) rience		M	emo	o Ite	əm								
	Pagaint For:	Aggregate			—												
	Primary General Other (specify)		7	2499.90	F	P/R Ded	lucti	ion	(\$192	.30 Bi-\	Veek	kly)					
s	UBTOTAL of Receipts This Page (optional)				.			,				501.5	2				
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Use separate schedule(s) for each category of the Detailed Summary Page

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				Detailed Summary Page		(11a		_	11b 14		11c 15		12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for th			oose		oliciting		ntribut	ons			
	NAME OF COMMITTEE (In Full)																
\rangle	UnitedHealth Group Incorporated	BAC (Un	itedHealth Group PA	AC)												
Α.	Full Name of Individual (Last, First, Middle Initia MACEMEADOR, HEATHER, , ,	l) or Full O)rgai	nization Name		Date	of	Re	ceip	ot							
	Mailing Address 13531 CARLTON OAKS				M M / D / Y												
	City	State		Zip Code	Transaction ID : PR2119482568559												
	SAN ANTONIO	ТХ	_	78232-4902	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			40.00												
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) I Clin Ops			Mei	mo	Iter	m							
	Receipt For:	Aggregate	Yea	ur-to-Date ▼													
	Primary General Other (specify) ▼		-7-	260.00	P/R Deduction (\$20.00 Bi-Weekly)												
В.	Full Name of Individual (Last, First, Middle Initia NYGARD, KEITH, , ,	l) or Full O	rga	nization Name		Date	of	Re	ceip	ot							
	Mailing Address 8056 CARPENTER CREEK AVE	ENUE			Date of Receipt 06 Transaction ID : PR2119485068559 Amount of Each Descint this Descind												
	City	State		Zip Code													
	LAS VEGAS	NV		89113-3685	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С				Ē			,	_	-9	_	40.0	0			
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Adhr			Mei	mo	Iter	m							
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻													
	Primary General Other (specify) ▼		,	260.00	P/R Deduction (\$20.00 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initia WRIGHT, GREGORY, , ,	l) or Full O)rgai	nization Name		Date	of	Re	ceip	ot							
	Mailing Address 10471 STRAND TERRACE					M 06		1	D	30	/ Y)23	Y			
	City	State CA		Zip Code		Tra	nsa	icti	ion l	ID : P	R2119	4941	68559)			
	SANTA ANA			92705-1495		Amou	Int	of	Eac	h Reo	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С				Ē	_		9		y	_	384.6	0			
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Hlth	Memo Item														
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	Other (specify)		-	2499.90	F	P/R D	edu	uctio	on (\$192.	30 Bi-\	Veek	<ly)< td=""><td></td></ly)<>				
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ITEMIZED REGEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$											
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle In HULTGREN, BROR, , ,	nitial) or Full C	Organization Name	Date of Receipt											
Mailing Address 408 22ND ST			06 / D D / Y Y Y Y Y 06 30 2023											
City GOLDEN	State CO	Zip Code 80401-2452	Transaction ID : PR2133133268559 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Gen Mgmt	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle In PUTNAM, T JEFFREY, , ,	nitial) or Full C	Organization Name	Date of Receipt											
Mailing Address 303 ELMWOOD PLACE WE	ST		06 30 / Y Y Y Y 2023											
City MINNEAPOLIS	State MN	Zip Code 55419-1349	Transaction ID : PR2133134268559 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) t Group CFO	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle II C. RUMMEL, LEAH, , ,	nitial) or Full C	Organization Name	Date of Receipt											
Mailing Address 12100 TRAUTWEIN ROAD	1		06 / D D / Y Y Y Y 2023											
City AUSTIN	State TX	Zip Code 78737-9358	Transaction ID : PR2145729568559 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		38.46											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.52	P/R Deduction (\$0.00 Bi-Weekly)											
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$\overline{\left\langle \cdot \right\rangle}$	NAME OF COMMITTEE (In Full)																
\rangle	UnitedHealth Group Incorporated	d PAC (I	Unit	edHealth Group PA	AC)												
Α.	Full Name of Individual (Last, First, Middle Initia LEWIS, KURT, , ,	l) or Full O	Organi	zation Name		Date of Receipt											
	Mailing Address 961 RIVER FOREST DRIVE	1				06	1		D D D 30	/ Y	ү 20	023	Y				
	City MAINEVILLE	State OH		Zip Code 45039-7720	Transaction ID : PR2203967568559 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 384.60												
	Name of Employer (for Individual) United HealthCare Services Inc		upation Plan	on (for Individual) CEO		M	emo	o Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)												
B.	Full Name of Individual (Last, First, Middle Initia BEAULE, JEAN-FRANCOIS, , ,	l) or Full O	Organi	zation Name		Date of	f Re	ecei	ipt								
	Mailing Address 7 STRATFORD RD				06 / 0 / Y Y Y Y Y Y 2023												
	City FARMINGTON	State CT		Zip Code 06032-1444	Transaction ID : PR2225813668559 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		-9-		390.0	0				
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Advancement	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 2455.38	P/R Deduction (\$195.00 Bi-Weekly)												
C.	Full Name of Individual (Last, First, Middle Initia RYAN, JOHN, , ,	l) or Full O	Organi	zation Name		Date of	f Re	ecei	ipt								
	Mailing Address 45 WESTMORELAND LN		1.			^M 06	L.	L	30	/ Y	20)23					
	City NAPERVILLE	State IL	4	Zip Code 60540-5817		Trans Amoun				R2225)				
	FEC ID number of contributing federal political committee.	С						1		j		384.6	0				
	Name of Employer (for Individual) United HealthCare Services Inc		upatic sion C	on (for Individual) CEO		М	emc	o Ite	em								
	Receipt For: Primary General Other (specify)	Aggregate	Year	to-Date ▼ 2499.90	F	P/R Dec	lucti	ion	(\$192.	30 Bi-V	Veel	kly)					
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (JnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial KANTOLA, KEVIN, , , Mailing Address 7031 HALSTEAD DRIVE) or Full O	rganization Name	Date of Receipt
	City MINNETRISTA	State MN	Zip Code 55364-3201	Transaction ID : PR2247627068559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) T	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial OBRIEN, DENNIS, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 61 LOUGHLIN AVE City COS COB	State CT	Zip Code 06807-2621	Mode / D D / Y Y Y Y 06 / 30 / 2023 Transaction ID : PR2247627368559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial PRINCE, JOHN, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 546 HARRINGTON ROAD	State	Zip Code	06 / 30 / 2023 Transaction ID : PR2259738468559
	WAYZATA	MN	55391-1550	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp Pres & COO	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2307.60	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	961.50
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Α.	Full Name of Individual (Last, First, Middle Initia CRONN, CHRISTOPHER, , ,	l) or Full O	rganiz	ation Name	Date of Receipt										
	Mailing Address 1122 COLORADO STREET SUITE 2399				M M / D D / Y Y Y Y 06 30 2023										
	City	State	Z	ip Code		Trans	sacti	on ID	: PR	22705	229685	59			
-	AUSTIN	TX		78701-2132	_	Amoun	t of	Each	Rece	eipt thi	s Perio	d			
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	Name of Employer (for Individual) United HealthCare Services Inc		upatio rt Affs	n (for Individual) Dir		М	lemo	Item							
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B.	Full Name of Individual (Last, First, Middle Initia KEPLEYCARRIER, ANGELA, , ,	l) or Full O	rganiz	ation Name	Date of Receipt										
	Mailing Address 3219 PENINSULA DRIVE	1-			06 / D D / Y Y Y Y 2023										
	City JAMESTOWN	State NC		ip Code 27282-8717	Transaction ID : PR2402317768559 Amount of Each Receipt this Period										
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	FEC ID number of contributing federal political committee.	С				Ļ.		,		-	40	0.00			
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Ì	Receipt For:	Aggregate	Year-t	o-Date ▼											
	Primary General Other (specify) ▼		,	260.00		P/R Dec	ductio	on (\$20	0.00	Bi-We	ekly)				
	Full Name of Individual (Last, First, Middle Initia MCGRATH, STACY, , ,	ll) or Full O	rganiz	ation Name		Date o	f Re	ceipt							
	Mailing Address 5801 CHOWEN AVE S					^M 06	/	30		/ Y	y 2023	Ŷ			
	City	State		ip Code		Trans	sacti	ion ID	: PR	24023	185685	59			
-	EDINA	MN		55410-2759	_	Amoun	t of	Each	Rece	eipt thi	s Perio	d			
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	Name of Employer (for Individual) United HealthCare Services Inc		upatio Bus Pr	n (for Individual) ocess		M	lemo	Item							
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\setminus	NAME OF COMMITTEE (In Full)																	
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۹.	Full Name of Individual (Last, First, Middle Ir HIGA, JOY, , ,	nitial) or Full O	Drgani	zation Name		Date of	Re	eceipt										
	Mailing Address 2208 ELM AVENUE				06 / D D / Y Y Y Y Y 2023													
	City MANHATTAN BEACH	State CA		Zip Code 90266-2809	Transaction ID : PR2402446268559													
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 384.60													
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) mpl Off & SVP Reg Affs		M	emc	tem										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)													
в.	Full Name of Individual (Last, First, Middle Ir ALEXANDER, CORY, , ,	nitial) or Full O	Drgani	zation Name		Date of	Re	eceipt										
	Mailing Address 6412 HIGHLAND DRIVE				06 / D D / Y Y Y Y 2023													
	City	State		Zip Code	Transaction ID : PR2405428868559													
	CHEVY CHASE	MD		20815-6608	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			384.60													
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) nior Advisor	P/R Deduction (\$192.30 Bi-Weekly)													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 2499.90														
С.	Full Name of Individual (Last, First, Middle Ir WEE, KATHLYN, , ,	nitial) or Full O	Drgani	zation Name	Date of Receipt													
	Mailing Address 2225 46TH ST NW					06 30 2023												
	City WASHINGTON	State DC		Zip Code 20007-1032	-	Trans Amount		ion ID					9					
	FEC ID number of contributing federal political committee.	С				Amoun			ieceip		SF	384.6	60					
	Name of Employer (for Individual) United HealthCare Services Inc		upation Plan	on (for Individual) CEO	Memo Item													
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			Detailed Summary Page		11a 13		11b		11c 15		12 16	17			
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	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia BALTHAZOR, PAUL, , ,	l) or Full Or	ganization Name		Date of Receipt										
	Mailing Address 2002 SUGARWOOD DRIVE														
	City ORONO	State MN	Zip Code 55356-9339	Transaction ID : PR2437120768559 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		384.60											
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Segment COO		M	emo	ltem	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	F	P/R Ded	ucti	on (\$1	192.	.30 Bi-V	Veek	kly)				
в.	Full Name of Individual (Last, First, Middle Initial NESS, LAURA, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 10550 PINNACLE WAY				м м 06	/	D	во ВО	/ Y	20)23	Y			
	City WOODBURY	State MN	Zip Code 55129-4282						R24371 ceipt th						
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Peri 38								384.6	0			
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
C.	Full Name of Individual (Last, First, Middle Initia COSGRIFF, JOHN, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 1875 HUNTER LANE	1 -			^M 06	/	3	30 D	/ Y	20)23 [°]				
	City MENDOTA HEIGHTS	State MN	Zip Code 55118-4110		Trans Amount				R2437)			
	FEC ID number of contributing federal political committee.	С		384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Unit CEO		M	emc	b Item	I							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	F	P/R Ded	lucti	ion (\$	192	.30 Bi-V	Veeł	kly)				
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middle EDELSON, BRETT, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 4600 DREXEL AVENUE			M M / D D / Y Y Y Y 06 30 2023											
City	State	Zip Code	Transaction ID : PR2437127168559											
EDINA	MN	55424-1132	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle RAINEY, PETER, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 8850 COUNTY ROAD 26			06 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
City	State	Zip Code	Transaction ID : PR2437127568559											
MINNETRISTA	MN	55359-9445	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group CFO	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle HEYMAN, STEPHEN, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 5300 SHERRILL AVENUE			06 / D D / Y Y Y Y 06 30 2023											
City	State	Zip Code	Transaction ID : PR2444265768559											
CHEVY CHASE	MD	20815-3720	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strategy & Partnerships	Memo Item											
Receipt For:	Aggregate	Year-to-Date V	7											
Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia LANGER, DONALD, , , Mailing Address 5110 OAK RAMBLING DRIVE) or Full O	rganization Name	Date of Receipt
	City KATY	State TX	Zip Code 77494-1971	Transaction ID : PR2445015468559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Hlth	upation (for Individual) n Plan CEO Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial MCMAHON, DIRK, , , Mailing Address 60 WILDHURST ROAD) or Full O	Organization Name	Date of Receipt
	City EXCELSIOR FEC ID number of contributing federal political committee.	State MN	Zip Code 55331-8461	06 30 2023 Transaction ID : PR2491457068559 Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Pre	upation (for Individual) sident UHG & COO Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia NATHAN, DONALD, , , Mailing Address 1643 SPRING CREEK DRIVE) or Full O	Organization Name	Date of Receipt
	City SARASOTA FEC ID number of contributing	State FL	Zip Code 34239-5046	06 30 2023 Transaction ID : PR2491457368559 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Senior Advisor	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	1153.80
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\backslash	NAME OF COMMITTEE (In Full)																	
	UnitedHealth Group Incorporated	`		·	AC)													
A.	Full Name of Individual (Last, First, Middle Initial SMITH, KARA, , ,	l) or Full Or	rgar	nization Name		Date of	f Re	ece	eipt									
	Mailing Address 3917 TERRY PLACE		,		06 / D D / Y Y Y Y 2023													
	City ALEXANDRIA	State VA		Zip Code 22304-1737	Transaction ID : PR2540175368559 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			384.60													
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP C	•	ion (for Individual) Affs		M	emo	o It	em									
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Yea	r-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)													
В.	Full Name of Individual (Last, First, Middle Initial PURDY, PATRICIA, , ,	l) or Full Or	rgar	ization Name		Date of	f Re	ece	eipt									
	Mailing Address 3615 THORNAPPLE STREET				06 / 0 / Y Y Y Y 06 / 2023													
	City CHEVY CHASE	State MD		Zip Code 20815-4113	Transaction ID : PR2541300668559 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С						-			- - J-		384.6	0				
	Name of Employer (for Individual) Optum Services, Inc			ion (for Individual) ategy	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	P	P/R Deduction (\$192.30 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initial RAMSAY, RICHARD, , ,	l) or Full Or	rgar	nization Name		Date of	f Re	ece	eipt									
	Mailing Address 543 E LURAY AVE					^M 06	Ŀ.	[D 30			20	23					
	City ALEXANDRIA	State VA		Zip Code 22301-1605		Trans Amount					2 5425 eipt thi)				
	FEC ID number of contributing federal political committee.	С						,			y		100.0	0				
	Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Regl Affs						Memo Item									
		Aggregate `	Yea	_														
	Other (specify)		-	650.00	F	P/R Dec	lucti	ion	ı (\$50	.00	Bi-We	ekly	/)					
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	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		pos	se of s	soliciti		ontribut	ions			
$\overline{)}$	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (I	Uni	tedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia DAVENPORT, ALLISON, , ,	l) or Full O	Orgar	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 141 PELHAM ROAD					^M 06	/		D D D	1	Y Z	2023	Y			
	City PHILADELPHIA	State PA		Zip Code 19119-2661	Transaction ID : PR2552313668559 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			384.60											
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
B.	Full Name of Individual (Last, First, Middle Initial BRYANT, JEREMY, , ,	l) or Full O	Orgar	ization Name		Date of	Re	ecei	ipt							
	Mailing Address 4534 MYSTIQUE WAY				06 30 2023											
	City	State		Zip Code		Trans	acti	ion	ID : F	PR255	2961	368559)			
	ROSWELL	GA		30075-2087	_	Amount	of	Ea	ach Re	eceipt	this	Period				
	FEC ID number of contributing federal political committee.	С					_	-				76.9	92			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt NA Accts		Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)											
c.	Full Name of Individual (Last, First, Middle Initial COLEMAN, MICHAEL, , ,	l) or Full O	Orgar	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 842 NAGLE STREET					^M 06	1	E	^D 30	1		2023	Y			
	City HOUSTON	State TX		Zip Code 77003-1266								46855	9			
	FEC ID number of contributing federal political committee.	С				Amount	OT	Ea	icn Re	eceipt	tnis	Period 76.9	92			
	Name of Employer (for Individual)	Осси	ion (for Individual)	_	M	emc	o Ite	em								
	Optum Services, Inc Receipt For:	I		Mgmt												
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 499.98	F	P/R Ded	lucti	ion	(\$38.4	46 Bi-	Weeł	dy)				
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			13	14 15	16	17
Any information copied from such Reports or for commercial purposes, other than us						
NAME OF COMMITTEE (In Full)						
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group PA	AC)			
Full Name of Individual (Last, First, Mic FLANNERY, SCOTT, , ,	dle Initial) or Full C	rganization Name	Date of R	Receipt		
Mailing Address 8508 TRELADY CT			06	/ D D / 30	Y Y Y 2023	Y
City	State	Zip Code	Transac	tion ID : PR25	5296236855	;9
PLANO	ТХ	75024-6827	Amount o	f Each Receipt	this Period	
FEC ID number of contributing federal political committee.	C				192.	30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Mem	no Item		
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		1249.95	P/R Deduc	ction (\$96.15 Bi-	Weekly)	
Full Name of Individual (Last, First, Mid B. JAMES, GREGORY, , ,	ddle Initial) or Full C	rganization Name	Date of R	Receipt		
Mailing Address 2323 KINGS POINT DI	RIVE		M M 06	/ D D / 30	y y y 2023	Y
City	State	Zip Code	Transac	tion ID : PR255	296326855	9
LARGO	FL	33774-1009	Amount o	of Each Receipt	this Period	
FEC ID number of contributing federal political committee.	C			-y- 1y-	76.	92
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir	Mem	no Item		
Receipt For:	Aggregate	Year-to-Date V				
Primary General Other (specify) ▼		499.98	P/R Deduc	tion (\$38.46 Bi-\	Weekly)	
Full Name of Individual (Last, First, Mic C. KIDAMBI, NARASIMHAN, , ,	ddle Initial) or Full C	rganization Name	Date of R	Receipt		
Mailing Address 18477 85TH AVE N			M M 06	/ D D / 30	Y Y Y 2023	Y
City	State	Zip Code	Transac	ction ID : PR25	5296386855	i9
MAPLE GROVE	MN	55311-1663	Amount o	of Each Receipt	this Period	
FEC ID number of contributing federal political committee.	C			, , , ,	40.	00
Name of Employer (for Individual)	Occ	upation (for Individual)	Merr	no Item		
United HealthCare Services Inc	Ass	c Dir Bus Anlys				
Receipt For:	Aggregate	Year-to-Date V				
Other (specify)		260.00	P/R Deduc	ction (\$20.00 Bi-	Weekly)	
SUBTOTAL of Receipts This Page (optio	nal)			,	309.	22
TOTAL This Period (last page this line n	umber only)					

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NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpo	,	•	AC)										
Full Name of Individual (Last, First, Midd LOVELADY, JOHN, , ,		organization Name		Date of	Re	ceipt	-						
Mailing Address 5378 BUENA VISTA DR	1			^M M 06	/	D 3	BO	/ Y	ү ү 2023	Y			
City	State	Zip Code		Trans	acti	ion ID) : P	R25529	96426855	9			
FRISCO	ТХ	75034-2253	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Bus Ops		Me	emo	Item	l						
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		2499.90	P	/R Ded	uctio	on (\$′	192	.30 Bi-V	Veekly)				
Full Name of Individual (Last, First, Midd B. PAULUS, LESLIE, , ,	lle Initial) or Full C	Organization Name		Date of	Re	ceipt							
Mailing Address 305 E TUCKEY LN				м м 06	1	D 3	BO	/ Y	y y 2023	Y			
City	State	Zip Code		Trans	acti	on ID) : P	R25529	96526855	9			
PHOENIX	AZ	85012-1048	A	Amount	of	Each	Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	C					-		-9-	76.	92			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir		Me	emo	Item	1						
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		499.98	P/	/R Ded	uctio	on (\$3	38.4	6 Bi-We	eekly)				
Full Name of Individual (Last, First, Midd C. POTTER, DONALD, , ,	lle Initial) or Full C	Prganization Name		Date of	Re	ceipt							
Mailing Address 116 FULLER LANE		- 1		^M 06	/	D	во ВО	/ Y	2023	Y			
City	State	Zip Code		Trans	acti	ion IC) : F	PR2552	96546855	i9			
WINNETKA	IL	60093-4213	A	Amount	of	Each	Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	C					,		9	69.	22			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clnt Svc Acct Mgt		Me	emo	ltem	ı						
Receipt For:	I		-										
Primary General	Aggregate	Year-to-Date ▼		י - ח ח/		or (*	0 4 <i>4</i>		مارين				
Other (specify)		449.93		/K Ded	ucti	on (\$	34.6	61 Bi-W	еекіу)				
SUBTOTAL of Receipts This Page (option	al)					,		,	530.	74			
TOTAL This Period (last page this line nur	mber only)					_		-					

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	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee. 10 10 10 Date of Receipt 06 30 2023 10 <td< th=""></td<>								
and address of any political committee t AC (UnitedHealth Group PAC Full Organization Name tte Zip Code 02465-1006 Occupation (for Individual) VP Architecture egate Year-to-Date ▼ 249.99	Date of Receipt 06 / 30 / 2023 Transaction ID : PR2553475068559 Amount of Each Receipt this Period 38.46 Memo Item								
Full Organization Name tte A Zip Code 02465-1006 Cocupation (for Individual) VP Architecture egate Year-to-Date ▼ 249.99	Date of Receipt M M M / 30 / 2023 Transaction ID : PR2553475068559 Amount of Each Receipt this Period 38.46 Memo Item								
Full Organization Name tte A Zip Code 02465-1006 Cocupation (for Individual) VP Architecture egate Year-to-Date ▼ 249.99	Date of Receipt M M M / 30 / 2023 Transaction ID : PR2553475068559 Amount of Each Receipt this Period 38.46 Memo Item								
tte Zip Code 02465-1006 Occupation (for Individual) VP Architecture egate Year-to-Date ▼ 249.99	Mod / Job / Y								
A 02465-1006 Occupation (for Individual) VP Architecture egate Year-to-Date ▼ 249.99	06 30 2023 Transaction ID : PR2553475068559 Amount of Each Receipt this Period 38.46 Memo Item								
A 02465-1006 Occupation (for Individual) VP Architecture egate Year-to-Date ▼ 249.99	Amount of Each Receipt this Period 38.46 Memo Item								
Occupation (for Individual) VP Architecture egate Year-to-Date ▼ 249.99	38.46 Memo Item								
VP Architecture egate Year-to-Date ▼ 249.99	Memo Item								
VP Architecture egate Year-to-Date ▼ 249.99									
249.99	P/R Deduction (\$19.23 Bi-Weekly)								
249.99	P/R Deduction (\$19.23 Bi-Weekly)								
Full Organization Name									
	Date of Receipt								
	06 / Y Y Y Y 06 30 2023								
te Zip Code	Transaction ID : PR2554013368559								
N 37027-8479	Amount of Each Receipt this Period								
	384.60								
Occupation (for Individual) Regn CEO	Memo Item								
egate Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Organization Name	Date of Receipt								
	M M / D D / Y Y Y Y 06 30 2023								
	Transaction ID : PR2560064468559								
- 08122-1281	Amount of Each Receipt this Period								
	76.92								
Occupation (for Individual)	Memo Item								
Med Dir									
egate Year-to-Date 🔻									
499.98	P/R Deduction (\$38.46 Bi-Weekly)								
•	499.98								
	Regn CEO regate Year-to-Date ▼ 2499.90 Full Organization Name ate Zip Code 68122-1281 Occupation (for Individual) Med Dir regate Year-to-Date ▼ 499.98								

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\	DF COMMITTEE (In Full)														
Unite	dHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)											
	ne of Individual (Last, First, Middle Ini CURSIO, DONALD, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing A	Address 72 MIDNIGHT RIDGE DR				м м 06	/	30		ΥΥ 2	023	Y				
City LAS VE	GAS	State NV	Zip Code 89135-1680					PR256			•				
FEC ID	number of contributing political committee.	С		Amount of Each Receipt this Period 384.60											
	[:] Employer (for Individual) Ian of Nevada		upation (for Individual) Plan CEO		Me	emo	Item								
	For: mary General her (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P	/R Ded	uctio	on (\$19	2.30 Bi-	Wee	kly)					
	ne of Individual (Last, First, Middle Ini IAN, SHELDON, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing A	Address 55 CLIFFIELD ROAD				M M 06	/	30		20) 23	Y				
City BEDFOI	RD	State NY	Zip Code 10506-1210	/				PR2560 Receipt 1)				
	number of contributing political committee.	С			_			1 45		194.0	00				
	f Employer (for Individual) lealthCare Services Inc	Occi Mec	upation (for Individual) I Dir		Me	emo	Item								
	For: mary General her (specify) ▼	Aggregate	Year-to-Date ▼ 1261.00	P/R Deduction (\$97.00 Bi-Weekly)											
Full Nam C. LOBE	ne of Individual (Last, First, Middle Ini RG, ANGELA, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt								
	Address 2837 EAST PARK PLACE				^M 06	/	30			023 [°]	Y				
City MILWA	JKEE	State WI	Zip Code 53211-3845					PR256			9				
	number of contributing political committee.	С			anoun	U	J	leceipt 1	.1113 1	76.9	92				
	Employer (for Individual)		upation (for Individual) (A VP SIs Acct Mgt		M	emo	Item								
Receipt		1	Year-to-Date V												
	mary General her (specify)		499.98	P	/R Ded	ucti	on (\$38	.46 Bi-V	Veek	ly)					
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		Detailed Summary Page	X 11a 11b 11c 12										
Any information copied from such Reports a	nd Statements ma	l ay not be sold or used by any p	13 14 15 16 17 erson for the purpose of soliciting contributions										
or for commercial purposes, other than usin			e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Midd A. MILICH, DAVID, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 2702 BIRCHMERE COU	RT												
			06 30 2023										
City KATY	State TX	Zip Code 77450-1303	Transaction ID : PR2560066068559										
FEC ID number of contributing			Amount of Each Receipt this Period										
federal political committee.	С		384.60										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
United HealthCare Services Inc	Reg	n CEO											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Midd B. NOEL, TIMOTHY, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 4316 FREMONT AVENU	E SOUTH		06 30 / Y Y Y Y Y 2023										
	State MN	Zip Code	Transaction ID : PR2560398868559										
MINNEAPOLIS		55409-1721	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
			1										
Full Name of Individual (Last, First, Middl LUND, BRIAN, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 11471 NORTH SHORE I	DRIVE		06 30 2023										
City	State	Zip Code	Transaction ID : PR2561457668559										
GRANTSBURG	WI	54840-8059	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		78.00										
Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir 1	upation (for Individual) Fax	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		507.00	P/R Deduction (\$39.00 Bi-Weekly)										
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NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle MILLSON, JOSH, , ,	e Initial) or Full C	rganization Name		ate of	Re	ceipt				
Mailing Address 201 ADAMS CT				^M 06	/	D 30		Y	y y 2023	Y
City	State TX	Zip Code				-			0256855	9
COLLEYVILLE		76034-6811	A	mount	of	Each I	Recei	ipt this	s Period	
FEC ID number of contributing federal political committee.	С			_				-	76.	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P SLS SB and Spec Ben		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		499.98	P/	'R Ded	uctio	on (\$38	8.46 E	Bi-We	ekly)	
Full Name of Individual (Last, First, Middle CARLSON, CHRISTOPHER, , ,	e Initial) or Full C	organization Name		ate of	Re	ceipt				
Mailing Address 10618 WEST RIVER ROA	D			^M 06	/	D 30		Y	2023	Y
City	State	Zip Code		Transa	acti	on ID :	: PR2	5648	0266855	9
BROOKLYN PARK	MN	55443-1233	A	mount	of	Each I	Recei	ipt thi	s Period	
FEC ID number of contributing federal political committee.	С			_				-y	192.	30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prd		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1249.95	P/	R Dedu	uctio	on (\$96	6.15 E	Bi-We	ekly)	
Full Name of Individual (Last, First, Middle C. HANSEN, PAUL, , ,	e Initial) or Full C	Prganization Name		Date of	Re	ceipt				
Mailing Address 4960 SHADY ISLAND CIF				^M 06	1	30		Y	2023	Y
City	State	Zip Code		Trans	acti	ion ID	: PR2	25648	0276855	9
MOUND	MN	55364-9218	A	mount	of	Each I	Recei	ipt thi	s Period	
FEC ID number of contributing federal political committee.	С					,		9	400.	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO		Me	emo	tem				
Receipt For:		Year-to-Date ▼	-							
Primary General	Aggregate					on (¢o)	00.00	D: \//		
Other (specify)		2394.00			uCth	on (\$20	00.00	и DI-VV	eekiy)	
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	y information copied from such Reports and Sta for commercial purposes, other than using the r													
<u></u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,											
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P/	AC)										
A.	Full Name of Individual (Last, First, Middle Initia MARDEN, PAUL, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 9 VAN MULEN STREET				06 / D D / Y Y Y Y Y 2023									
	City MAHWAH	State NJ	Zip Code 07430-2977				i on ID : I Each Re)			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90] F	P/R Ded	ucti	on (\$192	2.30 Bi-V	Veel	kly)				
B.	Full Name of Individual (Last, First, Middle Initia MOQUIST, DARREN, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 5313 MINNEHAHA BLVD				^M 06	/	D D D 30	/ Y	20)23	Y			
	City EDINA	State MN	Zip Code 55424-1406				on ID : I Each Re)			
	FEC ID number of contributing federal political committee.	C			<u> </u>					384.6	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regnl Pres		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia CARTER, WILLIAM, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 1363 CHIPPENDALE RD				^M 06	/	D D 30	/ Y)23 [°]	Y			
	City HOUSTON	State TX	Zip Code 77018-5257				ion ID : Each Re				9			
	FEC ID number of contributing federal political committee.	С					,	,		76.9	2			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	ltem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98] '	P/R Ded	ucti	on (\$38.	46 Bi-W	'eekl	y)				
s	UBTOTAL of Receipts This Page (optional)			•			y 1	9		846.1	2			
т	OTAL This Period (last page this line number or	nly)		•										

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middl KUNST , THOMAS, , , Mailing Address 4872 103RD STREET	e Initial) or Full C	rganization Name	Date of Receipt
City PLEASANT PRAIRIE	State WI	Zip Code 53158-6516	06 30 2023 Transaction ID : PR2566302168559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		153.84
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Hlth	upation (for Individual) Plan CEO	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Bi-Weekly)
Full Name of Individual (Last, First, Middl STEARNS, MATTHEW, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5118 FAIRGLEN LANE	01-1-	Zir Oada	06 / 0 / Y Y Y Y 2023
City CHEVY CHASE	State MD	Zip Code 20815-6517	Transaction ID : PR2571777968559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middl PARRILLO, CHRISTOPHER, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 12 WOODSUM DRIVE	1 -		06 / D D / Y Y Y Y 2023
City NEWBURY	State NH	Zip Code 03255-6232	Transaction ID : PR2571778268559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		154.00
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VPI	upation (for Individual) Ntwk Contrctng	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1001.00	P/R Deduction (\$77.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	l)	•	. 692.44
TOTAL This Period (last page this line num	ber only)		

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial MOYER, BRUCE, , , Mailing Address 6890 CANTERBURY LANE	l) or Full C	rganization Name	Date of Receipt
	City EDEN PRAIRIE	State MN	Zip Code 55346-2904	Transaction ID : PR2571778368559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 507.00	P/R Deduction (\$39.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial HINTON, DUSTIN, , ,	l) or Full C	rganization Name	Date of Receipt
	Mailing Address W132N6475 MARACH RD City MENOMONEE FALLS	State WI	Zip Code 53051-6085	Model / D = D / Y = Y = Y = Y 06 / 30 / 2023 Transaction ID : PR2571978768559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
c.	Full Name of Individual (Last, First, Middle Initial GRAY, BRIAN, , ,	l) or Full C	rganization Name	Date of Receipt
	Mailing Address 6098 CLOPTON DRIVE	State	Zip Code	06 / 30 / 2023 Transaction ID : PR2572588568559
	GREENSBORO	NC	27455-8373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		79.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Pricing	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 482.60	P/R Deduction (\$39.80 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		▶	542.20
т	OTAL This Period (last page this line number on	ly)		

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			Detailed Summary Page		11a 13		11b 14	11c	12	47					
	y information copied from such Reports and State for commercial purposes, other than using the na				for the		pose of								
	NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·			-									
\rangle	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group P	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial) CARLSON, KEVIN, , ,	or Full Or	ganization Name		Date o	f Re	eceipt								
	Mailing Address 4511 BROWNDALE AVENUE				06 30 / Y Y Y Y Y 2023										
	City	State	Zip Code		Trans	sacti	ion ID :	PR2572	5900685	59					
	EDINA	MN	55424-1142	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		392.00											
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Sen Mgmt		М	emc	tem								
	Receipt For:	aareaate '	Year-to-Date ▼												
	Primary General Other (specify) ▼	iggrogato	2448.15] [P/R Dec	ducti	on (\$19	6.00 Bi-V	Veekly)						
в.	Full Name of Individual (Last, First, Middle Initial) WIFFLER, THOMAS, , ,	or Full Or	ganization Name		Date o	f Re	eceipt								
	Mailing Address 3680 GRANDE BAY COURT				м м 06	/	30) / Y	2023	Y					
	City	State	Zip Code		Trans	acti	on ID :	PR25729	99276855	9					
	MELBOURNE BEACH	FL	32951-3155	<u> </u>	Amoun	t of	Each R	Receipt th	nis Perioo						
	FEC ID number of contributing federal political committee.	C		384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Unit CEO		М	emc	ltem								
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
c.	Full Name of Individual (Last, First, Middle Initial) MASTERS, SCOTT, , ,	or Full Or	ganization Name		Date o	f Re	eceipt								
	Mailing Address 1894 VILLAGE GLEN DRIVE				^M 06	1	30		2023	Y					
	City	State FL	Zip Code	_	Trans	sact	ion ID :	PR2574	9796685	59					
	SAINT JOHNS		32259-9215		Amoun	t of	Each F	Receipt th	nis Perioo						
	FEC ID number of contributing federal political committee.	C					y	,	77	.00					
	Name of Employer (for Individual) Optum Services, Inc	Occu SVP	pation (for Individual) Ops		M	lemo	tem								
	Receipt For:	agregate '	Year-to-Date ▼												
	Primary General Other (specify)		500.50] F	P/R Dec	ducti	ion (\$38	.50 Bi-W	eekly)						
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	853	60					
т	OTAL This Period (last page this line number only	/)		•			-								

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or for co	rmation copied from such Reports and St ommercial purposes, other than using the														
	E OF COMMITTEE (In Full)			\sim											
	tedHealth Group Incorporate	a PAC (United Health Group PA	C)											
	Name of Individual (Last, First, Middle Initi DHNOUTKA, CHRISTOPHER, , ,	ial) or Full C	Organization Name	Date of Receipt											
	ng Address 17597 HIBISCUS AVE				06 / D D / Y Y Y Y 2023										
City LAKI	EVILLE	State MN	Zip Code 55044-3906							819685 is Perio					
	ID number of contributing al political committee.	С		76.92											
	e of Employer (for Individual) d HealthCare Services Inc		cupation (for Individual) Tax		М	emo	tem								
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)											
	Name of Individual (Last, First, Middle Initi NFROCCO, HEATHER, , ,	ial) or Full C	Drganization Name	Date of Receipt											
	ng Address 913 CHAMPLAIN PLACE			06 / D D / Y Y Y Y 2023											
City GIBS	GONIA	State PA	Zip Code 15044-8079							862685 is Perio					
	ID number of contributing al political committee.	С			<u> </u>						1.60				
	e of Employer (for Individual) m Services, Inc		cupation (for Individual) s Segment CEO		M	emo	tem Item								
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
	Name of Individual (Last, First, Middle Initi RNETT, JAMIE, , ,	ial) or Full C	Drganization Name	Date of Receipt											
	ng Address 4625 EWING AVENUE SOUTI	H			^M 06		30	0	/ Y	2023 Y					
City MINI	NEAPOLIS	State MN	Zip Code 55410-1745							882685 is Perio					
	ID number of contributing al political committee.	С					9		,		3.00				
	e of Employer (for Individual) m Services, Inc	Occ VP	upation (for Individual) IT		M	emo	o Item								
Rece	ipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 507.00		P/R Dec	ducti	ion (\$3	39.00) Bi-We	ekly)					
SUBTO	TAL of Receipts This Page (optional)		▶				,		<u>y</u>	539	0.52				
TOTAL	This Period (last page this line number of	only)	▶				-		-7-						

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•••			Detailed Summary Page		< 11a		11b	11c	12						
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	y information copied from such Reports and for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group P	AC)											
Α.	Full Name of Individual (Last, First, Middle II LANG, HEATHER, , ,	nitial) or Full C	Organization Name		Date of Receipt										
	Mailing Address 1210 RIVER TERRACE DRI	VE			06 30 2023										
	City	State	Zip Code		Transaction ID : PR2574991468559										
	BLOOMINGTON	MN	55431-4230	_	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) outy Gen Counsel Mgr		M	emo	tem								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		499.98	11	P/R Dec	ducti	on (\$38.	46 Bi-We	ekly)						
	Other (specify) v		433.30	4											
B.	Full Name of Individual (Last, First, Middle In SJOBLAD, BETHANY, , ,	nitial) or Full C	Organization Name	Date of Receipt											
	Mailing Address 100 2ND STREET NE #510				06 / D D / Y Y Y Y 2023										
	City	State	Zip Code		Trans	acti	ion ID : I	PR25750	0916855	9					
	MINNEAPOLIS	MN	55413-2541						is Period						
	FEC ID number of contributing federal political committee.	C							384.	60					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		М	emo	tem								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle II FORKER, JUDITH, , ,	nitial) or Full C	Organization Name		Date of Receipt										
-	Mailing Address 5109 WEST 56TH STREET				^M 06	/	30	/ Y	2023 Y	Y					
	City	State MN	Zip Code		Trans	sact	ion ID :	PR25750	01346855	59					
	EDINA	IVIIN	55436-2427		Amoun	t of	Each Re	eceipt th	is Period						
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	,	,	434.	00					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) People Team		М	emo	o Item								
	Receipt For:	1	•												
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		2170.00		P/R Dec	auct	ion (\$217	7.00 Bi-W	veekly)						
s	UBTOTAL of Receipts This Page (optional)			•			, .		895.	52					
т	OTAL This Period (last page this line numbe	r only)		•			.	-							

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

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I EIVIIZED RECEIPIS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incor	porated PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, M MADDOX, JEFFREY, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 7810 HANOVER ST			06 30 Y Y Y Y Y 2023
City DALLAS	State TX	Zip Code	Transaction ID : PR2575039568559
DALLAS		75225-8220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, M B. FITZPATRICK, JOSEPH, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3936 CAMPELLO CU	RVE		M M / D D / Y Y Y Y 06 30 2023
City	State	Zip Code	Transaction ID : PR2575053768559
CHASKA	MN	55318-4639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Other (specify) v		2400.00	
Full Name of Individual (Last, First, M LINDSAY, VIVIAN, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 14930 SW 39 ST	1 -		06 / D / Y Y Y Y 2023
City	State FL	Zip Code	Transaction ID : PR2575054968559
DAVIE		33331-2767	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Optum Services, Inc	VP (Gen Mgmt	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (opti	onal)		1153.80
TOTAL This Period (last page this line	number only)		

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•••			Detailed Summary Page		K 11a		11b	11c		2	
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	y information copied from such Reports and s for commercial purposes, other than using th										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
\square	UnitedHealth Group Incorporat	ea PAC (UnitedHealth Group P/	4C)							
Α.	Full Name of Individual (Last, First, Middle In CLACKO, MARY ANN, , ,	nitial) or Full C	Organization Name		Date of	f Re	eceipt				
	Mailing Address 6358 COTEAU TRAIL				06	/	D D D 30	/ Y	Ý 202	23	Y
	City EDEN PRAIRIE	State MN	Zip Code 55344-5205					PR25750)
			33344-3203	_	Amoun	t of	Each R	eceipt th	is Pei	riod	
	FEC ID number of contributing federal political committee.	С			Ľ.				1	15.3	8
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli		М	emo	tem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		288.45		P/R Dec	lucti	on (\$57.	.69 Bi-We	eekly)		
в.	Full Name of Individual (Last, First, Middle In ALLEN, MARK, , ,	hitial) or Full C	Organization Name		Date of	f Re	eceipt				
	Mailing Address 11359 ENTREVAUX DRIVE				06	/	D D D 30	/ Y	202		Y
	City	State	Zip Code		Trans	acti	ion ID :	PR25750	6026	8559	
	EDEN PRAIRIE	MN	55347-2862		Amoun	t of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					7	-	1	53.8	4
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) A VP		М	emo	tem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 999.96		P/R Ded	lucti	on (\$76.	92 Bi-We	ekly)		
<u> </u>	Full Name of Individual (Last, First, Middle In CURRIE, ULYSSES, , ,	itial) or Full C	Organization Name		Date of	f Re	eceipt				
	Mailing Address 8232 GUNNAR DRIVE				06	/	30	/ Y	202	у 3	Y
	City FULTON	State MD	Zip Code 20759-2218					PR2575)
			20739-2210	_	Amoun	t of	Each R	eceipt th	is Pei	riod	
	FEC ID number of contributing federal political committee.	С			Ľ.		y			60.0	0
	Name of Employer (for Individual)		upation (for Individual)		М	emo	b Item				
	United HealthCare Services Inc Receipt For:		Health Equity	\neg							
	Primary General	Aggregate	Year-to-Date ▼			1	ion (\$20	.00 Bi-W			
	Other (specify)	L	390.00			JUUU	ιση (φου	.00 DI-990	Seriy)		
s	UBTOTAL of Receipts This Page (optional)				_		,	, , , , , , , , , , , , , , , , , , ,	3	29.2	2
Т	OTAL This Period (last page this line number	only)	•••••••	•	L.		-	-			

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	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	Unite	edHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia ZAETTA, CHRISTOPHER, , ,	l) or Full O	rganiz	ation Name		Date of	Re	eceipt					
	Mailing Address 214 PRINCE STREET					^M 06	/	D 3	BO	/ Y	ү 20	023	Y
	City ALEXANDRIA	State VA	Z	ip Code 22314-3314				-		R25750			
	FEC ID number of contributing federal political committee.	С				Amount		Each	Rec	ceipt th	IS P	384.6	0
	Name of Employer (for Individual) Optum Services, Inc		•	n (for Individual) Gen Counsel		M	emo	Item	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 2499.90	F	P/R Ded	lucti	on (\$1	192.:	30 Bi-V	√eek	dy)	
в.	Full Name of Individual (Last, First, Middle Initia VERCHICK, TAMI, , ,	l) or Full O	rganiz	ation Name		Date of	Re	ceipt					
	Mailing Address 9916 DUSTY WINDS AVE					^M 06	1	D	р 30	/ Y)23	Y
	City LAS VEGAS	State NV		ip Code 89117-5986		Trans Amount				R25750 ceipt th			
	FEC ID number of contributing federal political committee.	С				_:		-			_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc		•	n (for Individual) echnology		M	emo	Item	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 499.98	F	P/R Ded	uctio	on (\$3	38.40	6 Bi-W€	∍ekly	y)	
C.	Full Name of Individual (Last, First, Middle Initia ISMERT, JENNY, , ,	l) or Full O	rganiz	ation Name		Date of	Re	eceipt					
	Mailing Address 8494 E HAWAII LN					^M 06	1	3	30	/ Y	20)23	
	City DENVER	State CO		ip Code 80231-2732		Trans Amount				R2575)
	FEC ID number of contributing federal political committee.	С						,		, ,		76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		upatior Gen M	n (for Individual) gmt		M	emo	ltem	1				
	Receipt For: Primary General Other (specify)	Aggregate	Year-t	o-Date ▼ 499.98	F	P/R Ded	lucti	ion (\$	38.4	6 Bi-We	eekl	y)	
s	UBTOTAL of Receipts This Page (optional)			••••••	•			,		y		538.4	4
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		Detailed Summary Page		11a		11b		11c	12	
				13		14		15	16	17
Any information copied from such Reports or for commercial purposes, other than usi										
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mide NICHOLS, SANDRA, , ,	dle Initial) or Full C	organization Name	[Date of	Re	eceip	ot			
Mailing Address 16900 CROWN BRIDG	E DRIVE			^M 06	/	D	30	/ Y	y y 2023	Ŷ
City	State	Zip Code		Trans	acti	ion I	ID : P	R25750	7456855	•
DELRAY BEACH	FL	33446-2407	/	Amount	of	Eac	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С			_	_	-		-7	384.6	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P CMO		Me	emo	b Iter	m			
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		2499.90	P	/R Ded	ucti	ion (S	\$192.	.30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Mide ONEILL, AUDREY, , ,	dle Initial) or Full C	organization Name		Date of	Re	eceip	ot			
Mailing Address 71 CHESTNUT RIDGE	RD			м м 06	/	D	30	/ Y	2023	Ŷ
City	State	Zip Code							89468559	
QUEENSBURY	NY	12804-7317	/	Amount	of	Eac	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					7		7	38.4	6
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	b Iter	m			
Receipt For:	Aggregate	Year-to-Date 🔻		יריט ם/		on //	\$10.0	3 B! W/~	ockly)	
Other (specify)		, 249.99					¢1∀.Ζ	3 Bi-We		
Full Name of Individual (Last, First, Mide C. VIESTA, RICHARD, , ,	dle Initial) or Full C	organization Name	[Date of	Re	eceip	ot			
Mailing Address 1 COMPASS COURT				^M 06	/	D	30 ^D	/ Y	2023	Ŷ
City OYSTER BAY	State NY	Zip Code 11771-1602							9856855 is Period	9
FEC ID number of contributing	C			THOUNT	U	Lac	ii rie	ceipt th	396.0	0
federal political committee.	С			_	-	9		9	390.0	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Actuary		Me	emo	o Ite	m			
Receipt For:		Year-to-Date ▼	\neg							
Primary General Other (specify)		2414.46] P	/R Ded	ucti	ion (\$198	.00 Bi-W	/eekly)	
SUBTOTAL of Receipts This Page (option	nal)								819.0	6
TOTAL This Period (last page this line nu	mber only)					-		-		

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TEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
	Detailed Summary Page	
		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
angle UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group	PAC)
Full Name of Individual (Last, First, Midd CHAMPION, PHEBE, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 127 TAPATIO ST		06 30 / Y Y Y Y 2023
City	State Zip Code	Transaction ID : PR2575108368559
HENDERSON	NV 89074-1934	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Health Plan of Nevada	Occupation (for Individual) Dir Cust Service	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name of Individual (Last, First, Midd B. HAYDEN, KARI, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 6109 BANEY COURT		06 30 2023
City	State Zip Code	Transaction ID : PR2575110368559
MINNETONKA	MN 55345-6301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.92
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Strategy	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Midd DOERFLER, JAMES, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 9163 WASSERMANN C	Г	06 30 2023
City	State Zip Code	Transaction ID : PR2575131568559
VICTORIA	MN 55386-4592	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Tax	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Summary Page		11a		11	b	11c	12	
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	y information copied from such Reports and Stat for commercial purposes, other than using the na										
\backslash	NAME OF COMMITTEE (In Full)										
\sum	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	PAC)							
Α.	Full Name of Individual (Last, First, Middle Initial DEWALL, PATRICK, , ,) or Full O	rganization Name		Date of	f Re	ecei	pt			
	Mailing Address 7662 RIDGEVIEW WAY				^M 06	1		30	/ Y	y y 2023	Y
	City	State	Zip Code		Trans	act	ion	ID : I	PR25751	45368559)
	CHANHASSEN	MN	55317-4507		Amount	t of	Ea	ch Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-			76.9	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr		M	emc	o Ite	əm			
		Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		499.98] P	P/R Ded	lucti	ion	(\$38.4	46 Bi-We	eekly)	
В.	Full Name of Individual (Last, First, Middle Initial PETERSOHN, PATRICK, , ,) or Full O	rganization Name		Date of	f Re	ecei	pt			
	Mailing Address 16413 BIRCH STREET				06	1		30	/ Y	2023	Y
	City	State	Zip Code		Trans	acti	ion	ID : F	PR25751	48368559)
	OVERLAND PARK	KS	66085-7842	/	Amount	t of	Ea	ch Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-			384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Reg VP of SIs		M	emc	o Ite	əm			
		Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		2499.90] P	/R Ded	ucti	ion ((\$192	30 Bi-W	/eekly)	
с.	Full Name of Individual (Last, First, Middle Initial PELNER, DAVID, , ,) or Full O	rganization Name		Date of	f Re	ecei	pt			
	Mailing Address 1200 WEST MINNEHAHA PARK				^M 06		L	30	L	y y 2023	
	City MINNEADOLIS	State	Zip Code							5596855	9
	MINNEAPOLIS	MN	55419-1163		Amount	t of	Ea	ch Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					y		9	38.4	6
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Real Estate Svs		Μ	emo	o Ite	əm			
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		249.99] F	P/R Dec	lucti	ion	(\$19.:	23 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)			►			y		. ,	499.9	8
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	y information copied from such Reports and State for commercial purposes, other than using the na													
\backslash	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (I	Uni	tedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initial) THOMAS, DIANE, , ,) or Full O	rgar	nization Name		Date of	Re	eCe	eipt					
	Mailing Address 2701 KING JAMES AVE					^M 06		l	30]	/ Y	20)23	Y
	City SAINT CHARLES	State IL		Zip Code 60174-7827					n ID : I					
	FEC ID number of contributing federal political committee.	С			_	Amount	to t	E T	ach Re	ece	eipt thi	s P	eriod 153.8	4
	Name of Employer (for Individual) United HealthCare Services Inc		upat Pres	ion (for Individual)		Me	emo	o I	ltem					
	Pocoint For:			r-to-Date ▼ 999.96	 F	P/R Ded	ucti	or	n (\$76.9	92	Bi-We	ekly	/)	
в.	Full Name of Individual (Last, First, Middle Initial) HAMANN, CHAD, , ,) or Full O	rgar	nization Name		Date of	Re	ece	eipt					
	Mailing Address 7638 RIDGEVIEW WAY					^M 06	/	l	D D 30]	/ Y	20	23	Y
	City CHANHASSEN	State MN		Zip Code 55317-4507		Trans Amount			n ID : F ach Re					
	FEC ID number of contributing federal political committee.	С						,			-7		192.3	0
	Name of Employer (for Individual) United HealthCare Services Inc		upat Tax	ion (for Individual)		Me	emo		ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1249.95	P	/R Ded	uctio	or	n (\$96. <i>′</i>	15	Bi-We	ekly	()	
с.	Full Name of Individual (Last, First, Middle Initial) DEMARIS, PETER, , ,) or Full O	rgar	ization Name		Date of	Re	ece	eipt					
	Mailing Address 2301 OLIVER AVE S					^M 06	1	l	30]	/ Y		23	Y
	City MINNEAPOLIS	State MN		Zip Code 55405-2448		Trans Amount			n ID : I					1
	FEC ID number of contributing federal political committee.	С					. 01	,			J		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) eComm		M	emo	o I	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2499.90	F	P/R Ded	lucti	ior	n (\$192	2.30	0 Bi-W	'eek	dy)	
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Mid CONDON, CRAIG, , ,		rganization Name	D	ate of	Re	ceipt			
Mailing Address 268 OAK LANDING WA	λY			м м 06	/	D D D 30	/ Y	ү ү 2023	Y
City	State	Zip Code	-	Transa	acti	on ID : P	R2575	2031685	59
SEVERNA PARK	MD	21146-3116	Ai	mount	of	Each Re	ceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					,	- gr	384	1.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		2499.90	P/f	R Dedu	uctio	on (\$192	.30 Bi-V	Veekly)	
Full Name of Individual (Last, First, Mid B. REDMOND, GRETA, , ,	dle Initial) or Full C	rganization Name	D	ate of	Re	ceipt			
Mailing Address 350 N MAIN STREET #	444		Γ	м м 06	/	D D D 30	/ Y	y y 2023	Y
City	State	Zip Code		Transa	actio	on ID : P	R25752	2113685	59
STILLWATER	MN	55082-6758	Ai	mount	of	Each Re	ceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					7	-	474	1.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Underwriting		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		1915.20	P/F	R Dedu	uctic	on (\$237.	00 Bi-V	Veekly)	
Full Name of Individual (Last, First, Mid C. CARRIS, DONNA, , ,	dle Initial) or Full C	rganization Name	D	ate of	Re	ceipt			
Mailing Address 27 WEST WILLOW LN				^M 06	/	30	/ Y	2023	Y
City	State	Zip Code		Trans	acti	on ID : F	PR2575	2125685	59
CHARLESTOWN	RI	02813-1727	Ai	mount	of	Each Re	ceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					,	,	76	6.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	Item			
Receipt For:		Year-to-Date ▼	_						
Primary General	Aggregate		D/I	P Dod	ucti	on (\$38.4	16 Bi-\//	ookly)	
Other (specify)		499.98		I Deu	ucin	οπ (φου	FO DI-VV	CCRIY)	
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TOTAL This Period (last page this line nu	Imber only)					,	-		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b		11c	12	
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Any information copied from such Reports a or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Midd A. STORDAHL, PAUL, , ,	,	rganization Name		ate of	Re	ceipt				
Mailing Address 7001 W 175TH AVENUE				^M 06	/	30		/ Y	y y 2023	Y
	State MN	Zip Code				-			1306855	-
EDEN PRAIRIE		55346-2161	A	mount	of	Each	Rec	eipt thi	s Period	
FEC ID number of contributing federal political committee.	C			_		7		7	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Actuary		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		2499.90	P/	'R Ded	uctio	on (\$1	92.3	30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Midd B. MEYERHOFER, JEFFREY, , ,	le Initial) or Full C	rganization Name		ate of	Re	ceipt				
Mailing Address 6624 IROQUOIS TRAIL				^M 06	1	30		/ Y	y y 2023	Ŷ
City	State	Zip Code		Transa	acti	on ID	: PF	25752	1466855	9
EDINA	MN	55439-1065	A	mount	of	Each	Rec	eipt thi	s Period	
FEC ID number of contributing federal political committee.	C			_				-7	115.	38
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		749.97	P/	R Dedu	uctio	on (\$5	7.69) Bi-We	ekly)	
Full Name of Individual (Last, First, Midd C. WILSON, ADAM, , ,	le Initial) or Full C	rganization Name		ate of	Re	ceipt				
Mailing Address 336 SALEM CHURCH R	·			06	/	D 30	0		y y 2023	
City SUNFISH LAKE	State MN	Zip Code 55118-4719							1866855	
		33110-4719	A	mount	of	Each	Rec	eipt thi	s Period	
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	ltem				
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Primary General Other (specify)		749.97	P/	'R Ded	ucti	on (\$5	57.69	9 Bi-We	ekly)	
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			ly not be sold or used by any p ddress of any political committee							
NAME OF CO	MMITTEE (In Full)									
│ UnitedHe	alth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)						
Full Name of I A. SHORS, MA	Individual (Last, First, Middle ATTHEW, , ,	e Initial) or Full O	rganization Name		Date of	f Re	eceipt			
Mailing Addres	4649 EWING AVENUE S	OUTH			^M 06	/	D D D 30	/ Y	y y 2023	Y
City		State	Zip Code		Trans	acti	ion ID : F	R25752	2223685	59
MINNEAPOLI	5	MN	55410-1745		Amount	t of	Each Re	ceipt th	is Period	
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United HealthC	loyer (for Individual) Care Services Inc		ipation (for Individual) eputy Gen Counsel		M	emo	tem			
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Full Name of I B. SANTORO,	Individual (Last, First, Middle, MICHAEL, , ,	e Initial) or Full O	rganization Name		Date of	f Re	eceipt			
	55 18 OLD FIRE ROAD				м м 06	/	D D D 30	/ Y	2023	Y
City		State	Zip Code				ion ID : P			
TRUMBULL	· · · · · ·	СТ	06611-1431	^	Amount	t of	Each Re	ceipt th	is Period	
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United HealthC	loyer (for Individual) Care Services Inc	Occi VP 0	upation (for Individual) Ops		M	emo	tem			
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	Individual (Last, First, Middle DEFER, BRYAN, , ,	e Initial) or Full O	rganization Name		Date of	f Re	eceipt			
Mailing Addres	S 317 SIDNEY BAKER STR	REET SOUTH			M	/	DDD	/ Y	Y Y	Y
City	SUITE 400 PMB 519	State	Zip Code		06 Trans	204	30 ion ID : F	0025754	2023	50
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Optum Service Receipt For:	es, inc		Med Grp Non Physn	_						
Primary	General	Aggregate	Year-to-Date ▼			I		00 5		
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NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mid DIMARTINO, TIMOTHY, , ,	dle Initial) or Full C	rganization Name		Date of	f Re	eceipt				
Mailing Address 49605 KEYCOVE ST				06 ^M	/	D 30) / Y	Y 20	023	Y
City CHESTERFIELD	State MI	Zip Code 48047-2361					PR2575 Receipt th)
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		M	emo	o Item				
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Full Name of Individual (Last, First, Mid B. BRANT, PAUL, , ,	dle Initial) or Full C	rganization Name		Date of	f Re	eceipt				
Mailing Address 17 ROCKY BROOK RC	DAD			^M 06	/	30) / Y	20)23	Y
City	State	Zip Code		Trans	act	ion ID :	PR2575	2502	268559)
WILTON	СТ	06897-1919		Amount	t of	Each F	Receipt th	nis F	Period	
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		M	emo	o Item				
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Full Name of Individual (Last, First, Mid C. KUETER, DANIEL, , ,	dle Initial) or Full C	rganization Name		Date of	f Re	eceipt				
Mailing Address 1500 WINGATE DRIVE				06	1	30)23 [°]	Y
City DELAWARE	State OH	Zip Code 43015-9200	_				PR2575			9
FEC ID number of contributing	С			Amoun	t of	Each F	leceipt th	nis F	'eriod 384.6	60
federal political committee.	0					9	9		1	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		M	emo	o Item				
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Primary General Other (specify)		2499.90] F	P/R Dec	luct	ion (\$19	2.30 Bi-\	Neel	kly)	
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	IE OF COMMITTEE (In Full)											
∕ Ur	nitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	NC)								
	Name of Individual (Last, First, Middle Initial) ACHMANN, ANITA, , ,	or Full Or	rganization Name	1	Date of	f Re	ece	ipt				
Mail	ing Address 815 NORTHERN SHORES POIN	т			^M 06	/	Γ	30		Y	y y 2023	Y
City		State	Zip Code		Trans	act	ior	ID :	PR2	5752	5846855	9
GR	EENSBORO	NC	27455-3459	/	Amoun	t of	Ea	ach F	Recei	pt thi	s Period	
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	ne of Employer (for Individual) ed HealthCare Services Inc		ipation (for Individual) Plan CEO		М	emc	o It	em				
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	Primary General Other (specify) ▼	iggi ogulo	2499.90	P	/R Dec	lucti	ion	(\$19	2.30	Bi-W	eekly)	
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Mail	ing Address 12501 WEST 156TH STREET				м м 06	1	ľ	D 0 30		Y	y 2023	Y
City		State	Zip Code		Trans	acti	ion	ID :	PR2	5752	6046855	9
OVE	ERLAND PARK	KS	66221-2662	_ /	Amoun	t of	Ea	ach F	Recei	pt thi	s Period	
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Rec	eipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 599.95	P	/R Ded	lucti	on	(\$46	.15 B	3i-We	ekly)	
	Name of Individual (Last, First, Middle Initial)	or Full Or	rganization Name		Date of	f Re	ece	ipt				
	ing Address 11192 BLUESTEM LANE				M M 06		_	30		Y	2023	Y
City		State	Zip Code		Trans	sact	ior	ו ID :	PR2	5752	691685	59
ED	EN PRAIRIE	MN	55347-4731	/	Amoun	t of	Ea	ach F	Recei	pt thi	s Period	
	ID number of contributing ral political committee.	С					ŋ			9	170.	00
	ne of Employer (for Individual) ed HealthCare Services Inc		ipation (for Individual) ion CEO		М	emo	o It	em				
Rec	eipt For:		Year-to-Date ▼									
	Primary General Other (specify)		1087.30	P	/R Dec	ducti	ion	(\$85	5.00 E	3i-We	ekly)	
SUBT	OTAL of Receipts This Page (optional)										646.	90
	L This Period (last page this line number only						-			,		

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

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			etailed Summary Page		11a		-	1b	11c		12	_	
	y information copied from such Reports and Stal for commercial purposes, other than using the n								se of s				
<u>\</u>	NAME OF COMMITTEE (In Full)												-
\rangle	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia HAMBLIN, JILLIAN, , ,	l) or Full Or	rgan	ization Name		Date o	f Re	ece	eipt				
	Mailing Address 3103 BEACON GROVE ST					^M 06	/	E	D D D 30		2 2	023	Ŷ
	City SPRING	State TX		Zip Code 77389-4348		Trans Amoun						368559 Period)
	FEC ID number of contributing federal political committee.	С						-		- 45-		76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP F	•	on (for Individual) uct		М	emc	o It	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 499.98	F	P/R Dec	lucti	ion	ı (\$38.4	16 Bi-W	/eekl	y)	
B.	Full Name of Individual (Last, First, Middle Initia MUELLER, STEVEN, , ,	l) or Full Or	rgan	ization Name		Date o	f Re	ece	eipt				
	Mailing Address 6895 LAKE HARRISON CIRCLE					м м 06	1	E	о 30		ү 20	023	Y
	City CHANHASSEN	State MN		Zip Code 55317-4589		Trans Amoun						568559 Period)
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		- 45-		76.9	2
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (•	on (for Individual)		M	emc	o It	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 499.98	F	P/R Ded	lucti	ion	(\$38.4	16 Bi-W	eekl	у)	
с.	Full Name of Individual (Last, First, Middle Initia HEWITT, SCOTT, , ,	l) or Full Or	rgan	ization Name		Date o	f Re	ece	eipt				
	Mailing Address 1443 RAYMOND AVE					^M 06	J.	l	30		20	023	
	City SAINT PAUL	State MN		Zip Code 55108-1430		Trans Amoun						76855 9 Period	9
	FEC ID number of contributing federal political committee.	С						,		,	_	153.8	34
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Prgms		М	emo	o It	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 999.96	F	P/R Dec	ducti	ion	n (\$76.9	92 Bi-V	/eekl	iy)	
s	UBTOTAL of Receipts This Page (optional)			••••••	•			,		.,		307.6	8
т	OTAL This Period (last page this line number on	ly)			-			,					

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			Detailed Summary Page		(11a		-	11b	110	;	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the r							rpo					
	NAME OF COMMITTEE (In Full)		aure		, 10 50			Ju		5111 5		COMIN	
\rangle	UnitedHealth Group Incorporated	d PAC (I	Un	itedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initia WEBER, ERIN, , ,	al) or Full O	rga	nization Name		Date o	f Re	ec	eipt				
	Mailing Address 1791 RESTHAVEN LANE					06	/	′	D D D 30	/	Y	y y 2023	Y
	City MOUND	State MN		Zip Code 55364-1308	_				o <mark>n ID : F</mark> Each Re				
	FEC ID number of contributing federal political committee.	С						_				416	.00
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) gment Gen Counsel		N	emo	0	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2288.00	F	P/R Dee	duct	tio	n (\$208	.00 E	i-We	ekly)	
B.	Full Name of Individual (Last, First, Middle Initia CUEVAS, BRANDON, , ,	al) or Full O	rga	nization Name		Date c	f Re	ec	eipt				
	Mailing Address 8 CLOISTER COURT			1		^M 06	1	′	30	/	Y	y y 2023	Y
	City LADERA RANCH	State CA		Zip Code 92694-1556					e n ID : F Each Re				
	FEC ID number of contributing federal political committee.	С				_		_				384	.60
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) g Chief Strat/Grwth Off		N	emo	0	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	F	P/R Dec	lucti	io	n (\$192	.30 B	i-We	ekly)	
C.	Full Name of Individual (Last, First, Middle Initia PEEL, CHAD, , ,	al) or Full O	rgai	nization Name		Date c	f Re	ec	eipt				
	Mailing Address 7185 GUNFLINT TRAIL	04-14-				06	J.	/	30	/		2023	
	City CHANHASSEN	State MN		Zip Code 55317-4743					on ID : F Each Re				
	FEC ID number of contributing federal political committee.	С						,		, in the second		153	_
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) care Econ		N	lem	0	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 999.96	F	P/R De	duct	tio	ın (\$76.9	92 Bi	-Wee	ekly)	
s	UBTOTAL of Receipts This Page (optional)											954	.44
т	OTAL This Period (last page this line number or	nly)			-			_	-				

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	Detailed Summary Page				(11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	solicitin		ontribut	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (UnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initia WHITE, WAYNE, , ,	al) or Full C	rganization Name		Date of	f Re	eceipt				
	Mailing Address 8727 W BUCKHORN TRL				^M 06	/	D 30		2 2	2023	Y
	City PEORIA	State AZ	Zip Code 85383-4852					PR257			9
			60000-4002		Amount	t of	Each F	Receipt t	his F	^o eriod	_
	FEC ID number of contributing federal political committee.	С			Ľ.		-yr-			384.6	50
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		2499.90	F	P/R Ded	lucti	ion (\$19	92.30 Bi-	Wee	kly)	
в.	Full Name of Individual (Last, First, Middle Initia TELESKY, MICHAEL, , ,	al) or Full C	rganization Name		Date of	f Re	eceipt				
	Mailing Address 2602 PENNINGTON PLACE				06	/	30			023	Y
	City	State	Zip Code					PR2575			9
	VALPARAISO	IN	46383-9163	_	Amount	t of	Each F	Receipt t	his F	² eriod	
	FEC ID number of contributing federal political committee.	С			Ľ.	_	-	-	_	78.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		507,00	F	P/R Ded	ucti	on (\$39	.00 Bi-W	/eekl	у)	
— C.	Full Name of Individual (Last, First, Middle Initia GUSTIN, TODD, , ,	al) or Full C	rganization Name		Date of	f Re	eceipt				
	Mailing Address 5717 AYRSHIRE BLVD				06	/	D 30			023	Y
	City EDINA	State MN	Zip Code 55436-2059		Trans	act	ion ID :	PR257	5357	76855	9
			33430-2039	_	Amount	t of	Each F	Receipt t	his F	^o eriod	_
	FEC ID number of contributing federal political committee.	С			Ļ.		y	9	_	393.8	30
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Gen Mgmt		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		2439.72	F	P/R Dec	luct	ion (\$19	96.90 Bi-	Wee	kly)	
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, .	. ,	_	856.4	10
т	OTAL This Period (last page this line number or	nly)	•	•							

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

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I EIVIIZED RECEIPIS	IVIZED RECEIPTS for each category of the Detailed Summary Page		
			X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Mid NIELSEN, MICHELE , , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 101 W 11TH STREET			06 30 Y Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2575361768559
SHIP BOTTOM	NJ	08008-6303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) k Regn Pres	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Mid B. COOK, JORDANA, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 46 PALMETTO COVE	COURT		06 30 2023
City	State	Zip Code	Transaction ID : PR2575371668559
BLUFFTON	SC	29910-9580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		230.76
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Mktg	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1499.94	P/R Deduction (\$115.38 Bi-Weekly)
Full Name of Individual (Last, First, Mid C. CUNNINGHAM, BRIAN, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1708 ROLLING HILLS	RD		06 30 / Y Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2575375968559
CHARLESTON	WV	25314-2216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Optum Services, Inc		ir Tech Proj-Prgm Mgmt	-
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify)		499.98	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	nal)		384.60
TOTAL This Period (last page this line nu	imber only)		

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13	11b	11c	12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	itedHealth Group PA	C)					
Α.	Full Name of Individual (Last, First, Middle Initial) BRATTEBO, CRAIG, , , Mailing Address 10202 HARMONY CIRCLE City EDEN PRAIRIE FEC ID number of contributing federal political committee.	State MN		Zip Code 55347-5019		06 Trans Amount	action ID of Each	0 / Y : PR25753 Receipt th	is Perio	59
	Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General Other (specify) ▼	Dep	outy	ion (for Individual) Gen Counsel r-to-Date ▼ 2499.90	F		emo Item uction (\$1	92.30 Bi-V	Veekly)	
В.	Full Name of Individual (Last, First, Middle Initial) FELLER, WILLIAM, , , Mailing Address 3715 HUNTINGTON AVE City ST LOUIS PARK	or Full O State MN	orgar	Zip Code 55416-4917		06 Trans	3 action ID	0 / Y : PR25754 Receipt th		59
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For:	VP '	Tecl	ion (for Individual) nnology			emo Item			5.92
	Primary General Other (specify) ▼	Aggregate	rea	r-to-Date ▼ 499.98	F	P/R Ded	uction (\$3	8.46 Bi-We	eekly)	
C.	Full Name of Individual (Last, First, Middle Initial) UNDERWOOD, JEFFREY, , , Mailing Address 3151 ALBER SPRING CT	or Full O	rgar	nization Name		Date of		0 / Y	2023	Y
	City LAKE OSWEGO FEC ID number of contributing federal political committee.	State OR C	upat	Zip Code 97034-6733		Amount		e: PR2575 Receipt th	is Perio	
	United HealthCare Services Inc	Hlth	Plar	r-to-Date ▼ 999.96	F	P/R Ded	uction (\$7	76.92 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•				,	615	.36
Т	OTAL This Period (last page this line number only	y)								

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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Т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group P/	AC)
A.	Full Name of Individual (Last, First, Middle Init ANDERSON, BRADLEY, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4613 W 56TH ST			06 30 2023
	City EDINA	State MN	Zip Code 55424-1558	Transaction ID : PR2575405268559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strategy	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Init VENKATESAN, CHANDRAMOULEES) Mailing Address 17698 62ND COURT NORTH			Date of Receipt
	City MAPLE GROVE	State MN	Zip Code 55311-4619	Transaction ID : PR2575410168559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) s Seg CIO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
<u> </u>	Full Name of Individual (Last, First, Middle Init MILLER, ALLISON, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 11671 45TH PLACE NE	1		06 / D D / Y Y Y Y Y 06 2023
	City SAINT MICHAEL	State MN	Zip Code 55376-4536	Transaction ID : PR2575418168559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) Optum Services, Inc	Occi VP I	upation (for Individual) T	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			653.82

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			Detailed Summary Page		11a		11b		11c	12	
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or	y information copied from such Reports and State for commercial purposes, other than using the na										
\setminus	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	-	-	4C)							
	Full Name of Individual (Last, First, Middle Initial) GOTHARD, CAROL, , ,	or Full C	Organization Name		Date of	Re	ceip	ot			
	Mailing Address 16492 BROOKLANE BOULEVAR	۶D			^M 06	/	D	30	/ Y	y y 2023	Y
	City	State	Zip Code		Trans	acti	ion	ID : F	PR25754	1916855	9
	NORTHVILLE	MI	48168-8417		\mount	of	Eac	h Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7			76.	
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir I	upation (for Individual) Fin		Me	emo	o Ite	m			
	Pagaint For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		496.34] P	/R Ded	ucti	ion (\$38.1	18 Bi-We	eekly)	
	Full Name of Individual (Last, First, Middle Initial) OHARA, KARIN, , ,	or Full C	Prganization Name		Date of	Re	ceip	ot			
	Mailing Address 1431 HENRY COURT				м м 06	1	D	о 30	/ Y	ү 2023	Y
	City	State	Zip Code							2876855	
	CHANHASSEN	MN	55317-2200	/	\mount	t of	Eac	h Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-			392.	00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) t Grp Controller		Me	emo	o Ite	m			
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2448.15	P/	/R Dedi	uctio	on (\$	\$196	.00 Bi-W	/eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) MURLEY, MARY, , ,) or Full C	Prganization Name		Date of	Re	ceip	ot	-	-	
	Mailing Address 2775 COUNTRYSIDE DRIVE WE				^M 06	1	D	30	/ Y	2023	Y
	City ORONO	State MN	Zip Code 55356-9675							44366855	
			00000-9070		Amount	t of	Eac	h Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					y		9	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		Me	emc	o Ite	m			
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		2499.90] P	/R Ded	lucti	ion ((\$192	2.30 Bi-V	Veekly)	
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т	OTAL This Period (last page this line number only	y)	••••••			Ē	-		-		

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		Detailed Summary Page			X 11a		1	1b	-	11c		12		
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	y information copied from such Reports and S for commercial purposes, other than using the													ions
\backslash	NAME OF COMMITTEE (In Full)													
\sum	UnitedHealth Group Incorporate	ed PAC (Un	itedHealth Group PA	NC)									
Α.	Full Name of Individual (Last, First, Middle Init SPILKER, TIMOTHY, , ,	tial) or Full C	rgar	nization Name		Date of	Re	ece	eipt					
	Mailing Address 32 FITCH LANE					^M 06	/		^D 30		/ Y)23	Y
	City	State CT		Zip Code		Trans	acti	ior	ו ID :	PR	25754	463	6855	9
	NEW CANAAN		_	06840-5051	_	Amount	of	Ea	ach R	ece	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-			-9-		384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) gment CEO		Me	emo	o It	em					
	Receipt For:	Aggregate	Yea	ur-to-Date ▼										
	Primary General Other (specify) ▼		-	2499.90		P/R Ded	ucti	ion	(\$192	2.30	0 Bi-W	/eek	ly)	
	Full Name of Individual (Last, First, Middle Init RUNICE, PAUL, , ,	tial) or Full C	rgar	nization Name		Date of	Re	ece	eipt					
	Mailing Address 4622 BRUCE AVENUE					^M 06	/	ſ	D D D 30		/ Y	y 20	23 23	Y
	City	State	_	Zip Code	1	Trans	acti	ior	D ID :	PR	25754	515	68559)
	EDINA	MN		55424-1123		Amount	of	Ea	ach R	ece	eipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-			-7-		369.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) asury		Me	emo	o It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2398.50		P/R Ded	uctio	on	(\$184	4.50) Bi-W	'eek	ly)	
<u>с.</u>	Full Name of Individual (Last, First, Middle Init GLATT, CHRISTOPHER, , ,	tial) or Full C	rgar	nization Name		Date of	Re	ece	eipt					
	Mailing Address 631 GOODRICH AVE					06 N	/		D D D 30		/ Y		23	Y
	City	State		Zip Code		Trans	act	ioi	n ID :	PR	25754	649	6855	9
	SAINT PAUL	MN		55105-3522		Amount	of	Ea	ach R	ece	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,			y		38.4	16
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		M	emc	o li	tem					
	United HealthCare Services Inc	Dir A	Aviat	tion Corp Pilots										
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify)		-7-	249.99		P/R Ded	ucti	ion	ı (\$19	.23	Bi-We	eekly	y)	
s	JBTOTAL of Receipts This Page (optional)			•••••		<u> </u>		,	-	-	5	_	792.0	06

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		Detailed Summary Page		11a 13		11b	11c		12 16	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting		ntribut	ions	-
	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia SADUSKE, NANETTE, , ,	l) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 4276 NICOLET DRIVE				^M 06	/	D D 30	/ Y	Y 20)23	Y	
	City	State WI	Zip Code		Trans	acti	ion ID :	PR25754	4702	268559	•	
	GREEN BAY	VVI	54311-9798	- :	Amount	of	Each R	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С				_	-			76.9	2	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		Me	emc	ltem					
		Aggregate	Year-to-Date ▼									
	Other (specify) ▼		499.98	F	P/R Ded	ucti	on (\$38.	.46 Bi-We	eekl	y)		
В.	Full Name of Individual (Last, First, Middle Initia HENSEL, KRISTA, , ,	l) or Full O	rganization Name		Date of	Re	eceipt					-
	Mailing Address 2211 HOMEWOOD DRIVE				м м 06	1	D D 30	/ Y	20	23	Y	
	City	State	Zip Code					PR25754)	
	ANCHORAGE	KY	40223-1326	-	Amount	of	Each R	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С				_	-		_	384.6	60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emc	ltem					
		Aggregate	Year-to-Date 🔻									
	Other (specify) ▼		2499.90	P	P/R Ded	ucti	on (\$192	2.30 Bi-W	/eek	ly)		
C.	Full Name of Individual (Last, First, Middle Initia VESLEDAHL, MATTHEW, , ,	l) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 15598 MICHELE LANE	1			^M 06	1	30		20)23		
	City EDEN PRAIRIE	State MN	Zip Code 55346-2548				-	PR25754			9	
		_	00010 2010		Amount	of	Each R	eceipt th	is P	eriod	_	
	FEC ID number of contributing federal political committee.	С			<u> </u>		<u>y</u>	J J	_	384.6	60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Network		Me	emo) Item					
		Aggregate	Year-to-Date 🔻									
	Other (specify)		2499.90	F	P/R Ded	ucti	ion (\$19	2.30 Bi-V	Veel	<ly)< td=""><td></td><td></td></ly)<>		
s	UBTOTAL of Receipts This Page (optional)		••••••				, .			846.1	2	-
т	OTAL This Period (last page this line number on	ly)	•	-			,					

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

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		Detailed Summary Page	X 11	a	11b	11c	12	
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Any information copied from such Reports or for commercial purposes, other than usi								
NAME OF COMMITTEE (In Full)								
/ UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Mid MUNSON, RICHARD, , ,		rganization Name	Date	of R	eceipt			
Mailing Address 4707 HAZELTINE LAN	E			6 0	/ D 30		ү ү 2023	Ŷ
City	State	Zip Code	Tra	ansac	tion ID	: PR2575	51246855	59
EAGAN	MN	55123-2172	Amo	unt of	f Each I	Receipt th	his Period	l
FEC ID number of contributing federal political committee.	С						192.	.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		Mem	o Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		1249.95	P/R [Deduct	tion (\$96	6.15 Bi-W	eekly)	
Full Name of Individual (Last, First, Mid B. COHEN, SANFORD, , ,	dle Initial) or Full C	rganization Name	Date	of R	eceipt			
Mailing Address 28 CRESCENT LANE			M C	6 M	/ D 30		2023	Y
City	State	Zip Code	Tra	insact	tion ID :	PR2575	52616855	9
LEVITTOWN	NY	11756-2506	Amo	unt of	f Each I	Receipt th	nis Period	I
FEC ID number of contributing federal political committee.	С						76.	.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P CMO		Mem	o Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		499.98	P/R I	educt	tion (\$38	3.46 Bi-W	eekly)	
Full Name of Individual (Last, First, Mid C. HUNTER, ROBERT, , ,	dle Initial) or Full C	rganization Name	Date	of R	eceipt			
Mailing Address 5420 COUNTRYSIDE F	ROAD			6	/ D 30		2023 Y	Y
City	State MN	Zip Code					5283685	
EDINA	IVIN	55436-2524	Amo	unt of	f Each I	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С				,	,	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prd		Mem	io Item			
Receipt For:	Aggregate	Year-to-Date V						
Primary General Other (specify)		2499.90	P/R I	Deduc	tion (\$1	92.30 Bi-\	Neekly)	
SUBTOTAL of Receipts This Page (option	nal)				y	5	653.	82
TOTAL This Period (last page this line nu	mber only)				-			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Mid A. HERNANDEZ, MAYRENE, , , Mailing Address 850 SW 189TH AVEN	JE		Date of Receipt
City PEMBROKE PINES	State FL	Zip Code 33029-6047	Transaction ID : PR2575529268559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Sr M	upation (for Individual) Med Dir Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Mid HOLOVNIA, KRISTEN, , , Mailing Address 4610 LAKEVIEW DRIV		Organization Name	Date of Receipt
City EDINA FEC ID number of contributing federal political committee.	State MN	Zip Code 55424-1518	06 30 2023 Transaction ID : PR2575533068559 Amount of Each Receipt this Period 384.60
Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Sr I	upation (for Individual) Deputy Gen Counsel Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mid MULLANEY, SUSAN, , , Mailing Address 169 HUNNEWELL STI	,	Organization Name	Date of Receipt
City NEEDHAM	State MA	Zip Code 02494-1421	06 30 2023 Transaction ID : PR2575535168559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.46
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.52	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	nal)	••••••	499.98
TOTAL This Period (last page this line n	umber only)		

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TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COM	MITTEE (In Full)			
^{>} UnitedHeal	th Group Incorpo	rated PAC (l	JnitedHealth Group PA	(C)
Full Name of Ind	lividual (Last, First, Middle DMAS, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address	2800 NEWMAN			06 30 / Y Y Y Y 2023
City		State	Zip Code	Transaction ID : PR2575536268559
HOUSTON		ТХ	77098-1408	Amount of Each Receipt this Period
FEC ID number federal political c	0	С		76.92
Name of Employ Optum Services,	rer (for Individual) Inc		upation (for Individual) ehvrl Med Dir	Memo Item
Receipt For:	-	Aggregate	Year-to-Date ▼	
Primary Other (spe	General cify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Ind SUN, TONY,	lividual (Last, First, Middle	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address	8408 ENSLEY PLACE			M M / D D / Y Y Y Y 06 30 2023
City		State	Zip Code	Transaction ID : PR2575540268559
LEAWOOD		KS	66206-1402	Amount of Each Receipt this Period
FEC ID number federal political c	0	С		76.92
Name of Employ United HealthCar	ver (for Individual) re Services Inc		upation (for Individual) Med Dir/CMO	Memo Item
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	Year-to-Date ▼ 499,98	P/R Deduction (\$38.46 Bi-Weekly)
	lividual (Last, First, Middle MICHAEL, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address	6350 SUMMIT CIRCLE			06 30 2023
City		State	Zip Code	Transaction ID : PR2575540868559
CHANHASSEN		MN	55317-9138	Amount of Each Receipt this Period
FEC ID number federal political c	0	С		198.00
United HealthCar	rer (for Individual) re Services Inc		upation (for Individual) Unit CEO	Memo Item
Receipt For: Primary Other (spec	General Cify)	Aggregate	Year-to-Date ▼ 1202.04	P/R Deduction (\$99.00 Bi-Weekly)
SUBTOTAL of Rec	ceipts This Page (optional	l)	•	351.84

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

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			Detailed Summary Page		11a		111	b	11c	12			
			, ,		13		14		15	16	17		
or fo	information copied from such Reports and Stat r commercial purposes, other than using the na												
	AME OF COMMITTEE (In Full)												
/ι	JnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group I	PAC)									
	ull Name of Individual (Last, First, Middle Initial ZMUDA, JENNIFER, , ,) or Full O	rganization Name		Date of	f Re	eceij	pt					
Μ	ailing Address 656 SUMMIT AVE				M M / D D / Y Y Y Y 06 30 2023								
	ty	State	Zip Code		Trans	act	ion	ID : F	PR25755	4406855	Ð		
	AINT PAUL	MN	55105-3435		Amoun	t of	Ead	ch Re	eceipt th	is Period			
	EC ID number of contributing deral political committee.	С			400.00								
	ame of Employer (for Individual) ptum Services, Inc	Occu VP (upation (for Individual) CIO		М	emc	o Ite	əm					
R	eceipt For:	Aggregate	Year-to-Date ▼										
-	Primary General Other (specify) ▼		2400.00		P/R Dec	lucti	ion ((\$200	.00 Bi-W	/eekly)			
	II Name of Individual (Last, First, Middle Initial STEINBRECHER, HOLLY, , ,) or Full O	rganization Name		Date of	f Re	eceij	pt					
Μ	ailing Address 1800 N FIELD ST APT 4211	06 / D D / Y Y Y Y Y Y 2023											
	ity	State	Zip Code		Trans	acti	ion	ID : F	PR25755	44568559	•		
_D	ALLAS	TX	75202-2782	^	Amount of Each Receipt this Period								
	EC ID number of contributing deral political committee.	С			384.60								
	ame of Employer (for Individual) ptum Services, Inc		upation (for Individual) P Bus Dev		Memo Item								
R	eceipt For:	Aggregate	Year-to-Date ▼										
-	Primary General Other (specify) v		2499.90		P/R Deduction (\$192.30 Bi-Weekly)								
	ull Name of Individual (Last, First, Middle Initial) or Full O	rganization Name		Date of	f Re	ecei	pt					
M	ailing Address 695 FOUNTAINHEAD WAY				^M 06	/		30	/ Y	2023	Y		
	ity	State	Zip Code		Trans	sact	ion	ID : F	PR25755	57376855	9		
_	IAPLES	FL	34103-2736		Amoun	t of	Ead	ch Re	eceipt th	is Period			
	EC ID number of contributing deral political committee.	С					9		9	434.0)0		
	ame of Employer (for Individual) nited HealthCare Services Inc		upation (for Individual) Exe Search & Mkt IntIgnc		Memo Item								
R		Aggregate	Year-to-Date ▼										
-	Primary General Other (specify)	1953.00	P/R Deduction (\$217.00 Bi-Weekly)										
SUE	BTOTAL of Receipts This Page (optional)						,			1218.6	60		
тот	AL This Period (last page this line number on	ly)		•			-						

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PAC	;)
Α.	Full Name of Individual (Last, First, Middle Initial MILLER, MAXIMILLIAN, , , Mailing Address 5328 CHOWEN AVENUE S			Date of Receipt 06 30 2023
	City MINNEAPOLIS	State MN	Zip Code 55410-2122	Transaction ID : PR2575579568559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	MA	cupation (for Individual) A VP e Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼	Aggregate	499.98	P/R Deduction (\$38.46 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initial FINCH, ANNE, , ,) or Full O	Drganization Name	Date of Receipt
	Mailing Address 208 STATION CIR NO			06 / D D / Y Y Y Y 2023
	City HUDSON	State WI	Zip Code 54016-9555	Transaction ID : PR2575586668559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc	Occ VP	cupation (for Individual) PIT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial SOLLER, BRIAN, , ,) or Full O	Organization Name	Date of Receipt
	Mailing Address 1120 S 2ND STREET			06 / D D / Y Y Y Y 06 2023
	City MINNEAPOLIS	State MN	Zip Code 55415-1375	Transaction ID : PR2575586768559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) s Seg CIO	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	538.44
т	OTAL This Period (last page this line number on	ly)	••••••	

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ITEMIZED RECEIPTS for each c					(check only one)							
		for each category of the Detailed Summary Page		- H	11	1b 4	11c		2	17		
	nformation copied from such Reports and Stat commercial purposes, other than using the na							solicitir	ng cont	ributic	ns	
\ NA	ME OF COMMITTEE (In Full)											
\backslash	InitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)								
	ll Name of Individual (Last, First, Middle Initial GISCH, SHAWNA, , ,) or Full O	rganization Name	Dat	e of F	Rece	ipt					
Ma	iling Address 320 PRESERVE COURT				06 30 2023							
Cit Cl	y HANHASSEN	State MN	Zip Code 55317-8717						559216 this Pe			
	C ID number of contributing leral political committee.	С				-			3	384.60		
Op	me of Employer (for Individual) otum Services, Inc		upation (for Individual) Unit CEO		Men	no It	em					
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R	Deduo	ction	(\$192	2.30 Bi-	Weekly	/)		
	II Name of Individual (Last, First, Middle Initial IILLER, MICHAEL, , ,) or Full O	rganization Name	Dat	e of F	Rece	ipt					
	iling Address 656 OCEAN AVENUE 1016	1		M	D6	/	D D 30	1	y y 202	ү ү 3		
Cit RI	y EVERE	State MA	Zip Code 02151						5 59566 this Pe			
	C ID number of contributing leral political committee.	С	384.60									
	ame of Employer (for Individual) otum Services, Inc	Occi VP I	Memo Item									
Re	ceipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		, 2499.90	P/R	Deduc	ction	(\$192	2.30 Bi-	Weekly	()		
C ľ	ll Name of Individual (Last, First, Middle Initial VERSON, LISA, , ,) or Full O	rganization Name	Dat	e of F	Rece	ipt					
Ma Cit	illing Address 1330 EDGCUMBE RD	State	Zip Code	_	D6	/	30	ЬL	202			
	y AINT PAUL	MN	55116-1780						560326 this Pe			
	C ID number of contributing leral political committee.	С				y		,	3	384.60		
Ur	ime of Employer (for Individual) hited HealthCare Services Inc		upation (for Individual) Strat Initiv		Mer	no It	em					
Re	Ceipt For: Primary General Other (specify)	Aggregate	P/R	Dedu	ction	(\$19	2.30 Bi	Weekl	y)			
SUB	TOTAL of Receipts This Page (optional)					,		. ,	11	53.80		
тот	AL This Period (last page this line number on	ly)				-				-	Π	

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

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		Detailed Summary Page	X 11a 11b 11c 12								
Any information conied from such Reports	and Statements ma	av not be sold or used by any n	13 14 15 16 17 person for the purpose of soliciting contributions								
			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorport	orated PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Midd GOODMAN, BENJAMIN, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 13828 EVERGREEN CC	OURT		M M / D D / Y Y Y Y 06 30 2023								
City	State	Zip Code	Transaction ID : PR2575603868559								
APPLE VALLEY	MN	55124-9257	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CFO	Memo Item								
Receipt For:		Year-to-Date ▼									
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Midd B. KING, SARAH, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 247 MONTIBELLO DRIV	E		06 / ^y y y y y 2023								
City	State	Zip Code	Transaction ID : PR2575612868559								
MOORESVILLE	NC	28117-9139	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Midd C. WAULTERS, SCOTT, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3344 SHOAL WAY			06 / D D / Y Y Y Y 06 2023								
City POWELL	State OH	Zip Code 43065-0501	Transaction ID : PR2575622168559								
			Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional	al)		1153.80								
TOTAL This Period (last page this line nur	nber only)										

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				Detailed Summary Page		-		-	1b	11			12	_				
	y information copied from such Reports and Sta for commercial purposes, other than using the n								se of :		iting	con						
<u>.</u>	NAME OF COMMITTEE (In Full)																	
\rangle	UnitedHealth Group Incorporated	I PAC (l	Uni	itedHealth Group PA	AC)													
A.	Full Name of Individual (Last, First, Middle Initia THOMPSON, BRIAN, , ,	lle Initial) or Full Organization Name						Date of Receipt										
	Mailing Address 17829 63RD AVE N			06 30 2023														
	City MAPLE GROVE	State MN		Zip Code 55311-4650	Transaction ID : PR2575634668559 Amount of Each Receipt this Period 384.60													
	FEC ID number of contributing federal political committee.	С																
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) IC CEO		М	emc	o It	tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	F	P/R Dec	lucti	ion	ı (\$192	2.30	Bi-W	eek	ly)					
в.	Full Name of Individual (Last, First, Middle Initia WILSON, STEPHEN, , ,	l) or Full O	rgar	nization Name		Date o	f Re	ece	eipt									
	Mailing Address 2420 DURHAM MANOR DRIVE	M MANOR DRIVE							06 / D D / Y Y Y Y Y 2023									
	City FRANKLIN	State TN	Zip Code 37064-5266		Trans Amoun			n ID : F ach Re										
	FEC ID number of contributing federal political committee.	С		<u> </u>		,			,		384.0	0						
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Hlth	Memo Item															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2496.00	F	P/R Dec	lucti	ion	(\$192	2.00 E	Bi-We	eekl	ly)					
с.	Full Name of Individual (Last, First, Middle Initia CLARK, TERRENCE, , ,	l) or Full O	rgar	nization Name		Date o	f Re	ece	eipt									
	Mailing Address 8 COOPER AVENUE	-				^M 06	1	[D D D 30	/	Y	202	23	Y				
	City EDINA	State MN		Zip Code 55436-1315		Trans Amoun			n ID : I ach Be)				
	FEC ID number of contributing federal political committee.	С									,		384.6	0				
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ief Cust Mktg Officer		M	emo	o li	tem									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2499.90	F	P/R Dec	ducti	tion	n (\$192	2.30	Bi-W	eek	ly)					
s	UBTOTAL of Receipts This Page (optional)			••••••	•			,			,	1	153.2	0				
т	OTAL This Period (last page this line number or	ıly)		••••••	•			,			,							

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TEMIZED RECEIPTS		Detailed Current Para		1a [11b	11c		12			
		Detailed Summary Page		3	_	14	15	$\left - \right $	16	17		
Any information copied from such or for commercial purposes, other							oliciting		ntributi	ions		
│ NAME OF COMMITTEE (In Full)											
UnitedHealth Group I	ncorporated PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, F CABANILLAS, MARIA, , ,	. ,	rganization Name	Da	Date of Receipt								
Mailing Address 2411 WORDSV	VORTH ST		06 30 / Y Y Y Y Y									
City	State	Zip Code	Т	ransa	cti	on ID : P	R2575	6373	68559)		
HOUSTON	TX	77030-1833	Am	nount	of I	Each Re	ceipt th	nis P	eriod			
FEC ID number of contributing federal political committee.	C					y	-9-	_	384.6	0		
Name of Employer (for Individua United HealthCare Services Inc		upation (for Individual) Plan CEO		Mei	mo	Item						
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		2499.90	P/R	Dedu	ictic	on (\$192.	30 Bi-V	Veek	ly)			
Full Name of Individual (Last, F B. MULLIGAN, DANIEL, , ,	irst, Middle Initial) or Full O	rganization Name	Da	te of	Red	ceipt						
Mailing Address 28 WHETTEN F	ROAD		M	06	/	D D D 30	/ Y	20	23 23	Y		
City	State	Zip Code	Т	ransa	ctic	on ID : P	R25756	<u>3568</u>	68559			
WEST HARTFORD	CT	06117-2856	Am	nount	of I	Each Re	ceipt th	nis P	eriod			
FEC ID number of contributing federal political committee.	C			_		y	-9	_	416.0	0		
Name of Employer (for Individua United HealthCare Services Inc	,	upation (for Individual) Segment Gen Counsel	Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify) ▼		2288.00	P/R Deduction (\$208.00 Bi-Weekly)									
Full Name of Individual (Last, F C. KANE, HEATHER, , ,	rst, Middle Initial) or Full O	rganization Name	Da	te of	Red	ceipt						
Mailing Address 7624 N MOUN	TAIN VIEW PASS		M	06 ^M	/	D D D 30	/ Y	ү 20	23	Y		
City	State	Zip Code	Т	ransa	cti	on ID : P	R2575	6574	68559)		
PARADISE VALLEY	AZ	85253-2844	Am	nount	of I	Each Re	ceipt th	is P	eriod			
FEC ID number of contributing federal political committee.	C			_		y	y	_	384.6	i0		
Name of Employer (for Individua United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	mo	Item						
Receipt For:		Year-to-Date 🔻	_									
Primary General Other (specify)		2499.90	P/R	2 Dedu	ictio	on (\$192.	.30 Bi-V	Veek	:ly)			
SUBTOTAL of Receipts This Page	e (optional)							1	185.2	0		
TOTAL This Period (last page this	line number only)	· · · · · · · · · · · · · · · · · · ·				,						

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

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

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			[[]	Detailed Summary Page	ļŕ	13		1	- H	15		16	17	
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay n addre	ot be sold or used by any poess of any political committee	erson e to so	for the plicit co	pur ntrib	po outi	se of sions fr	solicitin om suc	g co ch co	ntribut	ions e.	
\backslash	NAME OF COMMITTEE (In Full)													
$\Big/$	UnitedHealth Group Incorporate	d PAC (Un	itedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initia ALLEN, CARL, , ,	al) or Full C	Drgai	nization Name		Date of Receipt								
	Mailing Address 8675 AZURE SKY DRIVE					M M / D D / Y Y Y Y 06 30 2023								
	City	State		Zip Code		Trans	sact	ior	n ID : I	PR257	5669	36855	•	
	LAS VEGAS	NV		89129-2227	_	Amoun	t of	Ea	ach Re	eceipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С			78.00									
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) I Dir/CMO		M	emc	o It	tem					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		-9-	507.00	"	P/R Dec	ducti	ion	(\$39.0	00 Bi-V	/eekl	у)		
B.	Full Name of Individual (Last, First, Middle Initia BOGATYRENKO, VICTORIA, , ,	al) or Full C	Orgai	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 98 FIVE MILE RIVER ROAD				^M 06	1		D D D 30		20)23	Ŷ		
	City	State		Zip Code		Trans	acti	ior	DID : F	PR2575	6754	468559)	
	DARIEN	СТ	06820-6234	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				115.18						8		
	Name of Employer (for Individual) United HealthCare Services Inc		tion (for Individual) k Contrctng		Memo Item									
	Receipt For: Primary General	Aggregate	r-to-Date ▼											
	Other (specify) V		,	748.67	P/R Deduction (\$57.59 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia MITCHELL, JILL, , ,	al) or Full C	Orgai	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 11499 ASHLEY COURT					^M 06	/	[D D D 30	/)23 [°]	Ŷ	
	City	State		Zip Code		Trans	sact	tio	n ID : I	PR257	5678	36855	9	
	INVER GROVE HEIGHTS	MN		55077-5251	_	Amoun	t of	Ea	ach Re	eceipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С						9		, <u>,</u>		396.0	0	
	Name of Employer (for Individual)		•	ion (for Individual)		N	lemo	o li	tem					
	United HealthCare Services Inc Receipt For:	1 0		es Ntwk Mgmt	_									
	Primary General	Aggregate	Yea	r-to-Date ▼										
	Other (specify)	2414.46						P/R Deduction (\$198.00 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			••••••	•			y		. ,		589.1	8	
Т	OTAL This Period (last page this line number o	nly)			•			,		-,-				

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PAGE 68 OF

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)								
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	y information copied from such Reports and Sta for commercial purposes, other than using the n											
$\overline{\}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	AC)								
^	Full Name of Individual (Last, First, Middle Initia SIMONSON, KELLY, , ,	l) or Full O	rganization Name	Data of Receipt								
Α.	Mailing Address 10982 SANCTUARY COVE CO			Date of Receipt								
	TU962 SANCTUARY COVE CO	UKI		06 30 2023								
	City	State	Zip Code	Transaction ID : PR2575682368559								
	LAS VEGAS	NV	89135-9126	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		92.30								
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
	Health Plan of Nevada		Gen Mgmt									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		599.95	P/R Deduction (\$46.15 Bi-Weekly)								
	Other (specify)			1								
_	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	Date of Develop								
	STIDMAN, CHRISTOPHER, , , Mailing Address 6504 CHEROKEE TRAIL			Date of Receipt								
	Walling Address 6504 CHEROKEE TRAIL			06 30 2023								
	City	State	Zip Code	Transaction ID : PR2575683868559								
	EDINA	MN	55439-1109	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	384.60										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt	Memo Item								
	Receipt For:		Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)								
	Primary General	Aggregate										
	Other (specify)		2499.90									
— c.	Full Name of Individual (Last, First, Middle Initia OCHIPINTI, JOSEPH, , ,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 26 SOUTH STREET			M M / D D / Y Y Y Y								
	UNIT 1 RIGHT	State	Zip Code	06 30 2023 Transaction ID : PR2575685768559								
	ANNAPOLIS	MD	21401-2652	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item								
	United HealthCare Services Inc	Hlth	Plan CEO									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number or			861.50								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group PA	C)
Full Name of Individual (Last, First, Middle In KALBACHER, JEAN, , ,		ganization Name	Date of Receipt
Mailing Address 4952 EAST DARTMOUTH S			06 / D D / Y Y Y Y 06 30 2023
City MESA	State AZ	Zip Code 85205-6458	Transaction ID : PR2575688368559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		176.92
Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1149.98	P/R Deduction (\$88.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle In KOENIG, TIMOTHY, , ,	nitial) or Full Or	ganization Name	Date of Receipt
Mailing Address 509 ORLANDO AVE			06 30 Y Y Y Y Y 2023
City ORELAND	State PA	Zip Code 19075-1223	Transaction ID : PR2575702268559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle In C. PROKOCKI, ELIZABETH, , ,	nitial) or Full Or	rganization Name	Date of Receipt
Mailing Address 9091 KORNBRUST DR			06 / D D / Y Y Y Y 2023
City LONE TREE	State CO	Zip Code 80124	Transaction ID : PR2575705868559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) CEO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			961.52
TOTAL This Period (last page this line numbe			

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IEWIZED RECEIPIS		for each category of the	X 11a 11b 11c 12							
		Detailed Summary Page								
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Inco	rporated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, THIERY, LINDA, , ,		rganization Name	Date of Receipt							
Mailing Address 999 LABEAUX AVE	NE		06 30 Y Y Y Y Y 2023							
City	State	Zip Code	Transaction ID : PR2575707868559							
HANOVER	MN	55341-9292	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		457.86							
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item							
Receipt For:	Addredate	Year-to-Date ▼								
Primary General Other (specify) ▼		2023.74	P/R Deduction (\$228.93 Bi-Weekly)							
Full Name of Individual (Last, First, B. VOLLRATH, MICHELLE, , ,	Viddle Initial) or Full C	Prganization Name	Date of Receipt							
Mailing Address 7647 MARKER ROA	٨D		06 / D D / Y Y Y Y 06 2023							
City	State	Zip Code	Transaction ID : PR2575719868559							
SAN DIEGO	CA	92130-5616	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		115.38							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S VP CInt Mgmt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		, 749.97	P/R Deduction (\$57.69 Bi-Weekly)							
Full Name of Individual (Last, First, C. CAIN, STEVE, , ,	Middle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 4 COUNTRYSIDE C			M M M / D D / Y Y Y Y Y 06 30 2023							
City	State	Zip Code	Transaction ID : PR2575724368559							
DANVILLE	CA	94506-1126	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		230.76							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
United HealthCare Services Inc		Plan CEO	_							
Receipt For:	Aggregate	Year-to-Date V								
Primary General	33 13 14		P/R Deduction (\$115.38 Bi-Weekly)							
Other (specify)		1499.94								
SUBTOTAL of Receipts This Page (op	tional)		804.00							
TOTAL This Period (last page this line	number only)									

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial MCKEE, PATRICK, , , Mailing Address 6500 TRANQUIL RIVER LANE) or Full C	Organization Name	Date of Receipt
	City WAUSAU	State WI	Zip Code 54401-3302	Transaction ID : PR2575726768559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.46
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Dir	upation (for Individual) Gen Mgmt Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		249.99	P/R Deduction (\$19.23 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initial GROSKLAGS, JEFFREY, , ,) or Full C	organization Name	Date of Receipt
	Mailing Address 3233 TIMBERWOLF CIRCLE	Chata	Zin Onda	06 / D D / Y Y Y Y 2023
	City PRIOR LAKE	State MN	Zip Code 55372-3272	Transaction ID : PR2575735768559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) t Group CFO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial MURRAY, THOMAS, , ,) or Full C	organization Name	Date of Receipt
	Mailing Address 10 CIRCLE WEST	Ctoto	Zin Code	06 / 30 / Y Y Y Y 2023
	City EDINA	State MN	Zip Code 55436-1313	Transaction ID : PR2575736568559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		▶	615.36
т	OTAL This Period (last page this line number on	ly)		

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	.C)
Α.	Full Name of Individual (Last, First, Middle Initial LEWIS, ELIZABETH, , , Mailing Address 675 PLEASANT VIEW ROAD) or Full O	rganization Name	Date of Receipt
	City CHANHASSEN	State MN	Zip Code 55317-9509	Transaction ID : PR2575737468559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		316.00
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	VP .	upation (for Individual) Actuary	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1934.46	P/R Deduction (\$158.00 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial CESARETTI, GINA, , ,) or Full O	organization Name	Date of Receipt
	Mailing Address 5020 CIRCLE DOWN	State	Zip Code	M M / D D / Y Y Y Y 06 30 2023
	GOLDEN VALLEY	MN	55416-1304	Transaction ID : PR2575739068559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Compli/Sr Dep Gen Cnsl	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial PORTZ, THOMAS, , ,) or Full O	organization Name	Date of Receipt
	Mailing Address 2119 SHERIDAN HILLS RD	State	Zip Code	06 / 30 / 2023 Transaction ID : PR2575744568559
	WAYZATA	MN	55391-2327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP F	upation (for Individual) Fin	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	1100.60
т	OTAL This Period (last page this line number on	ly)		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and State for commercial purposes, other than using the na													
\setminus	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (UnitedHealth Group PAC	C)										
A.	Full Name of Individual (Last, First, Middle Initial) PROBST, PETER, , ,) or Full C	Organization Name	Date of Receipt										
	Mailing Address 1927 SAUNDERS AVENUE	State	Zip Code	06 / 30 / 2023 Transaction ID : PR2575744668559										
	SAINT PAUL	MN	55116-2016	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		200.00										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Affordability	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) v		1300.00	P/R Deduction (\$100.00 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initial) PINERSKI, JENNIFER, , ,) or Full C	Organization Name	Date of Receipt										
	Mailing Address 7501 HART LN			06 30 2023										
	City AUSTIN	State TX	Zip Code 78731-2237	Transaction ID : PR2575752868559 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Gen Mgmt	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initial, FULTON, RYAN, , ,) or Full C	Organization Name	Date of Receipt										
	Mailing Address 805 LANEWOOD LANE NORTH	1		06 / 0 / Y Y Y Y Y 06 30 2023										
	City PLYMOUTH	State MN	Zip Code 55447-4347	Transaction ID : PR2575756968559 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		•	661.52										
Т	OTAL This Period (last page this line number onl	y)	••••••											

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				Detailed Summary Page		-		-	11b	11c		12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n							rpo					
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia EKLO, BENJAMIN, , ,	l) or Full O	rgan	ization Name		Date o	of Re	ec	eipt				
	Mailing Address 3942 CAMPELLO CURVE					^M 06	Λ /	/	о 30	/	Y Y 2	2023	Y
	City CHASKA	State MN		Zip Code 55318-4639					o <mark>n ID : F</mark> Each Re				9
	FEC ID number of contributing federal political committee.	С						-7				384.	30
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ment CFO		N	1em	0	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	F	P/R De	duct	tio	n (\$192	.30 Bi	-Wee	∗kly)	
в.	Full Name of Individual (Last, First, Middle Initia HOWARTH, CRAIG, , ,	l) or Full O	rgan	ization Name		Date o	of Re	ec	eipt				
	Mailing Address 1820 NAPOLI DRIVE					[™] 06	/	/	D D D 30	1	ү ү 2	023	Y
	City APEX	State NC		Zip Code 27502-9659					n ID : P Each Re				3
	FEC ID number of contributing federal political committee.	С						-,	pe i	-1		76.9	92
	Name of Employer (for Individual) Optum Services, Inc	Occi VP	•	ion (for Individual)		N	1em	0	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 499.98	P	P/R De	duct	ior	n (\$38.4	6 Bi-\	Neek	ily)	
с.	Full Name of Individual (Last, First, Middle Initia PAIK, JESSICA, , ,	l) or Full O	rgan	ization Name		Date d	of Re	ec	eipt				
	Mailing Address 18 BUTTONWOOD LANE EAS					^M 06	1	/	30	/	2	2023	
	City RUMSON	State NJ		Zip Code 07760-1010					on ID : F Each Re				9
	FEC ID number of contributing federal political committee.	С				Amour		,		, ceipt		384.0	30
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) CEO		Ν	/lem	0	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2499.90	F	P/R De	duct	tio	ın (\$192	.30 B	i-Wee	∍kly)	
s	UBTOTAL of Receipts This Page (optional)							,		.,		846. <i>*</i>	12
т	OTAL This Period (last page this line number or	ıly)		•	-			,	-	-,			

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)								
		Detailed Summary Page									
			erson for the purpose of soliciting contributions								
or for commercial purposes, other than using the	ne name and a	ddress of any political committe	e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle I A. MADDUX, SUSAN, , ,	nitial) or Full C	organization Name	Date of Receipt								
Mailing Address 16426 FARMERS MILL LAN	IE		M M / D D / Y Y Y Y Y 06 30 2023								
City	State	Zip Code	Transaction ID : PR2575783868559								
CHESTERFIELD	MO	63005-4549	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		398.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
United HealthCare Services Inc	VP	Pharmacy Programs									
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		2402.04	P/R Deduction (\$199.00 Bi-Weekly)								
		4	1								
Full Name of Individual (Last, First, Middle I B. SUAREZ, MARIO, , ,	nitial) or Full C	organization Name	Date of Receipt								
Mailing Address 21294 SMOKEHOUSE CT			06 / 0 / Y Y Y Y 06 30 2023								
City	State	Zip Code	Transaction ID : PR2575787368559								
ASHBURN	VA	20147-5316	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Product	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		, 499.98	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I C. BERGDOLL, JENNIFER, , ,	nitial) or Full C	organization Name	Date of Receipt								
Mailing Address 230 HARRIS PEAK ST			06 30 2023								
City	State NV	Zip Code	Transaction ID : PR2575793768559								
LAS VEGAS		89138-6351	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) People Team	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify)		499.98	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			551.84								
TOTAL This Period (last page this line numbe	r only)										

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC ((UnitedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initial) MAURER, CARRIE, , , Mailing Address 10204 NEWPORT PATH City	State	Zip Code	Date of Receipt 06 30 2023 Transaction ID : PR2575798168559											
	WOODBURY	MN	55129-4428	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		400.00											
	Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General Other (specify) ▼	Bus	cupation (for Individual) s Segment CMO e Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)											
в.	Full Name of Individual (Last, First, Middle Initial) WIX, LACOSTA, , , Mailing Address 402 JULIA STREET APARTMENT 403			Date of Receipt											
	City NEW ORLEANS	State LA	Zip Code 70130-3699	Transaction ID : PR2575800068559 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		76.92											
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Assc Gen Counsel	Memo Item											
	Receipt For: // Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)											
C.	Full Name of Individual (Last, First, Middle Initial) GALIAN, SANDRA, , ,) or Full C	Organization Name	Date of Receipt											
	Mailing Address 120 SEQUAMS LANE WEST	1 -		06 / ^D D D / ^Y Y Y Y Y 2023											
	City WEST ISLIP	State NY	Zip Code 11795-4549	Transaction ID : PR2575803268559 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		76.92											
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Ntwk Prgms	Memo Item											
	Receipt For: // Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)		▶	553.84											
Т	OTAL This Period (last page this line number onl	y)													

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

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				Detailed Summary Page		(11a		-	11b		11c		12	_
	y information copied from such Reports and Sta for commercial purposes, other than using the n							Jrp						
<u>.</u>	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia RUSSELL, LAURIE, , ,	l) or Full O	rgar	nization Name		Date	of F	Rec	ceipt					
	Mailing Address 3108 SONIA DRIVE					^M 06		/	D 3		/ Y	ү 2(023 0	Y
	City LAS VEGAS	State NV		Zip Code 89107-3246	_						R2575 ceipt th)
	FEC ID number of contributing federal political committee.	С				_		_	, ,		-95	_	78.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) t Affs			Ven	10	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 507.00	F	P/R D	educ	ctic	on (\$3	9.0	0 Bi-W	eekl	у)	
B.	Full Name of Individual (Last, First, Middle Initia LATINO, DAYNA, , ,	l) or Full O	rgar	nization Name		Date	of F	Rec	ceipt					
	Mailing Address 41 BROOK CROSSING EXTEN	SION				™06		/	D 3		/ Y	ү 20)23	Y
	City ELLINGTON	State CT		Zip Code 06029-2247							R2575 ceipt th)
	FEC ID number of contributing federal political committee.	С				<u> </u>			,		-9-	_	76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Staff			Ven	10	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 499.98	F	P/R De	duc	tio	on (\$3	8.4	6 Bi-W	eekly	y)	
C.	Full Name of Individual (Last, First, Middle Initia SCHENEMAN, STEPHEN, , ,	l) or Full O	rgar	nization Name		Date	of F	Rec	ceipt					
	Mailing Address 428 8TH ST					^M 06		/	3	0	/ Y	20)23 [°]	
	City HUNTINGTON BEACH	State CA		Zip Code 92648-4629					-		R2575)
	FEC ID number of contributing federal political committee.	С					-		,		,	_	76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Affordability			Vlen	no	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 499.98	F	P/R D	eduo	ctic	on (\$3	8.4	6 Bi-W	eekl	у)	
s	UBTOTAL of Receipts This Page (optional)			•••••					,		,		231.8	4
т	OTAL This Period (last page this line number or	ıly)			-				,		-9-			

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

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			Detailed Summ			11a 13	╞	11b 14	11c		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pose of	soliciting	g con	tributi	ons
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	JnitedHealth	Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initial) SHAPIRO, DAVID, , ,	or Full O	rganization Name			Date of	Re	eceipt				
	Mailing Address 5215 MORGAN AVENUE SOUTH	1				^M 06	1	D D D 30	/ Y	Ý 20	23 23	Y
	City	State	Zip Code			Trans	acti	ion ID :	PR25758	8142	68559)
	MINNEAPOLIS	MN	55419-1026)	_ /	Amount	of	Each R	eceipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-	- 49-		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individ Seg Chief Cnsmr	,		M	emo	ltem				
	Receipt For:	Aggregate	Year-to-Date ▼		1							
	Primary General Other (specify) ▼			2499.90	P	/R Ded	lucti	on (\$19	2.30 Bi-V	Veekl	ly)	
B.	Full Name of Individual (Last, First, Middle Initial) TAYLOR, DUSTIN, , ,	or Full O	rganization Name			Date of	Re	eceipt				
	Mailing Address 5430 E BLOOMFIELD RD					^M 06	1	D D 30	/ Y	202	23	Y
	City SCOTTSDALE	State AZ	Zip Code 85254-4202		\vdash	68559						
	FFC ID number of contributing		00204-4202			Amount	t of	⊢ach R	eceipt th	nis Pe	eriod	_
	FEC ID number of contributing federal political committee.	C					_	-			76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individ n Pres Ntwk Mgm	,		M	emo	ltem				
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	499.98	P	/R Ded	uctio	on (\$38.	46 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) MCNATT, RICHARD, , ,	or Full O	rganization Name			Date of	Re	eceipt				
	Mailing Address 4945 CANDACRAIG					^M 06	/	30		202		
	City ALPHARETTA	State GA	Zip Code 30022-6340						PR2575)
	FFC ID number of contributing	С	00022-0340			nount	t of	⊨ach R	eceipt th		eriod 384.6	0
					4 '		0	, ltom				
	Name of Employer (for Individual) United HealthCare Services Inc	Occu SVP	pation (for Individ SIs	lual)		M	emc	tem Item				
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify)			2499.90	F	P/R Ded	lucti	ion (\$19	2.30 Bi-V	Veek	ly)	
s	UBTOTAL of Receipts This Page (optional)							, .			846.1	2
Т	OTAL This Period (last page this line number only	/)			ĺ			_				

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial KAUFMAN, PHILIP, , , Mailing Address 1580 BOHNS POINT ROAD) or Full O	organization Name	Date of Receipt
	City WAYZATA	State MN	Zip Code 55391-9309	Transaction ID : PR2575829868559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	CEC	upation (for Individual) D IFP & Chief Cnsmr/Grwth Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial SCHMITT, MARIE, , , Mailing Address 3045 25TH AVENUE) or Full O	organization Name	Date of Receipt
	City SAN FRANCISCO FEC ID number of contributing federal political committee.	State CA	Zip Code 94132-1541	Transaction ID : PR2575830068559 Amount of Each Receipt this Period 76.92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP CInt Relationship	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial HARPER, JENNIFER, , ,) or Full O	organization Name	Date of Receipt
	Mailing Address 8206 WEST 16TH STREET	State	Zip Code	06 30 2023 Transaction ID : PR2575835568559
	SAINT LOUIS PARK	MN	55426-1904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		398.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2402.04	P/R Deduction (\$199.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	859.52
т	OTAL This Period (last page this line number on	ly)		

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•••				ailed Summary Page		(11a		11b	11c		12	
						13		14	15	5 16 17 citing contributions		
An or	y information copied from such Reports and s for commercial purposes, other than using the	Statements makes and a	ay not address	be sold or used by any pe of any political committee	erson e to sc	for the licit co	pur ntrib	pose of outions f	soliciting from suc	g co h co	ntribut	ions ee.
\backslash	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporat	ed PAC (Unite	dHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle In JERDE, MARY, , ,	iitial) or Full C	Organiza	ation Name		Date of	f Re	eceipt				
	Mailing Address 9324 N AERIE CLIFF					^M 06	1	30) / Y	ү 2	023	Y
	City	State		p Code		Trans	acti	ion ID :	PR2575	8374	468559	9
	FOUNTAIN HILLS	AZ		85268-6358		Amount	t of	Each R	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С									115.3	88
	Name of Employer (for Individual) United HealthCare Services Inc		cupation Med Cl	(for Individual) in Ops		M	emc	ltem				
	Receipt For:	Aggregate	Year-to	o-Date ▼								
	Primary General Other (specify) ▼			749.97	F	P/R Ded	lucti	on (\$57	.69 Bi-W	eekl	у)	
В.	Full Name of Individual (Last, First, Middle In BOROCH, BLAIR, , ,	itial) or Full C	Organiza	ation Name		Date of	Re	eceipt				
	Mailing Address 800 BELFRY DRIVE					^M 06	1	30) / Y			Y
	City	State	Zi	p Code		Trans	acti	on ID :	PR25758	3499	68559	,
	BLUE BELL	PA		9422-1210								
	FEC ID number of contributing federal political committee.	С							1 - 4p.		384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		cupatior h Plan (i (for Individual) CEO		M	emc	tem				
	Receipt For:	Aggregate	Year-to	o-Date 🔻								
	Primary General Other (specify) ▼		,	2499.90	P	P/R Ded	ucti	on (\$19	2.30 Bi-V	Veeł	(ly)	
С.	Full Name of Individual (Last, First, Middle In COTTINGTON, NYLE BRENT, , ,	itial) or Full C	Organiza	ation Name		Date of	Re	eceipt				
	Mailing Address 15050 47TH STREET NE					^M 06	1	30				Y
		State		p Code		Trans	act	ion ID :	PR2575	865	36855	9
	SAINT MICHAEL	MN	5	5376-1613		Amount	t of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С						,	, , , , , , , , , , , , , , , , , , ,		384.6	60
	Name of Employer (for Individual)	Occ	cupation	(for Individual)		М	emo	tem				
	United HealthCare Services Inc	VP /	Acctng	-								
	Receipt For:	Aggregate	Year-to	o-Date ▼								
	Primary General Other (specify)		-y 1	2499.90	F	P/R Dec	lucti	ion (\$19	2.30 Bi-V	Vee	kly)	
⊢	UBTOTAL of Receipts This Page (optional)				- -			y	- y	-	884.5	8

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

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			Detailed Summary Page		11a 13		11b 14	11c 15	12	17						
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	y not be sold or used by any p ddress of any political committee	erson e to so	for the	purp ntrib	bose of s	soliciting	g contribu	itions						
$\overline{)}$	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P/	AC)												
Α.	Full Name of Individual (Last, First, Middle Initia ADAMO, BRENT, , ,	al) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 3109 E DESERT LN				^M 06	/	D D D 30	/ Y	y y 2023	Y						
	City PHOENIX	State AZ	Zip Code 85042-7198				-		8678685							
			03042-7190	_	Amount	of	Each Re	ceipt th	is Perioc	1						
	FEC ID number of contributing federal political committee.	C			Ľ.				76	.92						
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Software Engineering		Me	emo	Item									
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify) ▼		499.98] [P/R Ded	ucti	on (\$38.4	16 Bi-We	ekly)							
в.	Full Name of Individual (Last, First, Middle Initia ROSS, CHRISTY, , ,	al) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 211 JIM CANNON RD				^M 06	/	D D D 30	/ Y	2023	Y						
	City	State	Zip Code		Trans	acti	on ID : F	R25758	37336855	59						
	VAN ALSTYNE	TX	75495-2803	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С							77	.00						
	Name of Employer (for Individual) Optum Services, Inc	Occi VP	upation (for Individual) Ops		Me	emo	Item									
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) v		500.50] F	P/R Ded	uctio	on (\$38.5	50 Bi-We	ekly)							
с.	Full Name of Individual (Last, First, Middle Initia PEZHMAN, PAYMAN, , ,	al) or Full O	rganization Name		Date of	Re	ceint									
	Mailing Address 2825 MAPLEWOOD CIRCLE E				^M 06	/	D D D 30	/ Y	2023	Y						
	City	State	Zip Code		Trans	acti	ion ID : F	PR2575	8835685	59						
	WAYZATA	MN	55391-2633	_	Amount	of	Each Re	eceipt th	is Perioc	1						
	FEC ID number of contributing federal political committee.	С					y .		384	.60						
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Segment Gen Counsel		Me	emo	ltem									
	Receipt For:	1	Year-to-Date ▼													
	Primary General Other (specify)		2499.90] F	P/R Ded	ucti	on (\$192	.30 Bi-V	Veekly)							
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,	,	538.	52						
Т	OTAL This Period (last page this line number or	nly)		•			7									

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		Detailed Summary Page		11a 13		11	-	1	1c		2 6	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for the		pos	se of	solic	citing	conti	ributio	ons
$\overline{)}$	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia RICHARDSON, KRISTIE, , ,	l) or Full O	rgar	nization Name		Date of	Re	ecei	eipt					
	Mailing Address 139 BALL GAP ROAD					^M 06	/	E	D D D 30	/	Y	y 202	23	Ý
	City ARDEN	State NC		Zip Code 28704-8748		Trans Amount								
	FEC ID number of contributing federal political committee.	С						-					00.00	0
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP (ion (for Individual)		M	emc	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2400.00	F	P/R Ded	lucti	ion	(\$200).00	Bi-W	eekly	/)	
В.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rgar	nization Name		Date of	Re	ecei	eipt					
	Mailing Address 2575 TALL TIMBER COURT SE					^M 06	1	Γ	D D D 30	/	Y	202	3	ŕ
	City GRAND RAPIDS	State MI		Zip Code 49546-6787		Trans								
	FEC ID number of contributing federal political committee.	С				Amount		Ea		ecei			398.00	0
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) en Mgmt		M	emc	o Ite	em					
	Dessint For:	Aggregate] P	9/R Ded	ucti	on	(\$199	0.00	Bi-We	eekly	')	
C.	Full Name of Individual (Last, First, Middle Initia MARGHERIO, MICHAEL, , ,	l) or Full O	rgai	nization Name		Date of	f Re	ecei	eipt					
	Mailing Address 6412 JEFFERSON STREET	1				^M 06	Ŀ.	L	D D D 30	/	Y	202		_
	City KANSAS CITY	State MO		Zip Code 64113-1542		Trans Amount			n ID : I ach Be					
	FEC ID number of contributing federal political committee.	С						,			,		76.92	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) /P SIs Acct Mgt		М	emo	o It	tem					
		Aggregate	Yea	r-to-Date ▼										
	Other (specify)		-y-	499.98] F	P/R Dec	lucti	ion	ı (\$38.	46 E	Bi-We	ekly)		
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т	OTAL This Period (last page this line number on	ıly)			•			-,-			-,		-	

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			Detailed Summary Page	2	< 11a		11b	11c		committee. 2023 18668559 s Period 38.46 (38.46) (38.46				
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	for commercial purposes, other than using the													
\backslash	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporate	ed PAC(UnitedHealth Group PA	AC)										
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Organization Name		Data									
А.	CZAJKA, DAVID, , ,			-	Date of	_								
	Mailing Address 8590 BIG MANGROVE DRIVE	1			06	1	30) / Y	202	23	Y			
	City	State	Zip Code		Trans	act	ion ID :	PR25759	91866	8559)			
	FORT MYERS	FL	33908-7694	_	Amoun	t of	Each R	eceipt th	is Pe	riod				
	FEC ID number of contributing federal political committee.	С					-		_	38.4	6			
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emc	Item							
	United HealthCare Services Inc	Sr [Dir People Team											
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify) ▼		249.99		P/R Dec	lucti	on (\$19	.23 Bi-Wo	ekly))				
в.	Full Name of Individual (Last, First, Middle Init OLSON, TRUDY, , ,	ial) or Full C	Organization Name		Date of	f Re	eceipt							
	Mailing Address 7208 WOODDALE AVE SOUT	Ή			^M 06	1	30	/ Y			Y			
	City	State	Zip Code	Transaction ID : PR2575918768559 Amount of Each Receipt this Period										
	EDINA	MN	55435-4156	_	Amoun	t of	Each R	eceipt th	is Pe	riod				
	FEC ID number of contributing federal political committee.	С			<u> </u>		-			76.9	2			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) People Team		M	emc	ltem							
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		499,98	P/R Deduction (\$38.46 Bi-Weekly)										
<u></u>	Full Name of Individual (Last, First, Middle Init MCGOLDRICK, CHRISTOPHER, , ,	ial) or Full C	Organization Name		Date of	f Re	eceipt							
	Mailing Address 48 MOUNTAIN TERRACE RO				06 ^M		30		202					
	City WEST HARTFORD	State CT	Zip Code 06107-1533	-				PR2575)			
					Amoun	t of	Each R	eceipt th	is Pe	riod	_			
	FEC ID number of contributing federal political committee.	С			Ļ.		<u>y</u>	y	3	384.6	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs & Bus Dev		M	emo	b Item							
	Receipt For:			-										
	Primary General	Aggregate	Year-to-Date ▼	1.		luoti	on (¢10	2.30 Bi-V	Nookh					
	Other (specify)	L	2499.90	1	F/IN Det	JUCI	011 (\$19	2.30 DI-V	VEEKI	y)				
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т	OTAL This Period (last page this line number of	only)		-										

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		Detailed Summary Page			\square	11b	11c	\square	12 16	17
			or the		oose of	soliciting		ntributi	ions	
NAME OF COMMITTEE (In Full)	Detailed Summary Page 11a 11b 11c 12 17 Irom such Reports and Statements may not be sold or used by any person for the purpose of solicing contributions from such committee. 17 16									
UnitedHealth Group Incor	porated PAC (JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, M A. MATTERA, RICHARD, , ,	iddle Initial) or Full O	rganization Name	D	ate of	Re	ceipt				
Mailing Address 640 LOCUST HILLS [DRIVE				/		/ Y	ү 20)23	Ŷ
City WAYZATA)
FEC ID number of contributing		30001 1070	A	mount	of	Each Re	eceipt th	nis P	eriod	_
federal political committee.	C			_		ap. 1		_	384.6	60
Name of Employer (for Individual) United HealthCare Services Inc				Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		2499.90	P/I	R Ded	uctio	on (\$192	2.30 Bi-V	Veek	ly)	
Full Name of Individual (Last, First, M B. RILEY, FELICITY, , ,	iddle Initial) or Full O	rganization Name	D	ate of	Re	ceipt				
Mailing Address 3330 EDMUND BLVD					/		/ Y			Y
City										
MINNEAPOLIS	MIN	55406-2348	A	mount	of	Each Re	eceipt th	is P	eriod	_
FEC ID number of contributing federal political committee.	С							_	384.6	60
Name of Employer (for Individual) United HealthCare Services Inc		,		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General Other (specify) ▼		2499.90	P/F	R Dedu	uctio	on (\$192	.30 Bi-V	Veek	ly)	
Full Name of Individual (Last, First, M C. DONAHUE, JEANINE, , ,	iddle Initial) or Full O	rganization Name	D	ate of	Re	ceipt				
Mailing Address 164 MORNINGSIDE I	DRIVE				/		/ Y			Ŷ
City MANDEVILLE										9
		10440-7371	A	mount	of	Each Re	eceipt th	is P	eriod	_
FEC ID number of contributing federal political committee.	C		Į.	_	_	y	y y	_	76.9	2
Name of Employer (for Individual) United HealthCare Services Inc		,		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		499.98	P/	R Ded	ucti	on (\$38.	46 Bi-W	eekly	/)	
SUBTOTAL of Receipts This Page (opti-	onal)					,	,		846.1	2
TOTAL This Period (last page this line r	number only)									

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

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			Detailed Summary Page		11a 13	-	11b 14	11c	12	17				
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose of	soliciting	g contrib	utions				
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (U	InitedHealth Group P	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial) LEMKE, HEATHER, , ,	or Full Or	ganization Name		Date of Receipt									
	Mailing Address 4135 TRILLIUM LANE EAST				м м 06	/	30	D / Y	y y 2023	Y				
	City	State	Zip Code		Trans	acti	ion ID :	PR2575	9658685	59				
	MINNETRISTA	MN	55364-7730	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		396.00										
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) eople Team		М	emo	Item							
	Receipt For:		∕ear-to-Date ▼	_										
	Primary General Other (specify) ▼		2424.07] P	/R Dec	lucti	on (\$19	98.00 Bi-V	Veekly)					
в.	Full Name of Individual (Last, First, Middle Initial) FRANK, DANIEL, , ,	or Full Org	ganization Name	1	Date of	f Re	ceipt							
	Mailing Address 1373 PRAIRIE MEADOW RD				м м 06	/	30		y y 2023	Y				
	City	State	Zip Code		Trans	acti	on ID :	PR2575	9704685	59				
	MINNETRISTA	MN	55359-6701	/	Amoun	t of	Each F	Receipt th	nis Perioo	ł				
	FEC ID number of contributing federal political committee.	С							384	.60				
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) f Clin Off		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 2499.90	P.	P/R Deduction (\$192.30 Bi-Weekly)									
				_										
C.	Full Name of Individual (Last, First, Middle Initial) SIEBERT, GREGORY, , ,	or Full Org	ganization Name	I	Date of	f Re	ceipt							
	Mailing Address 46 VIA BELLEZA				^M 06	1	30		2023 Y	_				
	City SAN CLEMENTE	State CA	Zip Code 92673-6910						9796685					
		0/1	32073-0310	_	Amoun	t of	Each F	Receipt th	nis Perioo	1				
	FEC ID number of contributing federal political committee.	C			_		y		200	.00				
	Name of Employer (for Individual) United HealthCare Services Inc		oation (for Individual) twk Contrctng		М	emc	ltem							
	Receipt For:	Aggregate Y	'ear-to-Date ▼											
	Primary General Other (specify)		1300.00] P	/R Dec	lucti	on (\$10)0.00 Bi-\	Veekly)					
s	UBTOTAL of Receipts This Page (optional)			.			, .		980	.60				
т	OTAL This Period (last page this line number only	/)		•										

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			Detailed Summary Page		11a		11b		11c	12						
An	y information copied from such Reports and Stat	tements ma	w not be sold or used by any n	erson	13 for the		14 pose	e of s	15 olicitina	16 contribut	17 tions					
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	e to so	licit cor	ntrib	oution	ns fro	om such	committ	ee.					
\backslash	NAME OF COMMITTEE (In Full)	//														
/	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group P/	AC)												
Α.	Full Name of Individual (Last, First, Middle Initia RICHARDS, ALISON, , ,	l) or Full O	rganization Name		Date of	Re	eceip	ot								
	Mailing Address 257 WEST GRANTLEY				м м 06	/		30	/ Y	y y 2023	Y					
	City	State	Zip Code		Trans	acti	ion I	ID : P	R25759	8796855	9					
	ELMHURST	IL	60126-2237	_	Amount	of	Eac	h Re	ceipt th	is Period						
	FEC ID number of contributing federal political committee.	С		384.60												
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sion CEO		Me	emo	b Iter	m								
	Receipt For:	Aggregate	Year-to-Date 🔻													
	Primary General Other (specify) ▼		2499.90] F	P/R Ded	ucti	on (S	\$192.	30 Bi-W	/eekly)						
В.	Full Name of Individual (Last, First, Middle Initia SCHULTZ, STACY, , ,	l) or Full O	rganization Name		Date of	Re	eceip	ot								
	Mailing Address 4012 S XERXES AVENUE				м м 06	/		30	/ Y	2023	Y					
	City	State	Zip Code	Transaction ID : PR2575990968559 Amount of Each Receipt this Period												
	MINNEAPOLIS	MN	55410-1146		Amount	of	Eac	h Re	ceipt th	is Period						
	FEC ID number of contributing federal political committee.	С					,		-	76.9	92					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel		Me	emo	lter	m								
	Receipt For:	Aggregate	Year-to-Date ▼		-											
	Primary General Other (specify) ▼		499.98	P	P/R Deduction (\$38.46 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initia BRIGGS, MARC, , ,	l) or Full O	rganization Name		Date of	Re	eceip	ot								
	Mailing Address 13534 TUSCALEE HILL CIR	1			^M 06	1	D	30 ^D	/ Y	2023 Y	Y					
	City DRAPER	State UT	Zip Code 84020-5653							0166855	9					
	FEC ID number of contributing				Amount	ot	⊢ac	n He	ceipt th	is Period	_					
	federal political committee.	С			<u> </u>	_	y		9	384.0	60					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item												
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify)		2499.90] F	P/R Ded	ucti	ion (S	\$192.	30 Bi-V	Veekly)						
s	JBTOTAL of Receipts This Page (optional)			•			,		9	846.4	12					
т	OTAL This Period (last page this line number on	ly)		•			- -		-							

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		Detailed Summary Page												
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NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group P	4C)											
Full Name of Individual (Last, First, Middle In SCHOENER, SHAUN, , ,	iitial) or Full O	rganization Name	Date of Receipt											
Mailing Address 884 LAS PALOMAS DR			06 30 2023											
City	State	Zip Code	Transaction ID : PR2576012768559											
LAS VEGAS	NV	89138-5001	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		32.68											
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) KA VP SIs Acct Mgt	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		212.42	P/R Deduction (\$16.34 Bi-Weekly)											
Full Name of Individual (Last, First, Middle In B. SONERHOLM, KIMBERLY, , ,	iitial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3380 SHELBORNE WOODS	PARKWAY		M M / D D / Y Y Y Y 06 30 2023											
City	State	Zip Code	Transaction ID : PR2576033268559											
CARMEL	IN	46032-8101	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle In C. MOSHER, MATTHEW, , ,	iitial) or Full O	rganization Name	Date of Receipt											
Mailing Address 4201 SUNSET DRIVE #108			06 30 / Y Y Y Y 2023											
City	State	Zip Code	Transaction ID : PR2576038568559											
SPRING PARK	MN	55384-4515	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		83.32											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nfo Tech	Memo Item											
Receipt For:	I	Year-to-Date ▼												
Primary General Other (specify)	, iggi egate	458.26	P/R Deduction (\$41.66 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			500.60											
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Use separate schedule(s) for each category of the Detailed Summary Page

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				Detailed Summary Page		11a 13		11	1b 4	11c	\vdash	12 16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	se of :	solicitir		ontribut	ions		
<u></u>	NAME OF COMMITTEE (In Full)														
2	UnitedHealth Group Incorporated	PAC (l	Jn	itedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial) BYRNES, CHRISTOPHER, , ,	or Full Or	rgai	nization Name		Date o	f Re	ecei	ipt						
	Mailing Address 3920 GLENWOOD STREET					м м 06	/	Γ	D D D 30	/	۲ ۲ 2	2023	Y		
	City	State		Zip Code		Trans	acti	ion	1D : I	PR257	6042	86855	9		
	DULUTH	MN	_	55804-1403	_ /	Amoun	t of	Ea	ach Re	eceipt	his	Period			
	FEC ID number of contributing federal political committee.	С			384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) gment COO		М	emo	o Ite	em						
	Receipt For:			r-to-Date ▼											
	Primary General Other (specify) ▼		-	2499.90	P	/R Dec	lucti	ion	(\$192	2.30 Bi-	Wee	ekly)			
в.	Full Name of Individual (Last, First, Middle Initial) KANDALAFT, KEVIN, , ,	or Full Or	rgai	nization Name		Date o	f Re	ecei	ipt						
	Mailing Address 16118 LOMACITAS LN					м м 06	1	Γ	D D D 30	/		023	Y		
	City WHITTIER	State CA		Zip Code 90603								66855)		
	FFC ID number of contributing		-	30003	_ ′	Amoun	t of	Ea	acn Re	eceipt	inis				
	federal political committee.	С			384.								50		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) In CEO		Memo Item									
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Other (specify) ▼		,	2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial)	or Full Or	rgai	nization Name		Date o	f Re	PCP	int						
0.	Mailing Address 1485 COUNTY RD 286					M M 06	/	_	30	/		023	Y		
	City	State		Zip Code		Trans	act	ion	ו ID : I	PR257	6045	516855	9		
	COLLINSVILLE	ТХ	_	76233-2389	_ /	Amoun	t of	Ea	ach Re	eceipt	his	Period			
	FEC ID number of contributing federal political committee.	С						y		, <u>,</u>		76.9	92		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual)		Μ	emc	o It	em						
	Receipt For:	I		r-to-Date ▼											
	Primary General Other (specify)		-	499.98	P	/R Deo	lucti	ion	(\$38.	46 Bi-V	Veek	dy)			
s	UBTOTAL of Receipts This Page (optional)			••••••				9				846.1	2		
Т	OTAL This Period (last page this line number only	y)		••••••				-							

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		Detailed Summary Page		11a		111		11c	12				
Any information copied from such Reports and	Statements ma	av not be sold or used by any n	erson f	13 or the	DUrr	14 19056		15 Olicitino	16 L contribut	ions			
or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle I ANELSON, KRISTA, , ,	nitial) or Full O	rganization Name		Date of Receipt									
Mailing Address 18202 SHAVERS LAKE DR	IVE			^M 06	/	D	30	/ Y	y 2023	Y			
City	State	Zip Code		Trans	acti	ion	ID : P	R25760)4796855	9			
WAYZATA	MN	55391-3338	/	Amount	of	Eac	ch Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 UHC Operations		Me	emo	o Ite	em						
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		2499.90] P	/R Ded	ucti	ion ((\$192.	30 Bi-V	/eekly)				
Full Name of Individual (Last, First, Middle I MONICAL, KENT, , ,	nitial) or Full O	rganization Name		Date of	Re	eceip	pt						
Mailing Address 9795 E PIEDRA DRIVE				^M 06	1	D	30	/ Y	2023	Y			
City	State AZ	Zip Code							5136855	9			
	AZ	85255-9231	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Jn CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name	-										
- HUANG, JAMES, , ,		Iganization Name	ı	Date of	Re	eceip	pt						
Mailing Address 6838 IDLEWOOD WAY				06	/	L	30		2023 Y				
City EDEN PRAIRIE	State MN	Zip Code 55346-3519							05996855	9			
FEC ID number of contributing federal political committee.	C			-mount	10	Eac	cn Re	ceipt th	is Period 76.9	92			
·	0.00	upotion (for Individual)	_ '	M	emo	o Ite	em						
Name of Employer (for Individual) Optum Services, Inc	VP F	upation (for Individual) Fin			2								
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify)		499.98] F	P/R Ded	lucti	ion ((\$38.4	6 Bi-W	eekly)				
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TENNIZED RECEIPTS		Detailed Summary Page		11a		11b		11c	12					
		Dotalieu Summary Page		13		14		15	16	17				
Any information copied from such Re or for commercial purposes, other th														
NAME OF COMMITTEE (In Full)														
✓ UnitedHealth Group In	corporated PAC (UnitedHealth Group P/	AC)											
Full Name of Individual (Last, First REX, JOHN, , ,		rganization Name		Date of Receipt										
Mailing Address 503 HARRINGT				^M 06	1	3	D 0	/ Y	y y 2023	Y				
City	State	Zip Code		Trans	acti	ion ID) : P	R2576	06006855	59				
WAYZATA	MN	55391-1512	/	Amount	of	Each	Re	ceipt th	nis Period					
FEC ID number of contributing federal political committee.	C		384.60											
Name of Employer (for Individual) United HealthCare Services Inc	, ,	upation (for Individual) G CFO		Me	emo	ltem								
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		2499.90	P	/R Ded	uctio	on (\$1	192.	.30 Bi-V	Veekly)					
Full Name of Individual (Last, Firs MCEWAN, JOSHUA, , ,	st, Middle Initial) or Full O	rganization Name		Date of	Re	eceipt								
Mailing Address 4916 ALDRICH A	AVE SOUTH			м м 06	/	3	D 0	/ Y	2023	Y				
City	State	Zip Code		Trans	acti	on ID	: P	R25760	08576855	9				
MINNEAPOLIS	MN	55419-5353	/	Amount	of	Each	Re	ceipt th	nis Period					
FEC ID number of contributing federal political committee.	C					-		-9	384.	60				
Name of Employer (for Individual United HealthCare Services Inc		upation (for Individual) Tax		Me	emo	ltem								
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		2499.90] P/	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, Firs C. FREIBERG, BRIAN, , ,	st, Middle Initial) or Full O	rganization Name		Date of	Re	eceipt								
Mailing Address 9605 LEXINGTC	DN CT			^M 06	/	3	BO	/ Y	2023	Y				
City	State	Zip Code							0936685					
WESTON		54476-6730	/	Amount	of	Each	Re	ceipt th	nis Period					
FEC ID number of contributing federal political committee.	C					y		y	153.	84				
Name of Employer (for Individual)) Occi	upation (for Individual)		Me	emo	ttem	I							
United HealthCare Services Inc	VP (Cust Strategy												
Receipt For:	Aggregate	Year-to-Date V												
Other (specify)		999.96] P	P/R Ded	ucti	ion (\$7	76.9	92 Bi-W	eekly)					
SUBTOTAL of Receipts This Page	(optional)		•			,		9	923.	04				
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			Use separate schedule(s)	(check only one)										
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
				person for the purpose of soliciting contributions										
or	for commercial purposes, other than using the n	ame and a	ddress of any political commit	ee to solicit contributions from such committee.										
\backslash	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group I	PAC)										
Α.	Full Name of Individual (Last, First, Middle Initia PALMER, BRYAN, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 346 COUNTRY CLUB DRIVE			M = M / D = D / Y = Y = Y = Y										
	City	State	Zip Code	06 30 2023 Transaction ID : PR2576097968559										
	TEQUESTA	FL	33469-1944	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item										
		Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼	· · · ·	2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
в.	Full Name of Individual (Last, First, Middle Initia LESUEUR, REHN, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 254 JASPERS CIR S	1		06 / ^y y y y y 2023										
	City	State	Zip Code	Transaction ID : PR2576098968559										
	CHASKA	MN	55318-3210	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item										
		Aggregate	Year-to-Date 🔻											
	Other (specify) ▼		, 499.98	P/R Deduction (\$38.46 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia DIAMOND, TIFFANY, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1801 SPANISH TRAIL			06 30 2023										
	City DELRAY BEACH	State FL	Zip Code 33483-4958	Transaction ID : PR2576105568559										
		1.2	33463-4936	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		396.00										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item										
		Aggregate	Year-to-Date ▼											
	Other (specify)		2414.46	P/R Deduction (\$198.00 Bi-Weekly)										
	UBTOTAL of Receipts This Page (optional)													

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	y information copied from such Reports and Stat for commercial purposes, other than using the n														
\backslash	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial LIRETTE, KARL, , ,	l) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 9 WEST WOODLAWN DRIVE				м м 06	/	30	/ Y	y y 2023	Y					
	City	State	Zip Code		Trans	act	ion ID : F	R25761	1389685	59					
	DESTREHAN	LA	70047-2535	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		76.92											
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Plan CEO		М	emc	tem								
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		499.98] F	P/R Dec	lucti	on (\$38.4	l6 Bi-We	ekly)						
В.	Full Name of Individual (Last, First, Middle Initia GROSSMAN, MICHAEL, , ,	l) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 15725 56TH AVE N			M M / D D / Y Y Y Y 06 30 2023											
	City	State	Zip Code		Trans	acti	on ID : P	R25761	458685	59					
	PLYMOUTH	MN	55446-2984	·	Amoun	t of	Each Re	ceipt th	is Period	k					
	FEC ID number of contributing federal political committee.	С						-	384	.60					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sion COO	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia FRIDNER, JOHN, , ,	l) or Full O	rganization Name		Date of	f Re	ceipt								
	Mailing Address 782 PENFIELD DR				^M 06		D D D 30	/ Y	2023 Y	Y					
	City	State	Zip Code		Trans	sact	ion ID : F	PR2576	1475685	59					
	CAROL STREAM		60188-4738	- :	Amoun	t of	Each Re	ceipt th	is Perior	k					
	FEC ID number of contributing federal political committee.	С					,	9	78	.00					
	Name of Employer (for Individual) United HealthCare Services Inc		ıpation (for Individual) IA VP SIs/Gen		М	emo	tem								
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify)		507.00] •	P/R Dec	ducti	ion (\$39.0	00 Bi-We	ekly)						
	UBTOTAL of Receipts This Page (optional)			-			9	9	539	.52					
Т	OTAL This Period (last page this line number on	ly)	••••••	•	_										

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia SCOTT, GARLAND, , , Mailing Address 111 CASTLE POND DRIVE	l) or Full O	rganization Name	Date of Receipt
	City WINSTON SALEM	State NC	Zip Code 27107	Transaction ID : PR2576151068559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.46
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Hlth	upation (for Individual) Plan CEO Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initia LENTZ, MICHEL, , , Mailing Address 4004 FOREST GLEN DRIVE	l) or Full O	rganization Name	Date of Receipt
	City GREENSBURG FEC ID number of contributing	State PA	Zip Code 15601-9062	Transaction ID : PR2576153568559 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Exe	upation (for Individual) ec Dir	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 749,97	P/R Deduction (\$57.69 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia WARN, ROBERT, , , Mailing Address 2079 AUSTRIAN PINE LN	l) or Full O	rganization Name	Date of Receipt
	City MINNETONKA	State MN	Zip Code 55305-2429	06 30 2023 Transaction ID : PR2576157868559
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 38.46
	Name of Employer (for Individual) Optum Services, Inc	Occi VP F	upation (for Individual) Fin	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			192.30
т	OTAL This Period (last page this line number or	ıly)		

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		Detailed Summary Page		11a 13		11b		11c	12 16	17			
Any information copied from such Reports a or for commercial purposes, other than usin				for the		pose c		oliciting	contribu	tions			
NAME OF COMMITTEE (In Full)													
VinitedHealth Group Incorpo	rated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middl BENSON, JEAN, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt							
Mailing Address 14951 HIGHLAND COUF	RT NE			^M 06	1	D 3(/ Y	y y 2023	Y			
City PRIOR LAKE	State MN	Zip Code 55372-4109				-			1096855 is Period	-			
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In CEO		Me	emc	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90] P	P/R Ded	ucti	ion (\$1	92.	30 Bi-W	/eekly)				
Full Name of Individual (Last, First, Middl COMBSMORGAN, LAURIE, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt							
Mailing Address 513 RIVERVIEW DRIVE				^M 06	1	D 30		/ Y	2023	Y			
City FRANKLIN	State TN	Zip Code 37064-5512							1986855 is Period				
FEC ID number of contributing federal political committee.	С		3										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		Me	emc	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.60	P/R Deduction (\$19.20 Bi-Weekly)										
Full Name of Individual (Last, First, Middl C. EGELAND, DANIEL, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt							
Mailing Address 2659 E LAKE OF THE IS	1			06 ^M	1	3	0		2023 Y				
City MINNEAPOLIS	State MN	Zip Code 55408-1052	-						74106855				
FEC ID number of contributing federal political committee.	С			Amount	01	Each	Re	ceipt th	is Period 384.	_			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Dev		M	emo	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90] F	P/R Ded	ucti	ion (\$1	92.	.30 Bi-W	/eekly)				
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				etailed Summary Page	ιĽ	〈 11a	1	11	1	11c	1	12			
				, ,		13		14		15		16	17		
Any or 1	y information copied from such Reports and SI for commercial purposes, other than using the	tatements mana name and a	ay no addres	t be sold or used by any pess of any political committee	erson to so	for the plicit cor	purp ntrib	pos outic	e of s	olicitin	g co h co	ntribut	ions		
\setminus	NAME OF COMMITTEE (In Full)														
$\left \right $	UnitedHealth Group Incorporate	ed PAC (I	Unit	tedHealth Group PA	NC)										
A.	Full Name of Individual (Last, First, Middle Init DUFFEY, KRISTY, , ,	ial) or Full O	Drgani	zation Name		Date of	Re	eceij	pt						
	Mailing Address 42095 N 109TH PLACE					^M 06	1		30	/ Y		023 0	Y		
	City	State		Zip Code		Trans	acti	ion	ID : F	R2578	8232	26855	•		
-	SCOTTSDALE	AZ		85262-3293	_	Amount	of	Ead	ch Re	ceipt th	nis F	Period			
	FEC ID number of contributing federal political committee.	С						.		-7-		384.6	60		
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) rsing Officer		M	emo	b Ite	em						
	Receipt For:	Aggregate	Year	-to-Date ▼											
	Primary General Other (specify) ▼		-y	2499.90	F	P/R Ded	ucti	ion ((\$192	.30 Bi-\	Veel	<ly)< td=""><td></td></ly)<>			
	Full Name of Individual (Last, First, Middle Init BUSBEE, NATHANAEL, , ,	ial) or Full O	Drgani	zation Name		Date of	Re	eceij	pt						
	Mailing Address 122 ROSEWOOD AVE					м м 06	/		30	/ Y)23	Y		
	City	State		Zip Code		Trans	acti	ion	ID : P	R2578	8267	68559)		
-	CATONSVILLE	MD		21228-4938	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Process		M	emo) Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Init MILLER, TRACI, , ,	ial) or Full O	Drgani	zation Name		Date of	Re	eceij	pt						
	Mailing Address 729 PINE TRAIL					^M 06	/		30	/ Y)23 [°]	Y		
	City	State		Zip Code		Trans	acti	ion	ID : F	R2578	8299	96855	9		
-	ARNOLD	MD		21012-1628	_	Amount	of	Ead	ch Re	ceipt th	nis F	Period			
	FEC ID number of contributing federal political committee.	С					_	y		5		115.3	88		
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Clin Ops		M	emo	o Ite	em						
i	Receipt For:	Aggregate	Year	-to-Date ▼											
	Primary General Other (specify)			749.97		P/R Ded	lucti	ion	(\$57.6	89 Bi-W	/eekl	y)			
	JBTOTAL of Receipts This Page (optional)						_	9		9	-	576.9	0		

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	r information copied from such Reports and State					for the		po	se of s							
<u> </u>	or commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ame and a	adr	ess or any political committee	; IO SO	NICIT CO	ntrib	out	uons fro	om s	uch	committ	ee.			
	UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	۱C)											
F A.	Full Name of Individual (Last, First, Middle Initial ELLIS, DENNIS, , ,) or Full O)rga	nization Name		Date o	f Re	ece	əipt							
N	Mailing Address 6001 DRIPPING SPRINGS		_			^M 06	/	ſ	30	1	Y	y y 2023	Y			
	City FRISCO	State TX	_	Zip Code 75034-4039	Transaction ID : PR2595209168559 Amount of Each Receipt this Period											
	EC ID number of contributing ederal political committee.	С	-		32.76											
ι	Name of Employer (for Individual)		•	tion (for Individual) VP SIs Acct Mgt		M	emo	o l'	tem							
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 212.94	P	?∕R Deo	ducti	ior	n (\$16.3	38 Bi-	Wee	kly)				
	Full Name of Individual (Last, First, Middle Initial HAREWOOD, JUNIOR, , ,) or Full O)rga	nization Name		Date o	f Re	ece	eipt		-					
_	Mailing Address 158 HAMPTON ROAD				06 30 / Y Y Y Y 2023											
	City GARDEN CITY	State NY		Zip Code 11530-1404								156855 Period	<u>)</u>			
	EC ID number of contributing ederal political committee.	С	-		384.60											
ι	Name of Employer (for Individual) Jnited HealthCare Services Inc		•	tion (for Individual) an CEO		M	emo	o l'	tem							
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initial FRIAS, LORRAINE, , ,) or Full O)rga	nization Name		Date o	f Re	ece	eipt	-	-					
_	Mailing Address 2116 STANFORD AVENUE					06	J.		30	1		2023				
	City SAINT PAUL	State MN		Zip Code 55105-1219								906855 Period	9			
	FEC ID number of contributing ederal political committee.	С						,				76.9	92			
ι	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP C	•	tion (for Individual) nm		N	lemo	o l	ltem							
F	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 499.98 P/R Deduction (\$38					n (\$38.46 Bi-Weekly)							
su	BTOTAL of Receipts This Page (optional)	,						,				494.2	28			
то	TAL This Period (last page this line number onl	y)														

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		Deteiled Currenters Date	X 11a 11b 11c 12
		Detailed Summary Page	
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorport	orated PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Mide A. KIMES, CARRIE, , ,		rganization Name	Date of Receipt
Mailing Address 1917 SW 27TH STREE	т		06 30 Y Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2601162068559
ТОРЕКА	KS	66611-1643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.46
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		249.99	P/R Deduction (\$19.23 Bi-Weekly)
Full Name of Individual (Last, First, Mido B. PERERA, SUSAN, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1201 UNITY AVE N			06 30 2023
City	State	Zip Code	Transaction ID : PR2601168868559
GOLDEN VALLEY	MN	55422-4735	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) puty Gen Counsel	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Mido C. MCBEATH, ROBERT, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2537 RED ARROW DR	IVE		M M / D D / Y Y Y Y 06 30 2023
City	State	Zip Code	Transaction ID : PR2605708968559
LAS VEGAS	NV	89135-1628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Optum Services, Inc	Bus	Seg Chief Med Off	_
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify)		2499.90	P/R Deduction (\$0.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		499.98
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				Detailed Summary Page		11a		111		11c		12	
			<u> </u>			13		14		15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
\backslash	NAME OF COMMITTEE (In Full)			_									
	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia PATTEN, JASON, , ,	l) or Full O	Drgar	ization Name		Date o	of Re	eceip	pt				
	Mailing Address 7384 NARCISSUS LANE N					M 06	/		30	/ Y	202	23	Y
	City	State		Zip Code		Tran	sact	tion	ID : P	R26057	'119(68559	
	MAPLE GROVE	MN		55311-1596	_	Amour	it of	Ead	ch Red	ceipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-		-y		400.0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) ovation		N	lemo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-7-	2400.00	F	P/R De	ducti	ion ((\$200.)	00 Bi-W	/eekl	ly)	
В.	Full Name of Individual (Last, First, Middle Initia ANDERSONHUTCHINS, LEIGH, , ,	l) or Full O	Drgar	ization Name		Date o	of Re	eceip	pt				
	Mailing Address 16786 RAINY VALE AVE					[™] 06	/		30	/ Y	202		Y
	City	State		Zip Code		Tran	sact	ion	ID : PI	R26057	1786	68559	
	RIVERSIDE	CA		92503-6535		Amour	t of	Ead	ch Red	ceipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-3-		- 7		76.9	2
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ed Grp Non Physn		N	lemo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 499.98	F	/R De	ducti	ion ((\$38.46	6 Bi-We	ekly))	
с.	Full Name of Individual (Last, First, Middle Initia DAVIS, KELLY, , ,	l) or Full O	Drgar	ization Name		Date o	f Re	eceip	pt				
	Mailing Address 2285 N POWHATAN ST	1				06	1		30	/ Y	202	23	Y
	City ARLINGTON	State VA		Zip Code 22205-2113						R26057			
			_	22205-2115		Amour	it of	Ead	ch Red	ceipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С				Ľ.		9		y		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upati Com	on (for Individual) m		N	lemo	o Ite	əm				
	Receipt For:	Aggregate	Yea	r-to-Date 🔻									
	Other (specify)		-7-	2307.60	I F	P/R De	duct	tion	(\$192.	30 Bi-W	/eekl	ly)	
s	UBTOTAL of Receipts This Page (optional)			•			1	y		y		861.5	2
т	OTAL This Period (last page this line number on	ıly)			•			-		-9			

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			Detailed Summ			11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		bose of s	soliciting		ntributi	ons
<u> </u>	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth	Group PA	(C)							
Α.	Full Name of Individual (Last, First, Middle Initial LEIGHPITSTICK, EMILY, , ,	l) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 70 SNOW CREEK LN					^M 06	/	о 30	/ Y	Y 20	023	Y
	City	State	Zip Code			Trans	acti	on ID : F	PR26057	7352	268559)
	LEAVENWORTH	WA	98826-7802		_ /	Amount	of	Each Re	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С						7	-		76.9	2
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individ	lual)		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		y i i y i	499.98	P	P/R Ded	ucti	on (\$38.4	46 Bi-Wo	eekl	y)	
	Full Name of Individual (Last, First, Middle Initial MALONE, TRACY, , ,	l) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 900 S 22ND ST					^M 06	/	30	/ Y	ү 20)23	Y
	City	State	Zip Code			Trans	acti	on ID : F	PR26057	7369	68559)
	ARLINGTON	VA	22202-2625		_ /	Amount	of	Each Re	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С						,	-		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individ PExternal Affs	lual)		Me	emo	Item				
		Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼			2499.90	P	/R Ded	uctio	on (\$192	.30 Bi-W	Veek	dy)	
с.	Full Name of Individual (Last, First, Middle Initial PETERSON, ERIC, , ,	l) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 7757 BECK LN					06	/	D 30	/ Y)23 [°]	Ŷ
		State IN	Zip Code 46077-9060			Trans	acti	ion ID : I	PR2605	7504	468559	•
	ZIONSVILLE		46077-9060		- '	Amount	of	Each Re	eceipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С					_	y		_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc	Occu VP M	ipation (for Individ Iktg	lual)		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify)			499.98	F	P/R Ded	ucti	on (\$38.4	46 Bi-W	eekl	y)	
S	JBTOTAL of Receipts This Page (optional)							,	,		538.4	4
т	OTAL This Period (last page this line number on	ly)		····· ►				,				

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			Detailed Summary Page	×	11a		11b	11c	12	· -
	y information copied from such Reports and Sta									
or	for commercial purposes, other than using the r	name and ac	ddress of any political committee	e to so	licit cor	ntrib	outions f	rom sucl	h commit	tee.
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P/	AC)						
A.	Full Name of Individual (Last, First, Middle Initia SONSTEGARD, NATHAN, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt			
	Mailing Address 4216 ZENITH AVE S				^M 06	/	30	/ Y	y 2023	Y
	City MINNEAPOLIS	State MN	Zip Code 55410-1413						8444685	
	FEC ID number of contributing federal political committee.	С			Amouni					.08
	Name of Employer (for Individual) Optum Services, Inc	Occu VP F	ipation (for Individual) Fin		M	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 682.52] P	P/R Ded	lucti	on (\$14	.04 Bi-W	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia	al) or Full Or	rganization Name		Date of	Re	eceipt			
	Mailing Address 945 MINERS RIDGE COURT				^M 06	1	30	/ Y	2023	Y
	City INCLINE VILLAGE	State NV	Zip Code 89451-8801						30676855 nis Perioc	
	FEC ID number of contributing federal political committee.	С						1.95	76	.92
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (upation (for Individual) Ops		M	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P	/R Ded	ucti	on (\$38.	.46 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initia WELDON, BRIAN, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt			
	Mailing Address 1155 MOERS DRIVE				^M 06	1	30	/ Y	2023	Ŷ
	City CHASKA	State MN	Zip Code 55318-4629						0555685 nis Perioc	
	FEC ID number of contributing federal political committee.	С				. 01	,	, sooipt if		.92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Corp Dev		M	emo	ttem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98] P	P/R Ded	lucti	ion (\$38	.46 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•			, ,	. ,	181	92
Т	OTAL This Period (last page this line number or	nly)		•			.			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
ight angle UnitedHealth Group Inc	orporated PAC (JnitedHealth Group PA	AC)
Full Name of Individual (Last, First LANDO, LISA, , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 60 PINEAPPLE S APT 3J City	TREET	Zip Code	
BROOKLYN	NY	11201-6839	Transaction ID : PR2608059568559
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First B. WRIGHT, NORMAN, , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 26335 N 104TH W	/AY		06 30 Y Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2609812368559
SCOTTSDALE	AZ	85255-8009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) erprise Health Equity	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First C. PATEL, KETAN, , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1811 PITCAIRN E			06 / D D / Y Y Y Y 06 30 2023
City COSTA MESA	State CA	Zip Code 92626-4702	Transaction ID : PR2612523368559
	- ON	92020-4702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.92
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		499.98	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		538.44
TOTAL This Period (last page this li	ne number only)		<u> </u>

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 102 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial STEVENS, J, , , Mailing Address 133 MEADERBORO ROAD	l) or Full O	rganization Name	Date of Receipt
	City ROCHESTER	State NH	Zip Code 03867	Transaction ID : PR2612528568559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General Other (specify) ▼	Sr D	upation (for Individual) Dir Tech Prod Mgmt Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial BAKER, MICHAEL, , , Mailing Address 2383 HIGHOVER TRAIL	l) or Full O	rganization Name	Date of Receipt
	City CHANHASSEN FEC ID number of contributing federal political committee.	State MN	Zip Code 55317-4744	Transaction ID : PR2612530568559 Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) United HealthCare Services Inc	Bus	upation (for Individual) s Segment COO Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initial SHILTS, MATTHEW, , , Mailing Address 10 WOODLAND ROAD	l) or Full O	rganization Name	Date of Receipt
	City EDINA	State MN	Zip Code 55424-1631	Transaction ID : PR2612533268559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		92.30
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Chie	upation (for Individual) of Tech Off	Memo Item
	Primary General Other (specify)		Year-to-Date ▼ 599.95	P/R Deduction (\$46.15 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	553.82
Т	OTAL This Period (last page this line number on	ly)		

Use separate schedule(s) for each category of the

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PAGE 103 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		United Health Group PA	\sim
/	· · ·	`	•	
Α.	KREJCI, ANDREW, , ,) or Full C	rganization Name	Date of Receipt
	Mailing Address 19880 LAKEVIEW AVENUE			06 30 2023
	City	State	Zip Code	Transaction ID : PR2614310768559
			55331-9352	Amount of Each Receipt this Period
	federal political committee.	С		56.16
	Name of Employer (for Individual) Optum Services, Inc			Memo Item
		Aggregate	Year-to-Date ▼	-
	Other (specify) V		365.04	P/R Deduction (\$28.08 Bi-Weekly)
— В.) or Full C	Organization Name	Date of Receipt
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KREJCI, ANDREW, , , Mailing Address 19880 LAKEVIEW AVENUE Date of Receipt City State Zip Code EXCELSIOR MN 55331-9352 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) VP Comm Receipt For: Aggregate Year-to-Date ▼ P/B Deduction (\$28.08 Bi-Weekly)		M M / D D / Y Y Y Y		
	City			
	ũ	С		38.46
				Memo Item
	Primary General	Aggregate		P/R Deduction (\$19.23 Bi-Weekly)
<u>с.</u>) or Full C	Organization Name	Date of Receipt
	Mailing Address 12439 GLENLIVET LOWLAND A	AVE		
	-			
	ũ	С		
				Memo Item
	Primary General	Aggregate		P/R Deduction (\$19.23 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•••••	133.08
Т	OTAL This Period (last page this line number on	ly)	•••••	

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

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PAGE 104 OF

	EMIZED RECEIPTS							-		11c		12	
۸n	v information conied from such Deports and Stat	emente ma	<u> </u>	ot be sold or used by any or		13 for the				15		16 htribut	17
\backslash	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	Uni	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia SOLOMON, RANDALL, , ,	Detailed Summary Page X 11a 11b 11c 15c ch Reports and Statements may not be solid or used by any person for the purpose of soliciting of the transaction in the transactin the transaction in the transaction in the transacti											
	Mailing Address 760 HAIGHT STREET						/			/ Y)23	Y
	City			•		Trans	acti	ion	ID : F	R2615	3715	68559)
	SAN FRANCISCO	CA		94117-3317	_	Amount	of	Ea	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-	Ξ	76.9	2
	Name of Employer (for Individual) Optum Services, Inc		•	· · · · · ·		M	emo	o Ite	əm				
	Poppint For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-			P/R Ded	uctio	on	(\$38.4	6 Bi-W	eekly	/)	
В.	Full Name of Individual (Last, First, Middle Initia BIRNBAUM, MICHAEL, , ,	l) or Full O	Orgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address 55 DEAN STREET						1	ľ		/ Y	ү 20	23 23	Y
	City			Zip Code		Trans	acti	ion	ID : P	R2615	5716	68559)
	BROOKLYN	NY		11201-6245		Amount	of	Ea	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		- 19-	_	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	,		M	emo) Ite	əm				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,			P/R Ded	uctio	on ((\$192	30 Bi-V	/eek	ly)	
с.	Full Name of Individual (Last, First, Middle Initia OSTRANDER, ROBERT, , ,	l) or Full O	Orgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address 18 BARTON COURT						/	ľ		/ Y		23	Y
	City					Trans	acti	ion	ID : F	PR2615	9606	68559)
	PLEASANT HILL	CA		94523-2029	_	Amount	of	Ea	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					_	9		y	_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc		•	,		M	emo	o Ite	əm				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)		-			P/R Ded	lucti	ion	(\$38.4	46 Bi-W	eekly	y)	
s	UBTOTAL of Receipts This Page (optional)			••••••				,				538.4	4
т	OTAL This Period (last page this line number on	ly)				.		,			_		

SCHEDULE A (FEC Form 3X) EMIZED DECEIDTE

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TEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12									
	Detailed Summary Page										
	and Statements may not be sold or used by any ng the name and address of any political committee										
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	PAC)									
Full Name of Individual (Last, First, Mid TRAW, KEVIN, , ,	dle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 518 13TH ST		06 / D D / Y Y Y Y Y 06 30 2023									
City	State Zip Code	Transaction ID : PR2617365668559									
HUNTINGTON BEACH	CA 92648-4038	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	76.92									
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Cust Service	Memo Item									
Receipt For:	Aggregate Year-to-Date ▼										
Primary General Other (specify) ▼	499.98	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Mid DOMB, JULIET, , ,	dle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 116 CHURCH ST		06 30 2023									
City	State Zip Code	Transaction ID : PR2618988768559									
WATERTOWN	MA 02472-4721	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	192.30									
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Mid C. OLSON, MARK, , ,	dle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 848 S CORONA ST		06 30 2023									
City	State Zip Code	Transaction ID : PR2622561668559									
DENVER	CO 80209-4410	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	76.92									
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) KA VP SIs Acct Mgmt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)									
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Use separate schedule(s) for each category of the Detailed Summary Page

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				etailed Summary Page		< 11a 13		-	1b 4	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for the		rpo	se of s			ntribut	
$\overline{\ }$	NAME OF COMMITTEE (In Full)												
\sum	UnitedHealth Group Incorporated	d PAC (l	Uni	tedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initia MOURAS, DENNIS, , ,	l) or Full O	rgan	ization Name		Date (of Re	ece	eipt				
	Mailing Address 5942 BRIARWOOD COURT					^M 06	/	′	30	/ Y	ү 20)23	Y
	City CLARKSTON	State MI		Zip Code 48346-3176					n ID : P)
	FEC ID number of contributing federal political committee.	С				Amou		, Ei	ach Re	ceipt tr		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) n CEO		N	/lemo	o l	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	F	P/R De	duct	tior	ח (\$192.	30 Bi-\	Veel	dy)	
B.	Full Name of Individual (Last, First, Middle Initia GREIN, DEEDREA, , ,	l) or Full O	rgan	ization Name		Date of	of Re	ece	əipt				
	Mailing Address 6610 XERXES AVE S					06	/	′	о 30	/ Y	20)23	Y
	City EDINA	State MN		Zip Code 55435-3542	-				n ID : P ach Re)
	FEC ID number of contributing federal political committee.	С						-				416.0	0
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) n Mgmt		Ν	/lemo	o l	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2488.00	F	P/R De	ducti	ion	n (\$208.	00 Bi-V	Veek	dy)	
с.	Full Name of Individual (Last, First, Middle Initia MULES, REBECCA, , ,	l) or Full O	rgan	ization Name		Date	of Re	ece	eipt				
	Mailing Address 1136 BATTERY AVENUE	1				^M 06		/	30	/ Y	20)23	
	City BALTIMORE	State MD		Zip Code 21230-4112	-				n ID : F ach Re	-)
	FEC ID number of contributing federal political committee.	С				Amou		. L.		, seipt ti	115 F	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Affs		•	/lem	οI	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2499.90	F	P/R De	duct	tior	า (\$192	.30 Bi-\	Veel	kly)	
s	UBTOTAL of Receipts This Page (optional)			•••••	•			,		,		1185.2	0
т	OTAL This Period (last page this line number or	nly)			-			,		-9-			

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
/	UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	(C)
A.	Full Name of Individual (Last, First, Middle Initial) SMITH, LISA, , , Mailing Address 5040 INTERLACHEN BLUFF) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	06 30 2023 Transaction ID : PR2625503768559
	EDINA	MN	55436-1360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial) DUKART, JENNIFER, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 2541 DRESDEN LANE			06 30 Y Y Y Y Y 2023
	City	State	Zip Code	Transaction ID : PR2627749168559
	GOLDEN VALLEY	MN	55422-3617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment Gen Counsel	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial) PARIS, KATHERINE, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 17365 62ND AVE N	1		06 / D / Y Y Y Y 06 / 30 / 2023
	City MAPLE GROVE	State MN	Zip Code 55311-6405	Transaction ID : PR2628320668559
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			961.50
т	OTAL This Period (last page this line number onl	y)		

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Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora Full Name of Individual (Last, First, Middle In SHJERVE, NICHOLAS, , ,	ne name and a	Detailed Summary Page ay not be sold or used by any pe ddress of any political committee	erson for to solicit	the p	urp	14 ose of	15 solicitir		16 Intribut	17 tions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ne name and a	ay not be sold or used by any pe address of any political committee	erson for to solicit	the p	urp ribu	ose of	solicitir		ontribut	ions
UnitedHealth Group Incorpora	ted PAC (ioni su		ommitt	эе.
Full Name of Individual (Last, First, Middle In	ted PAC (
		•	AC)							
	nitial) or Full C	organization Name	Dat	e of l	Rec	ceipt				
Mailing Address 12126 94TH AVE N				06 [™]	/	D D D 30		Y Y 2	2023	Y
City MAPLE GROVE	State MN	Zip Code 55369-7154				on ID : Each R				9
FEC ID number of contributing federal political committee.	С					y			76.9	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel		Mer	mo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		499.98	P/R	Dedu	ictio	on (\$38.	.46 Bi-V	Veek	ily)	
Full Name of Individual (Last, First, Middle In MANNING, KIM, , ,	nitial) or Full C	organization Name	Dat	e of I	Rec	ceipt				
Mailing Address 12703 DEER CREEK DRIVE				06 [™]	/	D D D 30			023	Y
City	State	Zip Code				on ID :				<u>}</u>
ОМАНА	NE	68142-1762	Am	ount	of E	Each R	eceipt	this I	Period	
FEC ID number of contributing federal political committee.	С			_		y	-		76.9	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg		Mer	mo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		499,98	P/R	Dedu	ctio	n (\$38.	46 Bi-V	Veek	ly)	
Full Name of Individual (Last, First, Middle In VANDERWALDE, LAMBERT, , ,	nitial) or Full C	organization Name	Dat	e of l	Rec	ceipt				
Mailing Address 45 AUDUBON CAUSEWAY				06	/	30	1		023	Y
City	State FL	Zip Code	TI	ansa	ctio	on ID :	PR262	8332	36855	9
LANTANA		33462-4756	Am	ount	of E	Each R	eceipt	this I	Period	
FEC ID number of contributing federal political committee.	С					y	,		384.6	30
Name of Employer (for Individual)	Occ	upation (for Individual)		Mei	mo	Item				
United HealthCare Services Inc		PUHG Research-Corp Affairs								
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify)		2499.90	P/R	Dedu	ictic	on (\$19:	2.30 Bi	Wee	ekly)	
SUBTOTAL of Receipts This Page (optional)		•				,	,		538.4	14

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	y information copied from such Reports and Sta for commercial purposes, other than using the									soliciting		ntribut	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporate	d PAC (l	Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia PIAZZA, ELIZABETH, , ,	al) or Full O)rgai	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 117 HILLSIDE LN					^M 06	/	Γ	D D D 30	/ Y)23	Y
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2628	3341	68559)
	POTTSTOWN	PA		19465-8583		Amount	of	Ea	ich Re	eceipt th	nis F	eriod	
	FEC ID number of contributing federal political committee.	С						-		-9		76.9	2
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) I Clin Ops		M	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼									
	Primary General Other (specify) ▼		7	499.98	F	P/R Ded	ucti	on	(\$38.4	46 Bi-W	eekl	y)	
В.	Full Name of Individual (Last, First, Middle Initia KORNHAUSER, MICHAEL, , ,	al) or Full O	rga	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 180 SUMMIT LANE					^M 06	/	Γ	30	/ Y		23	Y
	City	State		Zip Code		Trans	acti	ion	ID : F	R2628	3357	68559	
	BALA CYNWYD	PA		19004-2931		Amount	of	Ea	ich Re	eceipt th	nis F	eriod	
	FEC ID number of contributing federal political committee.	С						-				115.9	2
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Sr M	•	tion (for Individual) Dir		M	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼									
	Primary General Other (specify) ▼		,	753.48	P	/R Ded	uctio	on	(\$57.9	96 Bi-W	eekl	/)	
с.	Full Name of Individual (Last, First, Middle Initia ERICKSON, ALYSSA, , ,	al) or Full O	rga	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 6430 POLARIS LANE N					^M 06	/	Ľ	^D 30	/ Y)23	Y
	City	State		Zip Code		Trans	acti	ion	1D : I	PR2628	7989	96855	•
	MAPLE GROVE	MN		55311-4320	·	Amount	of	Ea	ich Re	ceipt th	nis F	eriod	
	FEC ID number of contributing federal political committee.	С						y		9		192.3	0
	Name of Employer (for Individual)	Оссі	upat	tion (for Individual)	_	М	emo	o Ite	em				
	United HealthCare Services Inc			nd/Social Resp									
	Receipt For:	Aggregate	Yea	ur-to-Date ▼									
	Primary General Other (specify)		- -	1249.95	F	P/R Dec	lucti	ion	(\$96.	15 Bi-W	/eekl	y)	
	UBTOTAL of Receipts This Page (optional)				 			9	-		-	385.1	4
T	OTAL This Period (last page this line number of	nıy)		••••••	•			-					

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		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports	and Statements ma	l ay not be sold or used by any p	erson for the purpose of soliciting contributions
or for commercial purposes, other than usi			e to solicit contributions from such committee.
/ UnitedHealth Group Incorpo	orated PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Mide A. THOMPSON, BRUCE, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2826 HEDGEROW DRI	VE		M M / D D / Y Y Y Y 06 30 2023
City	State	Zip Code	Transaction ID : PR2628833668559
DALLAS	ТХ	75235-7590	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mide DREFAHL, JASON, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6104 FOX MEADOW LN	1		06 / Y Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2632078968559
EDINA	MN	55436-1217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ision COO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mide GORSUCH, KIRSTEN, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2780 COUNTRYSIDE E	DRIVE WEST		06 / D D / Y Y Y Y 06 30 2023
City ORONO	State MN	Zip Code 55356-9676	Transaction ID : PR2632087868559
	IVIN	55356-9676	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		1153.80
TOTAL This Period (last page this line nu	mber only)		

Use separate schedule(s) for each category of the

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia TUFFIN, MICHAEL, , , Mailing Address 5904 ASHBY MANOR PLACE	l) or Full O	Organization Name	Date of Receipt
	City ALEXANDRIA	State VA	Zip Code 22310-2267	06 30 2023 Transaction ID : PR2632087968559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Govt Affs	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1923.00	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia MEENTS, BENJAMIN, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 6531 BIG WOODS DRIVE	State	Zip Code	06 30 2023 Transaction ID : PR2632088168559
	MINNETRISTA	MN	55331-2026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc		supation (for Individual) Mktg	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia WALTHOUR, JOHN, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 5049 COLFAX AVE S			M M / D D / Y Y Y Y 06 30 2023
	City MINNEAPOLIS	State MN	Zip Code 55419-1145	Transaction ID : PR2632877068559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	846.12
т	OTAL This Period (last page this line number or	nly)	•••••	· · · · · · · · · · · · · · · · · · ·

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				reach category of the		11a		11	b 🗌	11c		12	
				etailed Summary Page		13		14		15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
\backslash	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	Unit	edHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia HAPGOOD, WADE, , ,	al) or Full O	Organi	zation Name		Date of	f Re	ecei	pt				
	Mailing Address 330 NW 82ND					^M 06	1		30	/ Y)23	Y
	City	State KS		Zip Code		Trans	acti	ion	ID : F	R2634	1670)68559	•
	ТОРЕКА	NO		66617-2223	_	Amount	t of	Ea	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-	_	115.3	8
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Govt	on (for Individual) Affs		M	emo	o Ite	em				
	Receipt For:	Aggregate	Year	-to-Date 🔻									
	Primary General Other (specify) ▼		-	749.97	P	P/R Ded	lucti	ion	(\$57.6	89 Bi-W	eekly	y)	
В.	Full Name of Individual (Last, First, Middle Initia ROALDI, MICHAEL, , ,	al) or Full O	Organi	zation Name		Date of	f Re	ecei	pt				
	Mailing Address 4720 HARRIET AVENUE					^M 06	/	Ľ	30	/ Y		23	Y
	City	State	1	Zip Code		Trans	acti	ion	ID : P	R2634	1695	68559	
	MINNEAPOLIS	MN		55419-5434	/	Amount	t of	Ea	ch Re	ceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-7-		77.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		upatio P Prd	on (for Individual)		M	emo	o Ite	em				
	Receipt For:	Aggregate	Year	-to-Date 🔻									
	Primary General Other (specify) ▼		,	, 500.50	P	/R Ded	uctio	on ((\$38.5	i0 Bi-W	eekly	/)	
с.	Full Name of Individual (Last, First, Middle Initia HACKNEY, JOHN, , ,	al) or Full O	Organi	zation Name		Date of	f Re	ecei	pt				
	Mailing Address 425 N 15TH ST	1				^M 06	/		30	/ Y)23	Ŷ
	City	State		Zip Code		Trans	sacti	ion	ID : F	PR2634	1703	36855)
	NASHVILLE	TN		37206-2774		Amount	t of	Ea	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,		9	_	76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Plan	on (for Individual)		М	emo	o Ite	em				
	Receipt For:	1			_								
	Primary General	Aggregate	Year	-to-Date V					(000		,	,	
	Other (specify)		-	499.98		7/R Dec	lucti	ion	(\$38.4	46 Bi-W	eekl	y)	
s	UBTOTAL of Receipts This Page (optional)			•••••	.			,		, j		269.3	0
т	OTAL This Period (last page this line number or	וy)		••••••				-					

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			Detailed Summary Page		11a		11b	11	lc		12	
			Detailed Summary Page		13	H	14	1:			16	17
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements m e name and a	ay not be sold or used by any pe address of any political committee	erson fo e to soli	or the cit cor	purp ntrib	oose o utions	f solic from	iting such		ntribu mmit	tions ee.
\backslash	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)								
۹.	Full Name of Individual (Last, First, Middle In PRIBLE, JOHN, , ,	itial) or Full C	Organization Name	D	ate of	Re	ceipt					
	Mailing Address 1923 SHIVER DR				^M 06	/	D 30		Y)23)	Y
	City	State	Zip Code		Trans	acti	on ID :	PR2	6346	6566	6855	9
	ALEXANDRIA	VA	22307-1629	A	mount	of	Each F	Receip	ot th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					y		,	_	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	[Me	emo	Item					
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		2499.90	P/I	R Ded	uctio	on (\$19	92.30	Bi-W	/eek	dy)	
	 Full Name of Individual (Last, First, Middle In SIEVERS, NORA, , ,	itial) or Full C	Organization Name	D	ate of	Re	ceipt					
	Mailing Address 18605 75TH AVE N				м м 06	/	30		Y		23	Y
	City	State	Zip Code		Trans	acti	on ID :	PR26	6348	809	6855	9
	MAPLE GROVE	MN	55311-2244				Each F					
	FEC ID number of contributing federal political committee.	C					y		,		400.	00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Recruit		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	P/f	R Ded	uctio	on (\$20	0.00	Bi-W	/eek	ly)	
				-								
С.	Full Name of Individual (Last, First, Middle In THOMPSON, DUSTIN, , ,		organization Name	D	ate of	Re	ceipt					
	Mailing Address 3037 E BDE MAKA SKA PKV				^M 06	/	D 30)	_	20)23	
	City MINNEAPOLIS	State MN	Zip Code				on ID					9
			55408-2520	A	mount	of	Each F	Receip	ot th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					y		,		416.	00
	Name of Employer (for Individual)	Occ	upation (for Individual)	- 1	M	emo	Item					
	United HealthCare Services Inc		buty Gen Counsel Mgr									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify)		2288.00	P/	R Ded	lucti	on (\$20	00.80	Bi-V	Veel	<ly)< td=""><td></td></ly)<>	
	UBTOTAL of Receipts This Page (optional)		, , , , , , , , , , , , , , , , , , ,				9	-	9	1	1200.	60

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

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				Detailed Summary Page		< 11a 13		11	- H-	11c		12 16	17
	y information copied from such Reports and Sta					for the		rpos	se of s	soliciting		ntribut	ions
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	aar	ess of any political committee	e to S(NICIÉ CO	ntric	JUTI	ons m	om such	1 CO	mnitte	эе.
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia WARGIN, AMY, , ,	l) or Full O	rga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 11149 SWEETWATER PATH					^M 06	/		D D 30	/ Y	Y 20)23	Y
	City WOODBURY	State MN		Zip Code 55129-5293						PR26348 eceipt th)
	FEC ID number of contributing federal political committee.	С						-		- 45-		400.0	
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	•	ion (for Individual) 9		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 2400.00	F	P/R Dec	ducti	ion	(\$200	.00 Bi-W	/eek	dy)	
в.	Full Name of Individual (Last, First, Middle Initia WOJCIK, ADAM, , ,	l) or Full O	rga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 11424 BOULDER DRIVE			1		06	1		^D 30	/ Y	ү 20	23	Y
	City ORLAND PARK	State IL		Zip Code 60467-7419						PR26348 eceipt th)
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		-95-		398.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2402.03	F	P/R Dec	lucti	ion	(\$199	.00 Bi-W	/eek	ly)	
с.	Full Name of Individual (Last, First, Middle Initia PESCATELLO, SARA, , ,	l) or Full O	rga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 1311 HAMLIN STREET NE			1		06	J.	L	^D 30		20	23	
	City WASHINGTON	State DC		Zip Code 20017-2451	-					PR26348			9
	FEC ID number of contributing federal political committee.	С				<u> </u>		9				192.3	30
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Affs		N	emo	o It	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1249.95		P/R Dee	duct	tion	(\$96.	15 Bi-We	eekl	y)	
S	UBTOTAL of Receipts This Page (optional)											990.3	80
т	OTAL This Period (last page this line number on	ly)			- •			_					

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

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				Detailed Summary Page		(11a		11b		11c		12	<u> </u>
	y information copied from such Reports and Sta												
or	for commercial purposes, other than using the r	name and a	lddre	ess of any political committee	e to so	olicit co	ntrib	outions	fro	om such	1 CO	mmitte	e.
\mathbf{i}	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	•		•	4C)								
Α.	Full Name of Individual (Last, First, Middle Initia POWER, ROBERT, , ,	l) or Full O	rgar	nization Name		Date o	f Ro	coint					
	Mailing Address 20 SMITH LANE				_	M M		D	D		V	V	V
	20 SMITH LANE					06	ľ	3		/ т	20	023	T
	City	State		Zip Code		Trans	acti	ion ID	: P	R26348	3928	868559)
	SAINT JAMES	NY		11780-3810	_	Amoun	t of	Each	Red	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>				-7-	_	424.0	0
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		М	emc	ltem					
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	2235.38	F	P/R Dec	lucti	on (\$2	12.	00 Bi-V	√eek	dy)	
в.	Full Name of Individual (Last, First, Middle Initia PAYET, KEITH, , ,	l) or Full O	rgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 26495 SE KENT KANGLEY RD					06	1	D 3		/ Y)23	Y
	City	State		Zip Code		Trans	acti	ion ID	: P	R26354	1400	68559	
	RAVENSDALE	WA		98051		Amoun	t of	Each	Red	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>			_	-	_	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		M	emc	ltem					
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	2499.90	F	P/R Ded	lucti	on (\$1	92.:	30 Bi-W	/eek	ly)	
с.	Full Name of Individual (Last, First, Middle Initia MANN, MELISSA, , ,	l) or Full O	rgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 15526 ELM RD					^M 06	/	D 3		/ Y)23	Y
	City	State		Zip Code		Trans	sact	ion ID	: P	R26354	4421	68559	•
	MAPLE GROVE	MN	_	55311-3941	_	Amoun	t of	Each	Red	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					_	,		y	_	38.4	6
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ble Team		M	emo	b Item					
	Receipt For:	I		r-to-Date ▼	-								
	Primary General	Aggregate	ica				łucti	ion (¢1	02	3 Bi-W	ookl	V)	
	Other (specify)	L	-	249.99	ų '	/IT Det	Juch	ιση (φι	5.2	.5 DI-999	JONI	y)	
s	UBTOTAL of Receipts This Page (optional)			•••••	•			,		9	_	847.0	6
т	OTAL This Period (last page this line number or	וy)			•				2	-7	2		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	JnitedHealth Group PA	(C)
Α.	Full Name of Individual (Last, First, Middle Initial MIRAU, ANTHONY, , , Mailing Address 770 HAWKCREST CIR	l) or Full O	rganization Name	Date of Receipt
	City CHANHASSEN	State MN	Zip Code 55317-4860	Transaction ID : PR2635444268559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	VP	upation (for Individual) Gen Mgmt Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial ROOS, THOMAS, , , Mailing Address 3199 KAGEN AVE NE	l) or Full O	rganization Name	Date of Receipt
	City SAINT MICHAEL FEC ID number of contributing	State MN	Zip Code 55376-3416	Transaction ID : PR2635451268559 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	SVF	upation (for Individual) P Chief Acctng Off Year-to-Date ▼	Memo Item
	Other (specify)		, 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial MADONDO, JOHN, , , Mailing Address 10 WINSTON ROAD	l) or Full O	rganization Name	Date of Receipt
	City HOLLISTON	State MA	Zip Code 01746-1454	Transaction ID : PR2636726168559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			653.82
т	OTAL This Period (last page this line number on	ly)	••••••	

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial DEMPSEY, MICHAEL, , , Mailing Address 6614 PARKWOOD LANE) or Full O	Organization Name	Date of Receipt
	City EDINA	State MN	Zip Code 55436-1734	06 30 2023 Transaction ID : PR2636726368559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	VP		Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial HILL, DAVID, , ,		Organization Name	Date of Receipt
	Mailing Address 1800 RIDGE AVENUE UNIT 303 City	State	Zip Code	06 30 2023 Transaction ID : PR2636726568559
	EVANSTON	IL	60201-5980	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) puty Gen Counsel Mgr	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial LUSIC, TANYA, , ,) or Full O	Organization Name	Date of Receipt
	Mailing Address 20840 SAWMILL ROAD	State	Zip Code	06 30 2023 Transaction ID : PR2636727568559
	JORDAN	MN	55352-9633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) United HealthCare Services Inc	VP (upation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		····· •	346.14
т	OTAL This Period (last page this line number on	ly)	····· •	

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			Detailed Summary Page		11a 13		11b	о	11c 15		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				or the		pose		liciting		ntributi	ons
$\overline{\}$	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group P/	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia CALABRESE, DAVID, , ,	l) or Full Oi	rganization Name		Date of	Re	eceip	ot				
	Mailing Address 12 FARM HILL RD	1			^M 06	1	D	30	/ Y	ү 20)23	Y
	City CAPE ELIZABETH	State ME	Zip Code 04107-2220		Trans Amount				R26397 ceipt th			
	FEC ID number of contributing federal political committee.	С					-		-1-	_	384.6	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Clin Off		M	emo	o Itei	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90] P	/R Ded	ucti	ion (S	(\$192.:	30 Bi-W	√eek	dy)	
в.	Full Name of Individual (Last, First, Middle Initial	l) or Full Oi	rganization Name		Date of	Re	eceip	ot				
	Mailing Address 1 ROCKAWAY AVE				^M 06	1	D	а 30	/ Y	ү 20	23	Y
	City MARBLEHEAD	State MA	Zip Code 01945-1726		Trans Amount				R26397 ceipt th			
	FEC ID number of contributing federal political committee.	С				_	-		-7	_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt		M	emo	o Iter	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P	/R Ded	uctio	on (\$	\$38.46	6 Bi-We	èekly	/)	
с.	Full Name of Individual (Last, First, Middle Initial WIGGIN, MATTHEW, , ,	l) or Full Oi	rganization Name		Date of	Re	eceip	ot				
	Mailing Address 6 MIDDLEBROOK RD				^M 06			30 ^D	/ Y	20	23	
	City WEST HARTFORD	State CT	Zip Code 06119-1014		Trans Amount				R26397)
	FEC ID number of contributing federal political committee.	С					9		y	_	115.3	8
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		M	emc	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 749.97] P	P/R Ded	lucti	ion ((\$57.6	9 Bi-We	əekly	y)	
s	UBTOTAL of Receipts This Page (optional)						9		9		576.9	0
т	OTAL This Period (last page this line number on	ly)	••••••	-			-		-y	_		

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
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Any information canied from such Deser	to and Statements	here and as used by severe	13 14 15 16 17										
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
ight angle UnitedHealth Group Incor	porated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, N A. ZUCCO, BETHANY, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 2608 CROMWELL C													
			06 30 2023										
City MINNEAPOLIS	State MN	Zip Code 55410-2519	Transaction ID : PR2639760068559										
		55410-2519	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (creative)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
Other (specify) v		2-33.30											
Full Name of Individual (Last, First, N	iddle Initial) or Full O	rganization Name	Data of Descipt										
B. DUTTA, SUMIT, , , Mailing Address 1112 W WRIGHTWO			Date of Receipt										
	ODAVE		06 <u>30</u> 2023										
City	State	Zip Code	Transaction ID : PR2639773868559										
CHICAGO	IL	60614-1315	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) s Seg Chief Med Off	Memo Item										
Receipt For:		Year-to-Date ▼											
Primary General			P/R Deduction (\$192.30 Bi-Weekly)										
Other (specify) v		, 2499.90											
Full Name of Individual (Last, First, M C. SMITH, DELYLE, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address PO BOX 447			06 30 2023										
City	State	Zip Code	Transaction ID : PR2639801568559										
MT PROSPECT	IL	60056-0447	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		76.92										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pirector Technology	Memo Item										
Receipt For:		Year-to-Date ▼	-										
Primary General		499.98	P/R Deduction (\$38.46 Bi-Weekly)										
Other (specify)		499.90											
SUBTOTAL of Receipts This Page (opt	onal)		846.12										
TOTAL This Period (last page this line	number only)												

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			Detailed Summer Dage		1 1a		11b		11c		12				
			Detailed Summary Page		13		14	\vdash	15		16	17			
	y information copied from such Reports and SI for commercial purposes, other than using the								oliciting		ntribut	ions			
	NAME OF COMMITTEE (In Full)														
$\Big/$	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group P/	AC)											
Α.	Full Name of Individual (Last, First, Middle Init WEBER, ALISSA, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 10633 NW 74TH PLACE				^M 06	1	D 3	BO	/ Y		023	Y			
	City JOHNSTON	State IA	Zip Code 50131-2342		Trans	acti	ion ID) : P	R2640	4610)68559)			
			50151-2542	- 1	Amount	of	Each	Re	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	C					-		-9-	_	115.3	8			
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP I	upation (for Individual) Fin		M	emo) Item	1							
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		749.97] F	P/R Ded	ucti	on (\$	57.6	9 Bi-W	eekl	y)				
в.	Full Name of Individual (Last, First, Middle Init STOW, CHRISTINA, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 5505 30TH ST NW				^M 06	/	D 3	D 30	/ Y)23	Y			
	City	State	Zip Code		Trans	acti	ion ID) : P	R26404	4664	68559)			
	WASHINGTON	DC	20015-1249	·	Amount	of	Each	Re	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С			<u> </u>		- y		4	_	384.6	60			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm		M	emo) Item	1							
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		2499.90] P	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Init SHARKEY, S PAUL, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 8607 ELLISTON DRIVE				06 ^M	1	D 3	B0	/ Y)23	Y			
	City	State PA	Zip Code		Trans	acti	ion ID) : P	R2640	8454	16855	9			
	WYNDMOOR		19038-7957		Amount	of	Each	Re	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С				_	y		y	_	57.7	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	ema	b Item	I							
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		375.05] F	P/R Ded	lucti	ion (\$2	28.8	85 Bi-W	eekl	y)				
s	UBTOTAL of Receipts This Page (optional)			•			1		,		557.6	8			
т	OTAL This Period (last page this line number of	only)		•			-,		-9-						

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
\backslash	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporated	PAC (UnitedHealth Group PAC	C)										
Α.	Full Name of Individual (Last, First, Middle Initia ESTESS, SHARON, , ,	l) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 128 ASHBROOKE TRAIL			06 30 2023										
	City	State	Zip Code	Transaction ID : PR2640876568559										
	MADISON	MS	39110-6855	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt	Memo Item										
		Aggregate	Year-to-Date V	-										
	Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initia METKO, SARA, , ,	l) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 23665 HIGHVIEW LANE			M M / D D / Y Y Y Y 06 30 2023										
	City LAKEVILLE	State MN	Zip Code 55044-6025	Transaction ID : PR2640877368559 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Tax	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initia ADVANI, PROTIMA, , ,	l) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 7618 BRITTANY PARC CT			06 / 0 / Y Y Y Y 06 30 2023										
	City FALLS CHURCH	State VA	Zip Code 22043-2907	Transaction ID : PR2642024168559										
	FEC ID number of contributing			Amount of Each Receipt this Period										
	federal political committee.	С		384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Rsch	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		•	538.44										
Т	OTAL This Period (last page this line number or	lly)	▶											

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
\backslash	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initia STRAND, UTE, , ,	l) or Full C	Organization Name	Date of Receipt										
	Mailing Address 2323 SPRINGDALE DRIVE			06 30 2023										
	City	State	Zip Code	Transaction ID : PR2642025568559										
	NASHVILLE	TN	37215-1134	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		38.46										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼	_										
	Primary General Other (specify) ▼		249.99	P/R Deduction (\$19.23 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initia JENSEN, GINA, , ,	l) or Full C	rganization Name	Date of Receipt										
	Mailing Address 6287 JUNEAU LANE N			06 / D D / Y Y Y Y Y 2023										
	City MAPLE GROVE	State MN	Zip Code 55311-4166	Transaction ID : PR2642031468559 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		38.46										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initia MARTIN, STEPHANIE, , ,	l) or Full C	organization Name	Date of Receipt										
	Mailing Address 7002 N VIA DE MANANA			M M / D D / Y										
	City SCOTTSDALE	State AZ	Zip Code 85258-3951	Transaction ID : PR2642818068559										
	FEC ID number of contributing			Amount of Each Receipt this Period										
	federal political committee.	С		153.84										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Market VP SIs AM	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			230.76										
T	OTAL This Period (last page this line number or	ıly)												

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	(UnitedHealth Group P/	AC)
A.	Mailing Address 4825 PENN AVE S City MINNEAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Descript For:	State MN C	Drganization Name Zip Code 55419-5258 Cupation (for Individual) 9 Gen Mgmt e Year-to-Date ▼ 499.98	Date of Receipt his Period Transaction ID : PR2642831268559 Amount of Each Receipt this Period T6.92 Memo Item P/R Deduction (\$38.46 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial) FOX, ELIZABETH, , , Mailing Address 611 SECOND STREET City ALEXANDRIA FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc	State VA C	Drganization Name Zip Code 22314-1416 cupation (for Individual) P Govt Affs	Date of Receipt 06 / 30 / 2023 Transaction ID : PR2642832068559 Amount of Each Receipt this Period 384.60 Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial) HASAN, NADIA, , , Mailing Address 16731 LAKE STREET EXTENSIO	-	Organization Name	Date of Receipt
	MINNETONKA FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc	MN C Occu Sr A	21p Code 55345-2745 Cupation (for Individual) Assc Gen Counsel e Year-to-Date ▼ 1090.00	Amount of Each Receipt this Period 218.00 Memo Item P/R Deduction (\$109.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			679.52
т	OTAL This Period (last page this line number onl	y)	······	

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				Summary Page		< 11a 13		11b 14	11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporate	d PAC (UnitedH	ealth Group P	AC)						
Α.	Full Name of Individual (Last, First, Middle Initia KUSSIE, TIMOTHY, , ,	al) or Full C	rganization	Name		Date o	f Re	eceipt			
	Mailing Address 8445 NE NEW BROOKLYN RC	DAD				м м 06	/	D D 30	/ Y	y y 2023	Ý
	City	State	Zip Co			Trans	sacti	ion ID :	PR26428	3388685	59
	BAINBRIDGE ISLAND	WA	9811	0-3611		Amoun	t of	Each R	eceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С						-		38	3.46
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for VP SIs Acct	Individual) Mgmt		М	emo	ltem			
	Receipt For:	Aggregate	Year-to-Dat	te 🔻							
	Primary General Other (specify) ▼		т. I. I.	249.99	1	P/R Dec	ducti	on (\$19.	.23 Bi-We	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia RUDOLPH, CLAYTON, , ,	al) or Full C	rganization	Name		Date o	f Re	eceipt			
	Mailing Address 4937 RUSSELL AVENUE SOU	ТН				^M 06	/	D D 30	/ Y	2023	Y
	City	State	Zip Co			Trans	acti	on ID :	PR26431	993685	59
	MINNEAPOLIS	MN	5541	0-1916		Amoun	t of	Each R	eceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		409	9.70
	Name of Employer (for Individual) Optum Services, Inc	Occ VP	•	Individual)		М	emo	ltem			
	Receipt For:	Aggregate	Year-to-Dat	te 🔻							
	Primary General Other (specify) ▼		A	2336.95] "	P/R Dec	luctio	on (\$204	4.85 Bi-W	/eekly)	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia CRAGLE, STEVE, , ,	al) or Full C	rganization	Name		Date o	f Re	eceipt			
	Mailing Address 6604 MOHAWK TRAIL					^M 06	/	30	/ Y	2023	Y
	City	State MN	Zip Co			Trans	sact	ion ID :	PR26432	2006685	59
	EDINA		5543	9-1030	_	Amoun	t of	Each R	eceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С				<u> </u>	_	y	y	384	4.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Segment C	Individual) MO		M	emc	tem Item			
	Receipt For:	Aggregate	Year-to-Da	te 🔻							
	Primary General Other (specify)		т. I. I.	2499.90]	P/R Deo	ducti	ion (\$19	2.30 Bi-V	Veekly)	
s	UBTOTAL of Receipts This Page (optional)				•			7		832	2.76
т	OTAL This Period (last page this line number o	nly)		······)	•	[.		-	-		

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

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	C)						
Α.	Full Name of Individual (Last, First, Middle Initia NEELY, MARC, , ,	l) or Full O	Organization Name	Date of Receipt						
	Mailing Address 1159 BUFFALO RIDGE RD			06 / D D / Y Y Y Y 06 / 30 / 2023						
	City CASTLE PINES	State CO	Zip Code 80108-8190	Transaction ID : PR2643203168559 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia MCKOY, PHILIP, , ,	l) or Full O	Organization Name	Date of Receipt						
	Mailing Address 927 LINCOLN AVE	1		M M / D D / Y Y Y Y 06 30 2023						
	City SAINT PAUL	State MN	Zip Code 55105-3149	Transaction ID : PR2644651668559 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) t Grp CIO	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Organization Name	Date of Receipt						
	Mailing Address 5251 HUMBOLDT AVE S			06 / D D / Y Y Y Y 2023						
	City MINNEAPOLIS	State MN	Zip Code 55419-1121	Transaction ID : PR2644659668559 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		38.46						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Iktg Rsch Cnslt	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			807.66						
т	OTAL This Period (last page this line number or	nly)	▶							

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Any information copied from such Reports a	and Statements ma	l av not be sold or used by any n	erson	13 for the	pur	14 pose of	15 soliciting	16 a contribu	Itions
or for commercial purposes, other than usin									
NAME OF COMMITTEE (In Full)			_						
UnitedHealth Group Incorpo	`	•	AC)		_				
Full Name of Individual (Last, First, Midd A. CHAPMAN, GREGORY, , ,	le Initial) or Full C	Organization Name		Date of	f Re	eipt			
Mailing Address 1724 SECOND STREET					_		/ Y	Y Y	Y
		Zin Codo		06		30		2023	
City NEW ORLEANS	State LA	Zip Code 70113-1632	\vdash			-		10306855 nis Period	-
FEC ID number of contributing federal political committee.	С				-			100.	_
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acct Mgmt SB KA		M	emo	o Item			
Receipt For:		Year-to-Date V)/D -	1.			0011	
Other (specify) ▼		650.00	_ ^F	-/R Dec	ducti	ion (\$50	.00 Bi-W	eekly)	
Full Name of Individual (Last, First, Midd B. VALLI, MICHAEL, , ,	le Initial) or Full C	Organization Name		Date of	f Re	eeipt			
Mailing Address 351 JEFFERSON DRIVE	:			^M 06] ′	30) / Y	2023	Y
City PITTSBURGH	State PA	Zip Code 15228-2166						16886855	
FEC ID number of contributing		13220-2100		Amoun	τof	⊨ach R	eceipt th	nis Period	
federal political committee.	C			Ļ.	_	-yr	<u> </u>	400.	00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		M	lemo	o Item			
Receipt For:	Aggregate	Year-to-Date ▼]						
Other (specify)		2400.00] F	P/R Ded	lucti	ion (\$20)	0.00 Bi-V	Veekly)	
Full Name of Individual (Last, First, Midd C. MAHRT, JONATHAN, , ,	le Initial) or Full C	Organization Name		Date of	f Re	ceipt			
Mailing Address 4640 N TOMSIK ST				^M 06] ′	30) / Y	2023 Y	Y
City LAS VEGAS	State NV	Zip Code 89129-4816						17696855	
FEC ID number of contributing	_			Amoun	ιof	⊨ach R	ieceipt tł	nis Period	_
federal political committee.	С			<u> </u>	_	y	J J	384.	60
Name of Employer (for Individual)		upation (for Individual)		М	lemo	o Item			
Optum Services, Inc Receipt For:	I	Segment COO	-						
Primary General	Aggregate	Year-to-Date ▼	, ,	2/R ⊡≏∩	Juct	ion (<u></u> \$10	2.30 Bi-\	Veekly)	
Other (specify)		2499.90	」 '	Del		ψıð		- comy)	
SUBTOTAL of Receipts This Page (optional			•		-	,	. ,	884.	60
TOTAL This Period (last page this line nur	nber only)		•		-				

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	y information copied from such Reports and for commercial purposes, other than using t														
\backslash	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorpora	,	•	AC)											
	Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name		D										
А.	PRICE, CASSANDRA, , ,				Date of		•								
	Mailing Address 7903 S 193 AVENUE				м м 06	/	30	/ Y	2023	Y					
	City	State	Zip Code	\neg		actio	_	PR26462		9					
	GRETNA	NE	68028-5017		Transaction ID : PR2646263668559 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С							76.						
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	Item								
	United HealthCare Services Inc	Dir,	Health Plan Operations												
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		499.98] "	P/R Ded	luctio	n (\$38.	46 Bi-We	ekly)						
в.	Full Name of Individual (Last, First, Middle HOFFMAN, SHERRI, , ,	Initial) or Full C	Organization Name		Date of	f Rec	eipt								
	Mailing Address 3409 DEEP WILLOW AVEN	IUE													
	City	State	Zip Code					PR26462		9					
	PIKESVILLE	MD	21208-3116		Amount	t of E	Each Re	eceipt thi	is Period						
	FEC ID number of contributing federal political committee.	С			76.92										
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) CInt Svc Acct Mgt		Memo Item										
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		, 499.98] F	P/R Deduction (\$38.46 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle STANKIEWICZ, DENNIS, , ,	Initial) or Full C	Organization Name		Date of	f Rec	eipt								
	Mailing Address 17761 WEAVER LAKE DR				06		D D 30		y y 2023						
	City MAPLE GROVE	State MN	Zip Code 55311-1328					PR26463							
			00011-1020		Amount	t of E	Each Re	eceipt thi	is Period						
	FEC ID number of contributing federal political committee.	C			Ľ	,	,	- y	384.	60					
	Name of Employer (for Individual)		upation (for Individual)		М	emo	Item								
	United HealthCare Services Inc Receipt For:		Corp Controller												
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		2499.90	 '	P/R Dec	ductio	on (\$192	2.30 Bi-W	/eekly)						
s	UBTOTAL of Receipts This Page (optional).			▶ _		,	_	9	538.4	44					
Т	OTAL This Period (last page this line number	er only)			L			-							

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		Detailed Summary Page										\vdash	12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the na					for							ntribu	tions
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial SWENSSON, CHARLES, , ,) or Full O	rga	nization Name		Da	ate of	Re	ceip	ot				
	Mailing Address 6312 MERRIMAC LANE NORTH	ł				N	06	/	D	30	1	Y Y 2	023	Y
	City MAPLE GROVE	State MN		Zip Code 55311-3835							PR269 eceipt			9
	FEC ID number of contributing federal political committee.	С							,				384.	60
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) gment CMO			Me	mo	Iter	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2499.90	I F	P/R	R Dedu	uctio	on (\$192	2.30 Bi	-Wee	kly)	
в.	Full Name of Individual (Last, First, Middle Initial ROSENHAUS, MORGANNE, , ,) or Full O	rga	nization Name		Da	ate of	Re	ceip	ot				
	Mailing Address 724 FARRAGUT STREET NW	1				IV	06	/	D	30	1		023	Y
	City WASHINGTON	State DC		Zip Code 20011-4012							PR269 eceipt			9
	FEC ID number of contributing federal political committee.	С				Ē			,				115.3	38
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) nd/Social Resp		L	Me	mo	Iter	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 749.97	F	P/R	Dedu	ictio	on (\$	\$57.6	69 Bi-V	Veek	у)	
C.	Full Name of Individual (Last, First, Middle Initial ZENICK, GEOFFREY, , ,) or Full O)rga	nization Name		Da	ate of	Re	ceip	ot				
	Mailing Address 7714 TWISTED OAKS CIRCLE	01-1-		7. 0. d.		L	06	/	L	30	/	2	023	
	City DALLAS	State TX		Zip Code 75231-4711	-				-		PR269 eceipt			9
	FEC ID number of contributing federal political committee.	С				Ē	_		y				76.	92
	Name of Employer (for Individual) Optum Services, Inc	Occu SVP	•	tion (for Individual) les		ļ	Me	emo	lte	m				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 499.98		P/R	R Dedu	ucti	on (\$38.	46 Bi-\	Veek	ly)	
s	UBTOTAL of Receipts This Page (optional)			•					9		.,		576.9	90
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!			Detailed Summary Page		11a	-	11b 14	11c	12	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	soliciting	contribu	tions						
$\overline{)}$	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporated	d PAC (I	JnitedHealth Group P	AC)												
A.	Full Name of Individual (Last, First, Middle Initia TAYLOR, JOSHUA, , ,	al) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 7 CARRIAGE HILL RD				06 / ^Y Y Y Y 2023											
	City WOODBRIDGE	State CT	Zip Code 06525-1037		Trans	acti	ion ID :	PR26984	41676855	9						
			00525-1057	_ /	Amount	of	Each R	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	С		38.46												
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	Item									
	Receipt For:	Aggregate	Year-to-Date V													
	Other (specify) ▼		249.99] P	/R Ded	ucti	on (\$19.	23 Bi-We	eekly)							
В.	Full Name of Individual (Last, First, Middle Initia DOWLING, MELODY, , ,	al) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 529 N EVERGREEN ST			06 / 30 / 2023 Transaction ID : PR2699182568559												
	City	State KS	Zip Code							9						
	GARDNER	K5	66030-1819	/	Amount	of	Each R	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	С			76.92											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		Memo Item											
	Receipt For:	Aggregate	Year-to-Date 🔻													
	Primary General Other (specify) ▼		499.98	P	P/R Deduction (\$38.46 Bi-Weekly)											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia AHLSTROM, ALEXIS, , ,	al) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 3421 OAKWOOD TERRACE				^M 06	/	30	/ Y	y y 2023	Ŷ						
	City	State	Zip Code		Trans	act	ion ID :	PR2699	18716855	9						
	WASHINGTON	DC	20010-1819		Amount	of	Each R	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	С				_	y	9	384.	60						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		M	emc	tem									
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify)		2499.90] F	P/R Ded	lucti	ion (\$192	2.30 Bi-V	Veekly)							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12											
			13 14 15 16 1 erson for the purpose of soliciting contributions											
	ang the name and a	duress of any political committee	e to solicit contributions from such committee.											
	orated PAC (UnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Mid A. _ZHOU, JINGXIN, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 12011 FAIRVIEW CT			M M J D J Y											
City MINNETONKA	State MN	Zip Code 55343-4516												
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)											
Full Name of Individual (Last, First, Mid WAYLAND, CHARLES, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 5601 MATOAKA RD			06 / D D / Y Y Y Y 06 30 2023											
City RICHMOND	State VA	Zip Code 23226-2329	Transaction ID : PR2700924668559 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		384.60											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Transformation	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Mic C. MCSWEENEY, ERIN, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 1128 EDINGTON PLA			06 / D D / Y Y Y Y 2023											
City MARCO ISLAND	State FL	Zip Code 34145-2006	Transaction ID : PR2701818068559											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief People Officer	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optic	nal)		846.12											
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	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the		pose of									
	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group P	AC)												
A.	Full Name of Individual (Last, First, Middle Initia OCONNELL, DANIEL, , ,	l) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 33 LATIGO PLACE				06 / D D / Y Y Y Y 2023											
	City COLUMBINE VALLEY	State CO	Zip Code 80123-6683		Transaction ID : PR2701819668559 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		230.76												
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94] F	P/R Ded	ucti	on (\$11	5.3	38 Bi-W	/eek	ly)					
в.	Full Name of Individual (Last, First, Middle Initia BRUCE, JAMIE, , ,	l) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 1433 POWDER DRIVE			06 / 30 / 2023 Transaction ID : PR2701823068559												
	City O FALLON	State MO	Zip Code 63366-1398		Trans Amount											
	FEC ID number of contributing federal political committee.	С			384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initia SPARKS, KEVIN, , ,	l) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 10681 S CEDAR NILES BLVD				^M 06	/	D 30		/ Y		23	Y				
	City OLATHE	State KS	Zip Code 66061-7415		Trans Amount		ion ID : Each F)				
	FEC ID number of contributing federal political committee.	С				. OI	,		, oipt th		192.3	0				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	ema	ttem									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.95] '	P/R Ded	ucti	on (\$96	6.15	5 Bi-We	ekly	y)					
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$\overline{)}$	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	d PAC (l	Un	itedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia KRAMER, NANCY, , ,	ll) or Full O	rgar	nization Name		Date of	Re	ece	eipt						
	Mailing Address 4672 BITTERN LANE					06 / D D / Y Y Y Y 2023									
	City	State		Zip Code		Trans	acti	ior	ו ID :	PR	27025	014	68559)	
	LEBANON	OH		45036-7562		Amount	t of	Ea	ach R	lece	eipt thi	s Pe	eriod		
	FEC ID number of contributing federal political committee.	С						,		_	-		76.9	2	
	Name of Employer (for Individual) Optum Services, Inc	Occu Dir (•	ion (for Individual) Ops		M	emo	o It	em						
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify) ▼		-	499.98		P/R Ded	lucti	ion	(\$38	.46	Bi-We	ekly	/)		
в.	Full Name of Individual (Last, First, Middle Initia BERKE, ETHAN, , ,	l) or Full O	rgai	nization Name		Date of	Re	ece	eipt						
	Mailing Address 4624 TOWER ST					^M 06	/	ľ	D D D		/ Y	202	23 [°]	Ŷ	
	City	State		Zip Code		Trans	acti	ior	D:	PR	27032	452	68559		
	EDINA	MN		55424-1549		Amount	t of	Ea	ach R	lece	eipt thi	s Po	eriod		
	FEC ID number of contributing federal political committee.	С						-		_	-		80.0	0	
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) P Public Health		M	emo	o It	em						
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify) V		,	480.00	P/R Deduction (\$40.00 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia MERZLICKER, CAREY, , ,	l) or Full O	rgai	nization Name		Date of	Re	ece	eipt						
	Mailing Address 950 BENTLEY PARK CIRCLE					^M 06	1	l	D D D		/ Y	202	23	Ŷ	
	City	State		Zip Code		Trans	act	io	n ID :	PR	27032	:469	6855	•	
	O FALLON	MO		63368-8022	·	Amount	t of	Ea	ach R	ece	eipt thi	s P	eriod		
	FEC ID number of contributing federal political committee.	С						9		_	9		76.9	2	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	•	ion (for Individual)		М	emc	o li	tem						
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	Primary General	Aggregate	100		1 6	P/R Dec	lucti	ion	(\$20	16		ockh	<u>م</u>		
	Other (specify)	L	7	499.98			acti		i (430	.40	DI-176	, erti y	()		
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	y information copied from such Reports and Stat for commercial purposes, other than using the n											
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial HOROHO, PATRICIA, , , Mailing Address 7808 PALMILLA COURT) or Full O	organization Name	Date of Receipt								
	City REUNION	State FL	Zip Code 34747-6417	Transaction ID : PR2704194668559 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Bus	upation (for Individual) Segment CEO Year-to-Date ▼	Memo Item								
	Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initial DELANY, ANDREW, , ,) or Full O	organization Name	Date of Receipt								
	Mailing Address 209 GARLAND AVENUECity	State	Zip Code	06 30 2023 Transaction ID : PR2704196368559								
	DECATUR	GA	30030-4940	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial SPADE, NATHAN, , ,) or Full O	organization Name	Date of Receipt								
	Mailing Address 1060 ELLIOTT LANE	State	Zip Code	06 / 30 / 2023 Transaction ID : PR2705987068559								
	YORK	PA	17403-3421	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		153.84								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Bi-Weekly)								
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	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose		liciting		ntributi	ons			
	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	AC)											
A.	Full Name of Individual (Last, First, Middle Initial BARBARO, PHILIP, , ,) or Full O	rganization Name		Date of Receipt										
	Mailing Address 670 ARBUTUS STREET				06 / 0 / Y Y Y Y 2023										
	City MIDDLETOWN	State CT	Zip Code 06457-7106		268559 eriod										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) National Sales		M	emc	o Item	n							
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 2499.90	P	P/R Ded	lucti	ion (\$	3192.3	30 Bi-W	/eek	dy)					
B.	Full Name of Individual (Last, First, Middle Initial KMIEC, ADAM, , ,) or Full O	rganization Name		Date of	f Re	eceipt	t							
	Mailing Address 4736 PRAIRIE DUNES WAY				06 / 0 / Y Y Y Y 06 2023										
	City EAGAN	State MN	Zip Code 55123-2352		Trans Amount				R27059						
	FEC ID number of contributing federal political committee.	С			384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		M	emc	o Item	n							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial PETRONE, DAMIAN, , ,) or Full O	rganization Name		Date of	Re	eceipt	t							
	Mailing Address 703 DEAN CT	1			^M 06	Ŀ		30 ^D		20	23				
	City WEST CHESTER	State PA	Zip Code 19382-2100		Trans Amount		-		R27064 ceipt th)			
	FEC ID number of contributing federal political committee.	С					y		9	_	38.4	6			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Gen Mgmt		M	emo	o Iten	n							
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	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group P	AC)												
A.	Full Name of Individual (Last, First, Middle Initia BARTHOLET, DANIEL, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt									
	Mailing Address 5918 VALEWOOD DRIVE				M = M / D = D / Y = Y = Y = Y Y 06 30 2023											
	City MINNETONKA	State MN	Zip Code 55345-6545	_												
	FEC ID number of contributing federal political committee.	С					Each	Rec	eipt th	384						
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP 1	upation (for Individual) Tax		М	emc	ltem									
	Receipt For: Primary General Other (specify) ▼	Primary General Other (specify) ▼ 2499.90						P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia MULDOON, ALLISON, , ,		Date o	f Re	eceipt											
	Mailing Address 519 E LURAY AVENUE						D 3(D 0	/ Y	2023	Ŷ					
	City ALEXANDRIA	State VA	Zip Code 22301-1605							15276855 is Perioc						
	FEC ID number of contributing federal political committee.	С						,	192	_						
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Gov		Memo Item												
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		1249.95]	P/R Ded	lucti	on (\$9	6.15	i Bi-We	eekly)						
с.	Full Name of Individual (Last, First, Middle Initia MOORE, KEVIN, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt									
	Mailing Address 9405 EAGLE NEST LANE				M M 06	J.	3		/ Y	y y 2023						
	City MIDDLETON	State WI	Zip Code 53562-5647							4535685 is Perioc						
	FEC ID number of contributing federal political committee.	ů – Li – L			384.											
	Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) Plan CEO		Memo Item												
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Any information copied from such Repor	ts and Statements ma	l ay not be sold or used by any p	erson f	13 or the	pur	14 pose of s	15 oliciting	16 contribu	l 17 tions					
or for commercial purposes, other than														
NAME OF COMMITTEE (In Full)														
/ UnitedHealth Group Inco	porated PAC (UnitedHealth Group P	AC)											
Full Name of Individual (Last, First, N A. COLLETTI, JOSEPH, , ,	liddle Initial) or Full C	Organization Name	r	Data af	Pr	noint								
			- '	Date of Receipt										
Mailing Address 10551 INDIGO BRO				06		30	/ Y	2023	Y					
City	State	Zip Code		Transaction ID : PR2740496568559										
AUSTIN	ТХ	78733-5716	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C			454.00										
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	Item								
United HealthCare Services Inc	Bus	Segment CFO												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		2043.00	P.	/R Ded	ucti	on (\$227	.00 Bi-W	/eekly)						
Full Name of Individual (Last, First, M HUNT, TIMOTHY, , ,	Organization Name	Date of Receipt												
Mailing Address 5594 MARSHALL HC	DUSE CT			06 / 0 / Y Y Y Y 2023										
City	State VA	Zip Code				on ID : P			9					
BURKE	VA	22015-2141	/	Amount	of	Each Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.					-9-	76.	92							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		499.98	P	R Ded	uctio	on (\$38.4	6 Bi-We	ekly)						
Full Name of Individual (Last, First, M C. WEINBERG, EDWARD, , ,	liddle Initial) or Full C	Organization Name		Date of	Re	ceipt								
Mailing Address 8625 APPLETON CO	-			^M 06	1	D D D 30		2023						
City ANNANDALE	State VA	Zip Code 22003-3806				ion ID : F			9					
		22000 0000	/	Amount	of	Each Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					y .	y	76.	92					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Memo Item										
Receipt For:	Aggregate	Year-to-Date 🔻												
Other (specify)		499.98	P	/R Ded	ucti	on (\$38.4	16 Bi-We	eekly)						
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		Detailed Summary Page		H		11b	11c		12				
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NAME OF COMMITTEE (In F	-	V P											
\	,	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, DELANEY, KEVIN, , ,	First, Middle Initial) or Full O	rganization Name	Da	Date of Receipt									
Mailing Address 2876 GENEV	/A ST		IV	06 / D D / Y Y Y Y 2023									
City DENVER	State CO	Zip Code 80238-3035		Transaction ID : PR2740759268559									
		00230-3033	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	g C		76.92										
Name of Employer (for Indivic United HealthCare Services Ind	,	upation (for Individual) Fin	Memo Item										
Receipt For:		Year-to-Date ▼											
Primary Gener Other (specify) ▼	al	499.98	P/R	R Dedu	uctic	on (\$38.4	6 Bi-We	eekly	y)				
Full Name of Individual (Last, PONS, NATALIE, , ,	First, Middle Initial) or Full O	rganization Name	Da	ate of	Red	ceipt							
Mailing Address 3209 GALLEI UNIT 803	RIA		06 / Y Y Y Y 2023										
City	State MN	Zip Code				on ID : P)			
EDINA		55435-2547	An	nount	of I	Each Re	ceipt th	is P	eriod				
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.								384.6	0			
Name of Employer (for Individ United HealthCare Services Ind		upation (for Individual) ef Compli Off/SD Gen Cnsl		Me	mo	Item							
Receipt For:		Year-to-Date ▼											
Primary Gener Other (specify) ▼		2499.90	P/R	Dedu	ictio	on (\$192.:	30 Bi-W	/eek	ly)				
Full Name of Individual (Last, C. FEHR, STEPHANIE, , ,		rganization Name	Da	ate of	Red	ceipt							
Mailing Address 6601 BLACK	FOOT PASS		N	06	/	D D D 30	/ Y		23	Ŷ			
City EDINA	State MN	Zip Code 55439-1103				on ID : P				•			
		JJ7-JJ*11UJ	Am	nount	of I	Each Re	ceipt th	is P	eriod				
FEC ID number of contributing federal political committee.	g C				_	y		_	384.6	0			
Name of Employer (for Individ United HealthCare Services In	,	upation (for Individual) Mkt Grp Chief People Off		Memo Item									
Receipt For:		Year-to-Date ▼											
Primary Gener			P/R	? Dedu	uctio	on (\$192.	30 Bi-V	Veek	dv)				
Other (specify)		2499.90				(♥º=.							
SUBTOTAL of Receipts This Pa	age (optional)	_				,	9		846.1	2			
TOTAL This Period (last page t	his line number only)					y	-9-						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)
Name of Employer (for Individual) United HealthCare Services Inc	or Full Organization Name State Zip Code MN 55331-9397 C Occupation (for Individual) SB KA VP SIs Acct Mgt ggregate 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)
Name of Employer (for Individual) Optum Services, Inc	or Full Organization Name State Zip Code CO 80205-5245 C Occupation (for Individual) Med Dir ggregate Year-to-Date ▼	Date of Receipt
C. Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) C. ORIE, TIMOTHY, , , Mailing Address 2317 RESIDENCE CIRCLE #B4-102 City NAPLES FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Descript Equ:	499.98 or Full Organization Name State Zip Code FL 34105-3104 C Occupation (for Individual) SVP People Team SVP People Team ggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$38.46 Bi-Weekly) Date of Receipt Date of Receipt Date of Receipt / 2023 Transaction ID : PR2754244168559 Amount of Each Receipt this Period Amount of Each Receipt this Period Memo Item P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		538.44

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial PAGET, JAMIE, , , Mailing Address 15268 LOUISIANA AVE City SAVAGE FEC ID number of contributing federal political committee.	State MN	Zip Code 55378-5654	Date of Receipt
	Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General Other (specify) ▼	Dir (upation (for Individual) Gen Mgmt Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial KONTOR, JOHN, , , Mailing Address 123A SPA VIEW AVE City ANNAPOLIS) or Full O State MD	Zip Code 21401-3542	Date of Receipt
		SVF	upation (for Individual) P Advisory Svc Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full O	1249.95 Drganization Name	P/R Deduction (\$96.15 Bi-Weekly)
C.	BOTHRA, SIDDHARTH, , , Mailing Address 17200 SE 45TH STREET	-	- 	Date of Receipt
	City BELLEVUE FEC ID number of contributing federal political committee.	State WA	Zip Code 98006-6510	Transaction ID : PR2754720768559 Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify)	Bus	upation (for Individual) Segment COO Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			653.82
Т	OTAL This Period (last page this line number on	ly)		

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

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				Detailed Summary Page		(1	1a 3		11b	·	11c 15		12 16	17		
	y information copied from such Reports and Stat					for	the p		pose		soliciting		ntribut	ions		
	for commercial purposes, other than using the name of NAME OF COMMITTEE (In Full)	ane ano a	luure	ess of any political committee	; IO SC	JIICI	n con	uib	ullO	IIS II(JII SUC	1 00	mmut	ee.		
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Initial WILSON, DANIEL, , ,) or Full O	rgai	nization Name		Date of Receipt										
	Mailing Address 15619 SWANSCOMBE LOOP					06 / D D / Y Y Y Y 2023										
	City UPPER MARLBORO	State MD		Zip Code 20774-8412	Transaction ID : PR2755347868559 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			38.40											
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir N	•	ion (for Individual) I	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Primary General Other (specify) ▼						ucti	on (\$19.2	20 Bi-We	eekl	y)			
B.	Full Name of Individual (Last, First, Middle Initial ABRAHAM, SANTIAGO, , ,	Date of Receipt														
	Mailing Address 4320 COTTONWOOD LN	1-			06 / 30 / 2023 Transaction ID : PR2755652168559											
	City EXCELSIOR	State MN	Zip Code 55331-9328							R27556 ceipt th)			
	FEC ID number of contributing federal political committee.	С			384.60											
	Name of Employer (for Individual) Optum Services, Inc	Occi Bus			Me	emo	lte	m								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial KRAUTKRAMER, MITCHELL, , ,) or Full O	rgai	nization Name		Da	te of	Re	eceip	ot						
	Mailing Address 800 LAKEVIEW PKWY					L	06 [™]	/	L	30	/ Y	20)23 [°]			
	City MOUND	State MN		Zip Code 55364-2307							R27559			9		
	FEC ID number of contributing federal political committee.	С				Ē			9				76.9	92		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu M A	Memo Item													
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 499.98							ion (\$38.4	16 Bi-We	eekl	y)			
s	UBTOTAL of Receipts This Page (optional)			••••••	. '				,				499.9	2		
Т	OTAL This Period (last page this line number on	ly)			- •	C			,		-					

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports ar or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle A. ASHENHURST, KARLA, , , Mailing Address 865 BRINSMERE DRIVE		Date of Receipt							
City ELM GROVE	State WI	Zip Code 53122-2102	Transaction ID : PR2756173668559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.38						
Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Gov	upation (for Individual) /t Affs Dir Year-to-Date ▼ 749.97	P/R Deduction (\$57.69 Bi-Weekly)						
Full Name of Individual (Last, First, Middle MASONER, AUDREY, , , Mailing Address 15400 MAPLE STREET	initial) or Full C	Organization Name	Date of Receipt						
City OVERLAND PARK FEC ID number of contributing federal political committee.	State KS	06 30 2023 Transaction ID : PR2756359868559 Amount of Each Receipt this Period 76.92							
Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Dir,	upation (for Individual) Health Plan Operations Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)						
C. Full Name of Individual (Last, First, Middle HERMELINGIII, THEODORE, , , Mailing Address 117 5TH STREET	e Initial) or Full C	Organization Name	Date of Receipt						
City WILMETTE	State IL	Zip Code 60091-3405	Transaction ID : PR2756521668559						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60						
Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) Mktg Bus Dev	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)		576.90						
TOTAL This Period (last page this line num	ber only)	•							

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		Detailed Summary Page	X 11a]11b	11c	12					
			13		14	15	16	17				
Any information copied from such Report or for commercial purposes, other than u	ts and Statements ma using the name and a	ay not be sold or used by any pe address of any political committee	erson for the to solicit co	e pur ontrit	rpose of outions fi	soliciting om suct	contribu	tions ee.				
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incor	porated PAC (UnitedHealth Group PA	(C)									
Full Name of Individual (Last, First, M A. TANG, SHI, , ,		Organization Name	Date of	Date of Receipt								
Mailing Address 142 WOOSTER STR APT 3B			06	/	D D D 30	/ Y	y y 2023	Y				
City	State NY	Zip Code					69066855	9				
NEW YORK		10012-3195	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		416.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		2288.00	P/R Deduction (\$208.00 Bi-Weekly)									
Full Name of Individual (Last, First, M B. SATTERWHITE, ERIN, , ,	Organization Name	Date of Receipt										
Mailing Address 1722 MONUMENT S	06	/	30	/ Y	y y 2023	Y						
City	State	Zip Code	Tran	sact	ion ID : I	PR27574	3576855	9				
CONCORD	MA	01742-5310	Amour	nt of	Each R	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C					396.	00					
Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) P Gen Mgmt		/lemo	o Item							
Receipt For:	Aggregate	Year-to-Date V		1								
Primary General Other (specify) ▼		, 2414.46	P/R De	ducti	ion (\$198	8.00 Bi-W	/eekly)					
Full Name of Individual (Last, First, M C. AZAM, MISHAEL, , ,	liddle Initial) or Full C	Organization Name	Date o	of Re	eceipt							
Mailing Address 629 JEFFERSON AV	'ENUE		06	Date of Receipt								
City	State	Zip Code	Tran	sact	tion ID :	PR2759	34386855	9				
CHERRY HILL	NJ	08002-3704	Amour	nt of	Each R	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C				y .	, y	77.	00				
Name of Employer (for Individual)		upation (for Individual)	Ν	/lemo	o Item							
United HealthCare Services Inc	Dir	Govt Affs										
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify)		500.50	P/R De	duct	tion (\$38.	50 Bi-W	eekly)					
SUBTOTAL of Receipts This Page (opt	ional)	••••••			y	9	889.	00				
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	for commercial purposes, other than using t																				
\setminus	NAME OF COMMITTEE (In Full)																				
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/	UnitedHealth Group Incorpora	lied PAC (RedHealth Group PF	4C)																
	Full Name of Individual (Last, First, Middle I	Initial) or Full C	Drga	nization Name																	
۹.	HUNT, BRITTNEY, , ,					Date of Receipt															
	Mailing Address 7820 JARED WAY					M M	/	D		/ Y		Y	Y								
						06 30 2023															
	City	State FL		Zip Code		Transaction ID : PR2759756468559															
	TALLAHASSEE			32309-8110	Amount of Each Receipt this Period																
	FEC ID number of contributing	С				76.92															
	federal political committee.	U			10.32																
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		М	emc	Item													
	United HealthCare Services Inc	Dir	Gov	t Affs																	
	Receipt For:	Addredate	Yea	ur-to-Date ▼																	
	Primary General				- I - I		lucti	on (¢2	1 2	6 Bi-We	الاصد	V)									
	Other (specify) v		-	499.98		, it Det	านบน	UII (40	0.4	0 01-006		y /									
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	Full Name of Individual (Last, First, Middle I	Initial) or Full C	Drga	nization Name		D :															
B.	SCHLAIFER, MARISSA, , ,			Date of Receipt																	
	Mailing Address 1050 N STUART ST #400		06 30 2023																		
	City	State		Zip Code	_			_			-										
	ARLINGTON	VA		22201-5727	-					R27597 ceipt th)								
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	FEC ID number of contributing federal political committee.		L	_				_	384.6	50											
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	Name of Employer (for Individual)			tion (for Individual)		M	emo	Item													
	Optum Services, Inc	VP	Reg	I Affs																	
	Receipt For:	Aggregate	Yea	ur-to-Date ▼																	
	Primary General			2499.90	P/R Deduction (\$192.30 Bi-Weekly)																
	Other (specify) v		,	2499.90								• /									
	Full Name of Individual (Last, First, Middle I	Initial) or Full C)raa	nization Name																	
C.	DIFRONZO, CHRISTINE, , ,		Jigu			Date o	f Re	eceipt													
	Mailing Address 6 CRAIG LN					M M	,	D	D	/ Y	Y	Y	Y								
						06		3)23									
	City	State		Zip Code		Trans	sact	ion ID	: P	R27599	978 [,]	16855	Ð								
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	FEC ID number of contributing	C					1					76.9	2								
	federal political committee.	C						9	_	9	-	10.8	~								
	Name of Employer (for Individual)	000	una	ion (for Individual)	Memo Item																
	Optum Services, Inc			ytics																	
	Receipt For:			ur-to-Date ▼																	
	Primary General	, .99.09410				1uoti	on (¢2	2Q /	6 Bi-We	الامد	V)										
	Other (specify)			499.98	L	-/N Det	Juci	UΠ (φ5	0.4	0 01-006	CERI	у)									
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated		UnitedHealth Group PA							
Α.	Full Name of Individual (Last, First, Middle Initia KELLOGG, PETER, , , Mailing Address 1515 JEFFERSON AVENUE	G, PETER, , ,								
	City	State	Zip Code	06 30 2023 Transaction ID : PR2759984168559						
	NEW ORLEANS	LA	70115-4120	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.92						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)						
В.	Full Name of Individual (Last, First, Middle Initia ROBERT, MICHAEL, , ,	l) or Full C	rganization Name	Date of Receipt						
	Mailing Address 79373 FITZGERALD CHURCH ROAD			06 / D / Y Y Y Y 2023						
	City COVINGTON	State LA	Zip Code 70435-7809	Transaction ID : PR2759986068559 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.92						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initia REYNOLDS, MARK, , ,	l) or Full C	rganization Name	Date of Receipt						
	Mailing Address 106 SE 68TH STREET	1		06 / D D / Y Y Y Y 2023						
	City OAK ISLAND	State NC	Zip Code 28465-4549	Transaction ID : PR2760046368559 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		285.70						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1142.80	P/R Deduction (\$142.85 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•••••	439.54						
т	OTAL This Period (last page this line number or	nly)								

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				for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (Un	itedHealth Group PA	C)	
A.	Full Name of Individual (Last, First, Middle Initia ALTMAN, KIMBERLY, , , Mailing Address 1861 TRANQUILITY COURT	l) or Full C	Drga	nization Name	Date of Receipt	Y
	City PROSPER	State TX		Zip Code 75078-9744	06 30 2023 Transaction ID : PR2760046568559 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С	Ì		416.00	0
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) t Svc Acct Mgmt	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2288.00	P/R Deduction (\$208.00 Bi-Weekly)	
	Full Name of Individual (Last, First, Middle Initia DECKER, WYATT, , , Mailing Address 1482 HUNTER DRIVE	l) or Full C	Drga	nization Name	Date of Receipt	V
	City	State		Zip Code	06 30 2023 Transaction ID : PR2760134068559	Ŷ
	WAYZATA FEC ID number of contributing federal political committee.	C		55391-9658	Amount of Each Receipt this Period	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) hief Phys, Innov & VBC	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)	
C.	Full Name of Individual (Last, First, Middle Initia GRUHN, GINA, , ,	l) or Full C	Drga	nization Name	Date of Receipt	
	Mailing Address 13 WEATHER VANE DRIVE	1			06 / 30 / 2023	
	City MORRISTOWN	State NJ		Zip Code 07960-4758	Transaction ID : PR2760769468559 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			384.6	0
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) Svc Acct Mgmt	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)	
s	UBTOTAL of Receipts This Page (optional)				1185.20	0
т	OTAL This Period (last page this line number on	ly)				

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
\backslash	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial MASTEN, DALE, , ,) or Full C	Organization Name	Date of Receipt
	Mailing Address 9845 BENNINGTON DRIVE			M M / D D / Y Y Y Y Y
	<u></u>	Ctoto	Zin Code	06 30 2023
	City SHARONVILLE	State OH	Zip Code 45241-3619	Transaction ID : PR2760775868559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial DELMONICO, SUSAN, , ,) or Full C	Organization Name	Date of Receipt
	Mailing Address 12 MULBERRY CIRCLE			06 30 2023
	City JOHNSTON	State RI	Zip Code 02919-2519	Transaction ID : PR2760781768559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		230.76
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) sc Gen Counsel	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial HENNESSY, NATASHA, , ,) or Full C	Organization Name	Date of Receipt
	Mailing Address 2348 FORD RD			06 / D D / Y Y Y Y 06 2023
	City MINNETONKA	State MN	Zip Code 55305-3104	Transaction ID : PR2760810268559
	FEC ID number of contributing			_ Amount of Each Receipt this Period
	federal political committee.	С		416.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2288.00	P/R Deduction (\$208.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	1031.36
т	OTAL This Period (last page this line number on	ly)		

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	/ information copied from such Reports and Stat									solicit		ontrib	utions
\setminus	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	I PAC (l	Jn	tedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initial CRAWFORD, KEVIN, , ,	l) or Full Oi	rgar	nization Name		Date of	Re	ece	ipt				
	Mailing Address 744 SHELLEY LANE					^M 06	1	E	D D D 30	/	Y	y y 2023	Y
	City	State		Zip Code		Trans	acti	ior	ו ID : ו	PR27	6082	51685	59
	FRANKLIN	TN		37064-1621	'	Amount	t of	Ea	ach R	eceipt	this	Perio	d
	FEC ID number of contributing federal political committee.	С						,				230	.76
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Affs		M	emo	o It	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		- j -	1499.94	F	P/R Ded	lucti	ion	(\$115	5.38 E	i-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial VELASCO, JOEL, , ,	l) or Full Oi	rgar	nization Name		Date of	Re	ece	ipt				
	Mailing Address 6352 31 PLACE NW ST					^M 06	/	ſ	D D 30	/	Y	y y 2023	Y
	City	State	_	Zip Code		Trans	acti	ion	ID : I	PR27	6093	35685	59
	WASHINGTON	DC		20015-2358	/	Amount	t of	Ea	ach R	eceipt	this	Period	b
	FEC ID number of contributing federal political committee.	С						-				384	.60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) I Relations		M	emo	o It	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	2499.90	P	/R Ded	uctio	on	(\$192	2.30 B	i-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial MILLER, CORINNA, , ,	l) or Full Oi	rgar	nization Name		Date of	Re	ece	ipt				
	Mailing Address 6083 OLD BRICKSTORE ROAD					^M 06	1	L	30		2	2023	
	City GREENSBORO	State NC		Zip Code 27455-8335		Trans							
-	GREENODURU			21400-0000	<u> </u>	Amount	t of	Ea	ach R	eceipt	this	Perio	t
	FEC ID number of contributing federal political committee.	С						,		,	_	38	.46
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		М	emc	o It	em				
	Poppint For:	1	-										
	Primary General	nggi egale	reg	r-to-Date ▼)/D	ندم روا	ie	(\$40	оо р .	10/	kh A	
	Other (specify)		-	249.99		P/R Dec	ucti		(\$19.	23 BI	vvee	кіу)	
sı	JBTOTAL of Receipts This Page (optional)			•				,		,		653	.82
т	OTAL This Period (last page this line number on	ly)						-,-		. ,			

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial OBRIEN, MICHAEL, , , Mailing Address 11017 CAVELL CIR) or Full C	organization Name	Date of Receipt
	City BLOOMINGTON	State MN	Zip Code 55438-2284	Transaction ID : PR2761138268559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		96.14
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Dir	upation (for Individual) Tax Year-to-Date ▼ 624.91	P/R Deduction (\$48.07 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial ARYA, RAJIV, , , Mailing Address 4 GALWAY ROAD) or Full C	Organization Name	Date of Receipt
	City SKILLMAN	State NJ	Zip Code 08558-1731	06 30 2023 Transaction ID : PR2762648768559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director, Advisory Svcs	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initial SONNIER, SUSAN, , ,) or Full C	Organization Name	Date of Receipt
	Mailing Address 301 DEMONBREUN ST UNIT 18			06 / D D / Y Y Y Y 2023
	City NASHVILLE	State TN	Zip Code 37201-2248	Transaction ID : PR2762649968559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		230.76
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			403.82
т	OTAL This Period (last page this line number on	ly)	•	

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Т.	TEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
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	v information copied from such Reports and Sta											
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P/	AC)								
	Full Name of Individual (Last, First, Middle Initia CLAYTON, JUSTIN, , ,	l) or Full O	organization Name	Date	of Re	eceipt						
	Mailing Address 163 BRIER RIDGE DRIVE			M06	M /	30		y y y y 2023	Y			
	City	State	Zip Code					2023 27499685	59			
-	DURHAM	NC	27703-0339					this Period				
	FEC ID number of contributing ederal political committee.	С				-y 1		153	.84			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Memo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R D	educti	ion (\$7	6.92 Bi-V	Veekly)				
	Full Name of Individual (Last, First, Middle Initia BIDINGER, DANIEL, , ,	l) or Full O	organization Name	Date	of Re	eceipt						
	Mailing Address 3757 INDEPENDENCE RD			M 06	M /	30		2023	Y			
	City	State	Zip Code	Trai	nsact	ion ID	: PR2762	29575685	59			
-	MAPLE PLAIN	MN	55359-9759	Amou	int of	Each	Receipt	this Period	ł			
	FEC ID number of contributing rederal political committee.	С				-yr - 1		40	.00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff		Memo	o Item						
İ	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		260.00	P/R De	educti	ion (\$20	0.00 Bi-V	Veekly)				
	Full Name of Individual (Last, First, Middle Initia DAVIS, JENNIFER, , ,	l) or Full O	organization Name	Date	of Re	eceipt						
	Mailing Address 4330 CROWN POINT DR			M OF	5	30	0	y y y 2023	_			
	City COLUMBUS	State OH	Zip Code 43220-4424					31803685 this Period				
	FEC ID number of contributing rederal political committee.	С				,			.14			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Memo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 624.91	P/R D	educt	ion (\$4	8.07 Bi-V	Veekly)				
รเ	JBTOTAL of Receipts This Page (optional)					, .	. ,	289	.98			
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NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle FOLEY, BARBARA, , ,	e Initial) or Full C	Prganization Name		Date of	Re	ceipt			
Mailing Address 6260 BLACK FOX WAY				м м 06	1	30) / Y	y y 2023	Y
City	State FL	Zip Code				-		23926855	-
TALLAHASSEE		32312-4504	A	mount	of	Each F	Receipt th	his Period	
FEC ID number of contributing federal political committee.	C					-		92.	30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		599.95	P/	'R Ded	uctio	on (\$46	.15 Bi-W	(eekly)	
Full Name of Individual (Last, First, Middle B. HAUSMAN, ERIC, , ,	e Initial) or Full C	Prganization Name		Date of	Re	ceipt			
Mailing Address 1617 WEST 25TH STREE	T			м м 06	/	30) / Y	y y 2023	Y
City	State	Zip Code		Trans	acti	on ID :	PR2778	61276855	9
MINNEAPOLIS	MN	55405-2466	A	mount	of	Each F	Receipt t	his Period	
FEC ID number of contributing federal political committee.	С			_		7		384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		2499.90	P/	R Ded	uctio	on (\$19	2.30 Bi-V	Veekly)	
Full Name of Individual (Last, First, Middle C. BAKER, OMAR, , ,	e Initial) or Full C	organization Name		Date of	Re	ceipt			
Mailing Address 8100 SPRING HILL FARM	/I DR			^M 06	/	30		2023	Ŷ
City	State	Zip Code		Trans	acti	on ID :	PR2778	98666855	9
MCLEAN	VA	22102-2330	A	mount	of	Each F	Receipt th	his Period	
FEC ID number of contributing federal political committee.	С					y	, <u>,</u>	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D/SVP Strat Intv		Me	emo	Item			
Receipt For:		Year-to-Date ▼	_						
Primary General	Aggregale			R Dod	uctio	on (\$10	2.30 Bi-\	Maakly	
Other (specify)		2499.90				UII (Ø18	2.50 DF		
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IT	EMIZED RECEIPTS		for each category of th Detailed Summary Pag		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na				
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Grou	up PAC)	
A.	Full Name of Individual (Last, First, Middle Initial PIERINI, RYAN, , , Mailing Address 3761 SAN YSIDRO WAY City SACRAMENTO FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify)	State CA Occu Dir C	Drganization Name Zip Code 95864-2866 upation (for Individual) Govt Affs Year-to-Date ▼ 499.5	98	Date of Receipt 06 / 30 / 2023 Transaction ID : PR2778987368559 Amount of Each Receipt this Period 76.92 Memo Item P/R Deduction (\$38.46 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial GHAZANFARIANTALEGHANI, AZITA, , , Mailing Address 1039 MOUNTAIN AVE City BERKELEY HEIGHTS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Care, Inc. Receipt For:	State NJ C	Zip Code 07922-2343		Date of Receipt 06 ' 30 ' 2023 Transaction ID : PR2782602168559 Amount of Each Receipt this Period 76.92 Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.	98	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial ROMANOW, KATHLEEN, , , Mailing Address 6804 MARBURY ROAD City BETHESDA FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify)	State MD C Occu Dir C	Drganization Name Zip Code 20817-6052 upation (for Individual) Govt Affs Year-to-Date ▼ 1249.9	95	Date of Receipt 06 / 30 / 2023 Transaction ID : PR2782733068559 Amount of Each Receipt this Period 192.30 Memo Item P/R Deduction (\$96.15 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			►	346.14
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
\backslash	NAME OF COMMITTEE (In Full)			
/	UnitedHealth Group Incorporated	I PAC (I	JnitedHealth Group PA	.C)
Α.	Full Name of Individual (Last, First, Middle Initial SABAL, PETER, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 6151 WILLOW ROCK ST	State	Zip Code	06 30 2023
	LAS VEGAS	NV	89135-1482	Transaction ID : PR2783559968559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial OWEN, CHRISTOPHER, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 9011 LESLIES GATE			M M / D D / Y Y Y Y 06 30 2023
	City BOERNE	State TX	Zip Code 78015-4779	Transaction ID : PR2786908668559
	FEC ID number of contributing		76013-4779	Amount of Each Receipt this Period
	federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Mktg	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initial CONWAY, PATRICK, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 190 WINDING RIVER RD	1 -		06 / D D / Y Y Y Y Y 2023
	City WELLESLEY	State MA	Zip Code 02482-7320	Transaction ID : PR2787875568559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Unit CEO	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
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		Detailed Summary Page		13		14	15		16	17
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NAME OF COMMITTEE (In Full)										
✓ UnitedHealth Group In	corporated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First A. CLARKE, LACEY, , ,		rganization Name	Da	ate of	Re	ceipt				
Mailing Address 15 MILO STREE	т			06	/	D D D 30	/ Y)23)	Y
City HUDSON	State NY	Zip Code 12534-2722				on ID :)
FEC ID number of contributing federal political committee.	С		An	nount	OT	Each Re	eceipt tr		eriod 153.8	4
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/F	R Dedu	uctio	on (\$76.	92 Bi-W	eekly	()	
Full Name of Individual (Last, First MORDEN, NANCY, , ,	st, Middle Initial) or Full O	rganization Name	Da	ate of	Re	ceipt				
Mailing Address 4624 TOWER ST	1		The second secon	06	/	^D 30	/ Y	Y 202	23	Y
City EDINA	State MN	Zip Code 55424-1549				on ID : I Each Re				
FEC ID number of contributing federal political committee.	С				0.	7			80.0	0
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R	R Dedu	uctio	on (\$40.0	00 Bi-W	eekly	<i>י</i>)	
Full Name of Individual (Last, Firs	st, Middle Initial) or Full O	rganization Name	Da	ate of	Re	ceipt				
Mailing Address 40 SPYGLASS F	PLACE			06	/	D D 30	/ Y	¥ 20	23	Y
City DELLWOOD	State MN	Zip Code 55110-1250				on ID :)
FEC ID number of contributing federal political committee.	C			nount	U	Each Re	eceipt tr		416.0	0
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	10	Me	emo	Item				
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2288.00	P /F	R Dedi	ucti	on (\$208	3.00 Bi-\	Veek	dy)	
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	y information copied from such Reports and Sta for commercial purposes, other than using the r									oliciting		ntribut	ons
\backslash	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	JnitedH	ealth Group P	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia BILLS, MATTHEW, , ,	ll) or Full O	rganization	Name		Date of	Re	eceip	ot				
	Mailing Address 18961 DEVONSHIRE ST					^M 06	1	D	30	/ Y)23	Y
	City	State	Zip Co			Trans	acti	ion	ID : P	R2790	5587	68559)
	BEVERLY HILLS	MI	4802	25-4031	4	Amount	t of	Eac	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-9	_	92.3	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Clnt Svc Ac	Individual) ct Mgt		M	emo	b Ite	em				
	Receipt For:	Aggregate	Year-to-Da	te 🔻									
	Primary General Other (specify) ▼			599.95] F	P/R Ded	lucti	on ((\$46.1	5 Bi-W	eekly	()	
В.	Full Name of Individual (Last, First, Middle Initia SEGERMAN, ANDREW, , ,	l) or Full O	rganization	Name		Date of	Re	eceip	ot				
	Mailing Address 7306 REDBRIDGE CT					^M 06	/	D	30	/ Y	20	23 23	Y
	City	State	Zip Co	ode		Trans	acti	ion	ID : P	R27914	4 <u>758</u>	68559	1
	SPRINGFIELD	VA	2215	3-1511	/	Amount	t of	Eac	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-9	_	38.4	6
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Comm	Individual)		M	emo	b Ite	em				
	Receipt For:	Aggregate	Year-to-Da	te 🔻									
	Primary General Other (specify) ▼		,	249.99] P	/R Ded	uctio	on (\$19.2	3 Bi-We	ekly	/)	
с.	Full Name of Individual (Last, First, Middle Initia HAINES, CAROL, , ,	l) or Full O	rganization	Name		Date of	Re	eceip	ot				
	Mailing Address 203 NESHAMINY ROAD	1				^M 06	/	D	30	/ Y		23	Y
	City	State PA	Zip Co			Trans	acti	ion	ID : P	R2791	4769	68559)
	CROYDON	FA	1902	1-5427	<u> </u>	Amount	of	Eac	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						y		y	_	400.0	0
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	Primary General Other (specify)			2400.00] F	P/R Dec	lucti	ion ((\$200.	.00 Bi-V	Veek	(ly)	
s	UBTOTAL of Receipts This Page (optional)				- -			,				530.7	6
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	AC (UnitedHealth Group PAC	C)
Full Name of Individual (Last, First, Middle Initial) or A. SMITH, TAMEEKA, , , Mailing Address 12201 CAPWELL DRIVE City Sta MIDLOTHIAN VA FEC ID number of contributing federal political committee. C Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Aggr Other (specify)	te Zip Code	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)
Full Name of Individual (Last, First, Middle Initial) or B. BRADY, WILLIAM, , , Mailing Address 5110 ALVARADO LAN N City Sta PLYMOUTH MI FEC ID number of contributing federal political committee. C	te Zip Code N 55446-3063	Date of Receipt 06 / 30 / 2023 Transaction ID : PR2794131668559 Amount of Each Receipt this Period 400.00 Memo Item
Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Aggr Primary General Other (specify) ▼	Occupation (for Individual) SVP, Medicare STARS egate Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initial) or MORSE, SARA, , , Mailing Address 6398 VALE STREET City State ALEXANDRIA V/V FEC ID number of contributing federal political committee. C Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Aggr Primary General	te Zip Code	Date of Receipt 06 / 30 / 2023 Transaction ID : PR2794473468559 Amount of Each Receipt this Period 384.60 Memo Item
Other (specify) SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)		P/R Deduction (\$192.30 Bi-Weekly)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			ay not be sold or used by any p								
		the name and a	ddress of any political committee	e to so	licit co	ntrib	outions	s fron	n such	n commit	tee.
\mathbf{X}	COMMITTEE (In Full)										
	ealth Group Incorpor	ated PAC (I	JnitedHealth Group P	4C)							
	of Individual (Last, First, Middle Y, JACK, , ,	Initial) or Full O	rganization Name		Date o	f Re	eceipt				
Mailing Add	Iress 10210 SAN FRANCISCO	RD NE			м м 06	/	D 3		/ Y	y y 2023	Y
City		State	Zip Code		Trans	sact	ion ID) : PR	27952	22646855	9
ALBUQUE	RQUE	NM	87122-3452	/	Amoun	t of	Each	Rec	eipt th	is Period	
	nber of contributing tical committee.	С					-p		-7-	80.	00
Name of Er Optum Serv	mployer (for Individual) vices. Inc		upation (for Individual) D Med Grp Non Physn		М	emc	ttem				
Receipt For		Aggregate	Year-to-Date ▼								
Prima Other	ry General (specify) ▼		480.00	P	/R Dec	ducti	ion (\$4	10.00	Bi-We	eekly)	
	of Individual (Last, First, Middle , MATTHEW, , ,	Initial) or Full O	rganization Name		Date o	f Re	eceipt				
Mailing Add	ress 5365 CEDAR POINT RD				м м 06	/	D 3	D 0	/ Y	y y 2023	Y
City		State	Zip Code		Trans	acti	ion ID	: PR	28057	2236855	9
MINNETRI	-	MN	55364-9394	/	Amoun	t of	Each	Rec	eipt th	is Period	
	nber of contributing tical committee.	С							-	384.	60
	mployer (for Individual) thCare Services Inc		upation (for Individual) Gen Auditor		М	emc	b Item				
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 2307.60	P .	/R Ded	lucti	on (\$1	92.3	0 Bi-W	/eekly)	
Full Name o	of Individual (Last, First, Middle D, ANDREA, , ,	Initial) or Full O	rganization Name		Date o	f Re	eceipt				
Mailing Add	ress 4019 E MITCHELL DR				^M 06	/	D 3	D 0	/ Y	2023 Y	Y
City PHOENIX		State AZ	Zip Code 85018-5911		Trans	sact	ion ID) : PF	R28057	7261685	59
			00010-0911	_ /	Amoun	t of	Each	Rec	eipt th	is Period	
	nber of contributing tical committee.	С					,		9	400.	00
Name of Er Optum Serv	nployer (for Individual) <i>r</i> ices, Inc		upation (for Individual) Im Exec		М	lemo	o Item				
Receipt For		Aggregate	Year-to-Date ▼								
Prima Other	ry General (specify)		2400.00	P	P/R Dec	ducti	ion (\$2	200.0	0 Bi-W	Veekly)	
SUBTOTAL of	of Receipts This Page (optional)			•			,		,	864.	60
TOTAL This I	Period (last page this line numb	per only)		•					7		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial MILLAR, JAMES, , , Mailing Address 1101 BAYBERRY DRIVE City) or Full O	Zip Code	Date of Receipt 06 30 2023 Transaction ID : PR2816690368559
	CHAPEL HILL	NC	27517-9113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Industry Relations	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial SALAMA, DANIEL, , , Mailing Address 120 SNOWY OWL TERRACE) or Full O	organization Name	Date of Receipt
	City PLANTATION	State FL	Zip Code 33324-2105	06 30 2023 Transaction ID : PR2817286768559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		454.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2043.00	P/R Deduction (\$227.00 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial WALTHALL, TODD, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 1948 ROCKINGHAM ST	Chata	Tin Orde	06 30 2023
	City MCLEAN	State VA	Zip Code 22101-4922	Transaction ID : PR2817960468559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Unit CEO	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			1254.00
т	OTAL This Period (last page this line number on	ly)	•	

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TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
or for commercial purposes, other than usir			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorport	prated PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Mide EINODSHOFER, MICHAEL, , ,	lle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 11 WILLOW LINKS DR			06 / D D / Y Y Y Y 2023
City BELLE VERNON	State PA	Zip Code 15012-4334	Transaction ID : PR2817961468559
		13012-4334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharmacy Programs	Memo Item
Receipt For:			
Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)
Full Name of Individual (Last, First, Mide B. SCHWARTZ, ERICA, , ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5935 PREMIER WAY UNIT 1425			06 30 Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2818047668559
NAPLES	FL	34109-7903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Insurance Sols	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$200.00 Bi-Weekly)
Other (specify) ▼		, 2400.00	
Full Name of Individual (Last, First, Mide BECHAN, ANGELA , , ,	lle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 5 MCVICKERS LANE			06 / D D / Y Y Y Y 2023
City	State NJ	Zip Code	Transaction ID : PR2822501468559
MENDHAM		07945-2936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		434.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General			P/R Deduction (\$217.00 Bi-Weekly)
Other (specify)		1953.00	
SUBTOTAL of Receipts This Page (option	al)		1234.00
TOTAL This Period (last page this line nu	mber only)	•	

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia KISLOFF, MICHELLE, , , Mailing Address 1815 N UNDERWOOD ST	l) or Full O	Organization Name	Date of Receipt
	City ARLINGTON	State VA	Zip Code 22205-1819	Transaction ID : PR2823340568559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		416.00
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Bus	upation (for Individual) s Segment Gen Counsel Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		2288.00	P/R Deduction (\$208.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia MINOR, MICHAEL, , , Mailing Address 3932 CHAPEL HEIGHTS DRIVE		Organization Name	Date of Receipt
	City MARIETTA	State GA	Zip Code 30062-2217	06 30 2023 Transaction ID : PR2823660868559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		416.00
	Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) n Plan CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2288.00	P/R Deduction (\$208.00 Bi-Weekly)
c.	Full Name of Individual (Last, First, Middle Initia SCHOENEBECK, DARCEY, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 804 ECLIPSE PKWY			M M / D D / Y Y Y Y 06 / 30 / 2023
	City NEW PRAGUE	State MN	Zip Code 56071-2015	Transaction ID : PR2824394768559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		434.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Client Officer	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2170.00	P/R Deduction (\$217.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	1266.00
т	OTAL This Period (last page this line number on	ly)		

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PAGE 160 OF

			for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for	commercial purposes, other than using the na			erson for the purpose of soliciting contributions
∖ NA	AME OF COMMITTEE (In Full)			
/ι	InitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)
A\	ll Name of Individual (Last, First, Middle Initial) /ISWANATHAN, KARTHIK, , ,	or Full Or	ganization Name	Date of Receipt
	ailing Address 300 CARAWAY CT	04-4-	Zin Orda	06 / D D / Y Y Y Y 2023
Cit	IY AN RAMON	State CA	Zip Code 94582-5027	Transaction ID : PR2826678968559
FE	EC ID number of contributing deral political committee.	С		Amount of Each Receipt this Period
Op	ame of Employer (for Individual) otum Services, Inc		pation (for Individual) f Digital Svs Off	Memo Item
Re	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)
	ll Name of Individual (Last, First, Middle Initial) IUMMEL, KRISTI, , ,	or Full Or	ganization Name	Date of Receipt
Ma	ailing Address 1 EDEN CIRCLE			06 30 2023
Cit	ty ESTBOROUGH	State MA	Zip Code 01581-3653	Transaction ID : PR2827479668559 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		400.00
	ame of Employer (for Individual) hited HealthCare Services Inc		ipation (for Individual) , Talent	Memo Item
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)
	II Name of Individual (Last, First, Middle Initial)	or Full Or	ganization Name	Date of Receipt
Ma	ailing Address 732 SOUTH ALFRED STREET			06 30 / Y Y Y Y
Ci	-	State	Zip Code	Transaction ID : PR2831507068559
A	LEXANDRIA	VA	22314-4004	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		105.66
	ame of Employer (for Individual) hited HealthCare Services Inc		pation (for Individual) Affs Dir	Memo Item
Re	eceipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify)		316.98	P/R Deduction (\$52.83 Bi-Weekly)
SUB	TOTAL of Receipts This Page (optional)			905.66
тот	AL This Period (last page this line number only	y)		112307.44

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			Summary Page			21b 28a	22 28b	×	23 28c	╞	26	┝		27 30b
	ny information copied from such Reports and State for commercial purposes, other than using the na													
\land	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	irou	лb	PAC)							
Α.	Full Name (Last, First, Middle Initial) Bob Casey for Senate Inc						Date	of Di	sburse	em	ent			
	Mailing Address PO Box 58746						06	M /	D (D 07	1		y 202	23
	City Philadelphia	State PA	Zip Code 19102				FEC	denti	ficatio	on I	Numbe	ər		
	Purpose of Disbursement			_			С	C0	04310)56				
	Contribution			C	011		-	rans	actior	۱E): 488	090	95	
	Candidate Name			Cat			Amou	nt of	Each	Di	sburs	eme	ent t	his Period
	Casey, Robert, P., Sen., Jr. Office Sought: House Disburse	ement For: 2	2024	I	уре)				_			25	500.00
	Senate President	Primary Other (spec	K General					lemo	Item	С	ontribu	ition		-1875 E
	State: PA District:	_							item					
B.	Full Name (Last, First, Middle Initial) Bob Casey for Senate Inc						Date	of Di	sburse	em	ent			
	Mailing Address PO Box 58746						06	M /		07	/	Y	202	
	City Philadelphia	State PA	Zip Code 19102				FEC	denti	ficatio	n I	Numbe	ər		
	Purpose of Disbursement		19102	_	_	_	С	C.0(04310	56				
	Void - Bob Casey for Senate Inc; Check Dated 05	/30/2023		(011		-	1.0	1. A		: 488	001	00	
	Candidate Name			Cat	ego	ry/								his Period
	Casey, Robert, P., Sen., Jr.			Т	ype	•				_			05	00.00
		ement For: 2	-						,	_		_	- 25	500.00
	Senate President	Primary Other (spec	General				- C							ey for Senate In 5/30/2023
	State: PA District:						N	lemo	Item	C	IECK L	Jale	u u:	5/30/2023
_	Full Name (Last, First, Middle Initial)													
C.	Larson for Congress						Date	of Di	sburs	-	ent			
	Mailing Address PO Box 261172						06	M /	D	16	/		202	23
	City	State	Zip Code				FEC	denti	ficatio	n I	Numbe	ər		
	Hartford	СТ	06126				100						-	-
	Purpose of Disbursement Contribution			C	011		С	1.0	03301					
	Candidate Name):488			his Period
	Larson, John, B., Rep.,			Cat T	ego ype		Aniou		Lach		isbui s	enne		
	Office Sought: House Disburse	ement For: 2	2024										10	00.00
	Senate X	Primary	General				_		,	С	ontribu	utior	n	
	State: CT District: 01	Other (spec	any) ▼				N	lemo	Item					
s	SUBTOTAL of Disbursements This Page (optional).					· •							1	000.00
⊢														
l '	OTAL This Period (last page this line number only	,)			•••••	• 🕨			y	-		-	_	

SCHEDULE B (FEC Form 3X)		arata ashadula(=)	FOR LINE							
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	y one) 22 🗙 23 🗌 26 🗌 27						
	Detailed	Summary Page	28a	28b 28c 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (Group PAC)						
Full Name (Last, First, Middle Initial)				Date of Disbursement						
Alamo PAC										
Mailing Address 919 Congress Avenue Suite 1400				06 22 2023						
City	State TX	Zip Code 78701		FEC Identification Number						
Austin Purpose of Disbursement		78701		C C00387464						
Contribution			011							
Candidate Name			Category/	Transaction ID : 48857834 Amount of Each Disbursement this Period						
			Туре	5000.00						
Office Sought: House Disburse Senate	ement For: Primary	General		5000.00						
President	Other (spe			Contribution Memo Item						
State: District: Full Name (Last, First, Middle Initial)										
 B. Winning for America PAC 				Date of Disbursement						
Mailing Address 101 W Argonne Dr. #24				06 22 2023						
City Saint Louis	State MO	Zip Code 63122		FEC Identification Number						
Purpose of Disbursement	WIC	03122		C C00826362						
Contribution			011	Transaction ID : 48857835						
Candidate Name			Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburse	ement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2500.00						
Senate	Primary	General		Contribution						
State: District:	Other (spec	cify)		Memo Item						
Full Name (Last, First, Middle Initial)										
^{C.} Lead, Encourage, Elect PAC				Date of Disbursement						
Mailing Address PO Box 183				06 / D D / Y Y Y Y 22 2023						
City	State	Zip Code		FEC Identification Number						
Hudson Purpose of Disbursement	WI	54016								
Contribution			011	C C00494302						
Candidate Name			Category/ Type	Transaction ID : 48857836 Amount of Each Disbursement this Period						
Office Sought: House Disburse	ement For:		71	2500.00						
Senate	Primary	General		Contribution						
State: District:	Other (spe	cify) 🔻		Memo Item						
SUBTOTAL of Disbursements This Page (optional).			····· ►	10000.00						
TOTAL This Period (last page this line number only	/)		••••••	, ,						

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ITEN	IIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check on 21b 28a	22 🗙 23 🗌 26 🗌 27					
	nformation copied from such Reports and State commercial purposes, other than using the na									
∖ NA	ME OF COMMITTEE (In Full)									
∕ U	nitedHealth Group Incorporated	PAC (Ur	nitedHealth (Group PA	C)					
•	I Name (Last, First, Middle Initial)				Date of Disbursement					
А . В	elieve In America PAC									
Ма	iling Address C/O Red Curve Solutions 138 Conant Street, 2nd Floor				06 22 2023					
City		State	Zip Code		FEC Identification Number					
	verly	MA	01915							
	rpose of Disbursement			011	C C00691154					
-	ontribution ndidate Name				Transaction ID : 48857837					
00				Category/ Type	Amount of Each Disbursement this Period					
Off	ice Sought: House Disburse	ement For:		21.5	5000.00					
	Senate	Primary	General							
01-	President	Other (spe	cify) 🔻		Contribution Memo Item					
Sta										
D	I Name (Last, First, Middle Initial)				Date of Disbursement					
ь. Н	leartland Values PAC									
Ma	iling Address PO Box 505				06 22 2023					
City	у	State	Zip Code		FEC Identification Number					
	bux Falls	SD	57101							
	rpose of Disbursement contribution			011	C C00409003					
	ndidate Name				Transaction ID: 48857838					
				Category/ Type	Amount of Each Disbursement this Period					
Off	ice Sought: House Disburse	ement For:			2500.00					
	Senate	Primary	General							
	President	Other (spe	cify)		Contribution					
Sta										
<u> </u>	Il Name (Last, First, Middle Initial)				Date of Disbursement					
C T	ruth Is Markets Work Fund A/K/A	A Tim W	Fund							
Ма	iling Address PO Box 2485				06 / 22 / 2023					
City	у	State	Zip Code		FEC Identification Number					
	ringfield	VA	22152							
	rpose of Disbursement			044	C C00498360					
	ontribution ndidate Name			011	Transaction ID : 48857840					
Ca				Category/ Type	Amount of Each Disbursement this Period					
Off	ice Sought: House Disburse	ement For:		1362	2500.00					
	Senate	Primary	General							
	President	Other (spe	cify) 🔻		Contribution Memo Item					
Sta	ate: District:									
SUB.	TOTAL of Disbursements This Page (optional).			••••••	10000.00					
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SCHEDULE B (FEC Form 3X)		arata aphadula(c)	FOR LINE I	NUMBER: PAGE 164 OF 200						
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	one) 22 🗙 23 26 27						
	Detailed	Summary Page	28a	28b 28c 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)						
Full Name (Last, First, Middle Initial)				Date of Disbursement						
A. Kat For Congress				M M / D D / Y Y Y Y						
Mailing Address 5200 NW 43rd St Ste 102-180				06 22 2023						
City Gainesville	State FL	Zip Code		FEC Identification Number						
Purpose of Disbursement	ΓL	32606		C 000720905						
Contribution			011	C C00730895						
Candidate Name			Category/	Transaction ID: 48857859 Amount of Each Disbursement this Period						
Cammack, Kat, , Rep.,			Type							
Office Sought: X House Disburse	ement For:	2024		1500.00						
Senate	Primary	General		Contribution						
State: FL District: 03	Other (spe	city) 🔻		Memo Item						
Full Name (Last, First, Middle Initial)										
B. Johnson for Congress				Date of Disbursement						
				M = M / D = D / Y = Y = Y						
Mailing Address PO Box 906	1			06 22 2023						
City	State OH	Zip Code		FEC Identification Number						
Marietta Purpose of Disbursement	011	45750		C C00476820						
Contribution			011	C C00476820						
Candidate Name			Category/	Transaction ID: 48857860 Amount of Each Disbursement this Period						
Johnson, William, Leslie, Rep.,			Type	2500.00 Contribution						
	ement For:									
	Primary	General								
State: OH District: 06	Other (spe	спу)		Memo Item						
Full Name (Last, First, Middle Initial)										
^{C.} Friends Of Dave Joyce				Date of Disbursement						
Mailing Address 9856 Archer Lane				06 / D D / Y Y Y Y Y 22 2023						
City	State	Zip Code		FEC Identification Number						
Dublin Purpose of Disbursement	OH	43017								
Contribution			011	C C00527457						
Candidate Name				Transaction ID : 48857862 Amount of Each Disbursement this Period						
Joyce, David, P, Rep.,			Category/ Type	Amount of Lach Disbursement this Fehou						
	ement For:	2024		2500.00						
Senate	Primary	General		Contribution						
State: OH District: 14	Other (spe	cify) 🔻		Memo Item						
State: OH District: 14										
SUBTOTAL of Disbursements This Page (optional)			••••••	6500.00						
TOTAL This Period (last page this line number only	y)		••••••	, , , , , , , , , , , , , , , , , , ,						

SCHEDULE B (FEC Form 3X)			FOR LINE								
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	7 one) 22 🗙 23 🗌 26 🗌 27							
	Detailed	Summary Page	210 28a	28b 28c 29 30b							
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politica	d by any pers al committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC	;)							
Full Name (Last, First, Middle Initial)											
A. Hern For Congress				Date of Disbursement							
Mailing Address 9521-B Riverside Pkwy #350				06 / D D / Y Y Y Y 22 / 2023							
City	State	Zip Code		FEC Identification Number							
Tulsa	OK	74137									
Purpose of Disbursement			011	C C00636092							
Contribution Candidate Name			UTT	Transaction ID: 48857864							
Hern, Kevin, , Rep.,			Category/	Amount of Each Disbursement this Period							
	ment For:	2024	Туре	2500.00							
Senate	Primary	General									
State: OK District: 01	Other (spe	cify) ▼		Contribution Memo Item							
Full Name (Last, First, Middle Initial)											
^{B.} Texans For Jodey Arrington				Date of Disbursement							
Mailing Address PO Box 6687				06 22 2023							
City	State	Zip Code		FEC Identification Number							
Lubbock Purpose of Disbursement	ТХ	79493									
Contribution			011	C C00588657							
Candidate Name				Transaction ID : 48857865 Amount of Each Disbursement this Period							
Arrington, Jodey, Cook, Rep.,			Category/ Type								
Office Sought: X House Disburse	ement For:	2024		1500.00							
Senate	Primary	General		Contribution							
State: TX District: 19	Other (spe	cify)		Contribution Memo Item							
Full Name (Last, First, Middle Initial)											
^{C.} Dr John Joyce For Congress				Date of Disbursement							
Mailing Address 1002 Logan Blvd Ste 114 #237				06 22 2023							
City	State	Zip Code		FEC Identification Number							
Altoona	PA	16602									
Purpose of Disbursement Contribution			011	C C00674259							
Candidate Name				Transaction ID : 48857867							
Joyce, John, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
	ment For:	2024	71	2500.00							
Senate	Primary	General		Contribution							
President	Other (spe	cify) 🔻		Memo Item							
State: PA District: 13											
SUBTOTAL of Disbursements This Page (optional).			••••••	6500.00							
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 166 OF 200							
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check only	y one)							
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NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	roup PAC	C)							
Full Name (Last, First, Middle Initial)											
A. Rudy For Indiana				Date of Disbursement							
Mailing Address PO Box 26141				06 / D D / Y Y Y Y 2023							
5	State VA	Zip Code		FEC Identification Number							
Alexandria Purpose of Disbursement	VA	22313		0 000000707							
Contribution			011	C C00822767							
Candidate Name		I	0	Transaction ID : 48857868							
Yakym, Rudy, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: X House Disburse	ment For: 2	2024	51	1000.00							
Senate X	Primary	General		, , ,							
President	Other (spe	cify) 🔻		Contribution Memo Item							
State: IN District: 02											
Full Name (Last, First, Middle Initial)				Date of Disbursement							
^B . Blake Moore For Congress											
Mailing Address 358 South 700 E B505				06 / 22 / 2023							
,	State	Zip Code		FEC Identification Number							
Salt Lake City	UT	84102									
Purpose of Disbursement Contribution			011	C C00738872							
Candidate Name		I		Transaction ID : 48857869 Amount of Each Disbursement this Period							
Moore, Blake, , Rep.,			Category/ Type								
Office Sought: X House Disburse	ment For:	2024	,,	2500.00							
Senate	Primary	General		Contribution Memo Item							
President	Other (spe										
State: UT District: 01		Convention2024									
Full Name (Last, First, Middle Initial)				Data of Disburgement							
C. Michelle Steel For Congress				Date of Disbursement							
Mailing Address 9070 Irvine Center Drive Ste. 150				06 / 22 / 2023							
	State	Zip Code		FEC Identification Number							
Irvine	CA	92618									
Purpose of Disbursement			011	C C00704981							
Contribution Candidate Name			011	Transaction ID : 48857870							
Steel, Michelle, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
	ment For: 2	2024	1,140	2500.00							
Senate	Primary	General									
President	Other (spe	cify) 🔻		Contribution Memo Item							
State: CA District: 45											
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SCHEDULE B (FEC Form 3X)			FOR LIN	DR LINE NUMBER: PAGE 167 OF 200						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check or	/ one)						
		Summary Page	21							
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any pe	rson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PA	.C)						
Full Name (Last, First, Middle Initial)										
A. Ciscomani For Congress				Date of Disbursement						
Mailing Address PO Box 35103				06 22 2023						
City Tucson	State AZ	Zip Code 85740		FEC Identification Number						
Purpose of Disbursement		00140		C C00786194						
Contribution			011	Transaction ID : 48857871						
Candidate Name			Category/	Amount of Each Disbursement this Period						
Ciscomani, Juan, , Rep.,	_		Туре	1000.00						
Office Sought: House Disburse Senate	ement For: :	2024 General		1000.00						
President	Other (spe			Contribution Memo Item						
State: AZ District: 06										
Full Name (Last, First, Middle Initial) B. Dowid Downor For Congress				Date of Disbursement						
David Rouzer For Congress										
Mailing Address PO Box 3142				06 / D D / Y Y Y Y 2023						
City	State	Zip Code		FEC Identification Number						
Wilmington	NC	28406								
Purpose of Disbursement Contribution			011	C C00501643						
Candidate Name				Transaction ID : 48857872 Amount of Each Disbursement this Period						
Rouzer, David, , Rep.,			Category/ Type	Amount of Each Disbursement this Penou						
Office Sought: X House Disburs	ement For:	2024		2500.00						
	Primary	General		Contribution						
State: NC District: 07	Other (spe	cify)		Memo Item						
Full Name (Last, First, Middle Initial)										
C. Balderson For Congress				Date of Disbursement						
Mailing Address 4679 Winterset Dr				06 22 2023						
City	State	Zip Code		FEC Identification Number						
Columbus Purpose of Disbursement	OH	43220		0 00000000						
Contribution			011	C C00662650						
Candidate Name			Category/	Transaction ID: 48857873 Amount of Each Disbursement this Period						
Balderson, William, Troy, Rep.,			Type							
	ement For:			1000.00						
Senate X	Primary	General		Contribution						
State: OH District: 12	Other (spe	ecny) ▼		Memo Item						
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SCHEDULE B (FEC Form 3X)			FOR		NUMBER:				PAGE	168 OF 200		
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NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group P	AC	;)							
Full Name (Last, First, Middle Initial)					D · · ·	D						
A. Virginia Foxx For Congress					Date of			_				
Mailing Address PO Box 2676					06		22			2023		
City	State NC	Zip Code			FEC Id	entifica	tior	Numb	ber			
Boone Purpose of Disbursement	NO	28607		$ \rightarrow$	С	C0038	67/	8		-		
Contribution			011			- 1 - C	1.	-	9570-			
Candidate Name		I	Category	/		nsacti of Ea				nt this Period		
Foxx, Virginia, , Rep.,			Туре				-					
	ment For: 2									2500.00		
Senate X	Primary Other (spec	General cify) ▼			Contribution							
State: NC District: 05		-) , v			Me	mo Itei	m					
Full Name (Last, First, Middle Initial)												
^{B.} Greg Pence For Congress					Date of			_				
Mailing Address PO Box 275				-	м м 06	/ [2			2023		
City	State IN	Zip Code		T	FEC Id	entifica	tior	Numb	ber			
Taylorsville Purpose of Disbursement	lin	47280			C	COOCE	0 4 0	1	-	-		
Contribution			011	11	C C00658401 Transaction ID : 48857875 Amount of Each Disbursement this Period							
Candidate Name			Category	/								
Pence, Gregory, , Rep.,			Туре	Amount of Each Disbursement this relibu								
	ment For: 2								_	2500.00		
	Primary Other (and	General						Contrib	ution			
State: IN District: 06	Other (spec	y)			Me	mo Itei	m					
Full Name (Last, First, Middle Initial)												
C. Langworthy For Congress					Date of							
Mailing Address PO Box 120					06	/ [22			2023		
City	State	Zip Code			FEC Id	entifica	tior	Num	ber			
Clarence	NY	14031								-		
Purpose of Disbursement Contribution			011	11	$\mathbf{\nabla}$	C0081						
Candidate Name						Insacti						
Langworthy, Nick, , Rep.,			Category Type	/	Amount	. ∪i ⊨a	GU	usbur	semer	nt this Period		
Office Sought: X House Disburse	ment For: 2	2024		\neg						2500.00		
Senate	Primary	General						Contrik	oution			
State: NV District: 22	Other (spec	cify) 🔻			Me	mo Itei		Jonun				
State: NY District: 23							_		_			
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ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)											
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NAME OF COMMITTEE (In Full)															
UnitedHealth Group Incorporated	I PAC (UI	nitedHealth G	Group PAC	;)											
Full Name (Last, First, Middle Initial) A. Marc For Us Inc.				Date of Disbursement											
Mailing Address PO Box 5158				06 / D D / Y Y Y Y Y 22 2023											
City Poughkeepsie	State NY	Zip Code 12602		FEC Identification Number											
Purpose of Disbursement			_	C C00789586											
Contribution			011	Transaction ID : 48857877											
Candidate Name			Category/	Amount of Each Disbursement this Period											
Molinaro, Marc, , Rep., Office Sought: X House Disburs	sement For:	2024	Туре	1500.00											
Senate President	Primary Other (spe	General		Contribution											
State: NY District: 19				Memo Item											
Full Name (Last, First, Middle Initial)				Date of Disbursement											
^{B.} Feenstra For Congress	enstra For Congress														
Mailing Address 641 2nd St				06 / 22 / 2023											
City	State	Zip Code		FEC Identification Number											
Hull	IA	51239													
Purpose of Disbursement Contribution			011	С С00693663											
Candidate Name				Transaction ID : 48857878 Amount of Each Disbursement this Period											
Feenstra, Randall, , Rep.,			Category/ Type	Amount of Each Disbursement this Period											
	sement For:	2024		2500.00											
	Primary	General		Contribution											
State: IA District: 04	Other (spe	ecify)		Memo Item											
Full Name (Last, First, Middle Initial)				Date of Diskumenters											
C. Elise For Congress				Date of Disbursement											
Mailing Address PO Box 500				06 / D D / Y Y Y Y 2023											
City	State	Zip Code		FEC Identification Number											
Glens Falls Purpose of Disbursement	NY	12801		C C00547893											
Contribution			011	Transaction ID : 48857879											
Candidate Name			Category/	Amount of Each Disbursement this Period											
Stefanik, Elise, M., Rep.,			Туре												
	sement For:			2500.00											
President	C Primary	General		Contribution											
State: NY District: 21	Other (spe	,ony) ▼		Memo Item											
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\setminus	NAME OF COMMITTEE (In Full)		. •																
\rangle	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Grou	рF	PAC))												
Α.	Full Name (Last, First, Middle Initial) Vern Buchanan For Congress				Date of Disbursement														
	Mailing Address P.O. Box 48928								06 / 22 / 2023										
	City Sarasota	State FL	Zip Code 34230				FEC Identification Number												
	Purpose of Disbursement			-	-		C C00412759												
	Contribution			0	11		C C00412759 Transaction ID : 48857880												
	Candidate Name			Cate		//							t this P	eriod					
	Buchanan, Vern, , Rep.,			Ту	/pe					-		-	5000.00						
	Office Sought: X House Disburse Senate X	ment For: 2 Primary	2024 General						7	~			5000.00	,					
	State: FL District: 16	Other (spec	cify) 🔻				Me	emo	Item	Co	ontribu	ition							
	Full Name (Last, First, Middle Initial)																		
В.	Salazar For Congress		Date o		sburse	-	ent	Y Y	Ý	Y									
	Mailing Address 3725 West Flagler Street #281		1				06 22					2	2023						
	5	FL Zip Code FL 33134					FEC lo	lenti	ficatio	n I	Numbe	ər							
	Miami Purpose of Disbursement						С	<u> </u>	7142	61									
	Contribution	011					C C00714261 Transaction ID : 48857881												
	Candidate Name			Cate	aorv	/	Amount of Each Disbursement this Period												
	Salazar, Maria, , Rep.,				/pe														
		ment For: 2					2500.00 Contribution												
		Primary	General																
	State: FL District: 27	Other (spec	JIIY)				Me	emo	Item										
с.	Full Name (Last, First, Middle Initial)						Date o	of Die	shurse	em	ent								
	McHenry For Congress						M M	_	D			Y	Y	Y					
	Mailing Address PO Box 2165						06			22	Ĺ		023						
	-	State	Zip Code				FEC lo	lenti	ficatio	n I	Numbe	ər							
	Gastonia Purpose of Disbursement	NC	28053				\mathbf{C}	001	12000	200									
	Contribution			0	11	11	C	1. Ale	03936			_							
	Candidate Name			Cate	naon	./) : 488 shurs		2 t this P	eriod					
	McHenry, Patrick, Timothy, Rep.,	Category Type					, anour	01	_4011		55015								
		ment For: 2	2024				2500.00												
	Senate X	Primary	General							С	ontribu	ution							
	State: NC District: 10	Other (spec	ony) 🔻				Me	emo	Item	-									
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		Detailed	Summary Page			28a	28b	× 23 28c		26 29						
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\setminus	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	рР	PAC)										
-	Full Name (Last, First, Middle Initial)															
Α.	BRETTPAC - The Leadership PAC of	U.S. Repr	esentative Bro	rie	Date of Disbursement											
	Mailing Address 504 Derek Avenue Ste. 1005		1				06 22 2023									
	City	State	Zip Code				FEC Ide	ntificatio	on Num	nber						
	Elizabethtown Purpose of Disbursement	KY	42701													
	Contribution			0	11		C	2004834	187							
	Candidate Name							nsactio				- stand				
					egory. /pe	"	Amount	of Each	i Disbu	rseme	nt this Pe	eriod				
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	Full Name (Last, First, Middle Initial)															
B.	Friends For Gregory Meeks		Date of	_	ement	Y	YYYY									
	Mailing Address 153-01 Jamaica Ave. Ste. 205		_				06		26		2023					
	City	State NY	Zip Code 11432				FEC Ide	ntificatio	on Num	nber						
	Jamaica Purpose of Disbursement	INT	11432			_	С	2004200	01							
	Contribution			יור												
	Candidate Name			Cate	gory	/	Transaction ID : 48860971 Amount of Each Disbursement this Perio 5000.00									
	Meeks, Gregory, W., Rep.,				/pe	í										
	<u> </u>	ment For: 2	2024													
	Senate X	Primary	General						Contr	ibutior	1					
	State: NY District: 05	Other (spec	city)				Mer	no Item								
	Full Name (Last, First, Middle Initial)															
C.	Pete Aguilar For Congress						Date of					_				
	Mailing Address PO Box 10954						06		26	Ŷ	2023					
	City	State	Zip Code					ntificati		bor .						
	San Bernardino	CA	92423				FEC Ide	nuncati	n nuñ	nner	_					
	Purpose of Disbursement						C	C00510	461							
	Contribution			0	11		Tra	nsactio	n ID : 4	88609	73					
	Candidate Name				gory	/	Amount of Each Disbursement this Period									
	Aguilar, Pete, , Rep., Office Sought: Y House Disburse	ment For: 2	2024	1)	ype	-					5000.00)				
	Senate	Primary	General					-		,	1					
	President	Other (spec	cify) 🔻				Mor	no Item	Contr	ibutior	n					
	State: CA District: 33															
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SCHEDULE B (FEC Form 3X)		ovoto ochodula (-)	FOR LINE I	NUMBER: PAGE 172 OF 200							
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	one) 22 🗙 23 26 27							
	Detailed	Summary Page	210 28a	28b 28c 29 30b							
Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)							
Full Name (Last, First, Middle Initial)				Date of Disbursement							
A. Sharice For Congress											
Mailing Address 13851 W. 63rd St. Num 303				06 26 2023							
City	State	Zip Code		FEC Identification Number							
Shawnee Purpose of Disbursement	KS	66216									
Contribution			011	C C00670034							
Candidate Name				Transaction ID : 48861001							
Davids, Sharice, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: X House Disburse	ment For:	2024	51	2500.00							
Senate X	Primary	General									
State: KS District: 03	Other (spe	ecify) 🔻		Contribution Memo Item							
Full Name (Last, First, Middle Initial)											
R				Date of Disbursement							
Angie Craig For Congress				M M / D D / Y Y Y Y							
Mailing Address PO Box 22116				06 26 2023							
City	State	Zip Code		FEC Identification Number							
Eagan Purpose of Disbursement	MN	55122		0 000575000							
Contribution			011	C C00575209							
Candidate Name			Category/	Transaction ID: 48861002 Amount of Each Disbursement this Period							
Craig, Angela, , Rep.,			Туре								
	ment For:	2024		5000.00							
	Primary	General		Contribution							
State: MN District: 02	Other (spe	eCity)		Memo Item							
Full Name (Last, First, Middle Initial)											
C. Pete Aguilar For Congress				Date of Disbursement							
Mailing Address PO Box 10954				06 26 2023							
City	State	Zip Code		FEC Identification Number							
San Bernardino	CA	92423									
Purpose of Disbursement Contribution			011	C C00510461							
Candidate Name				Transaction ID : 48861003							
Aguilar, Pete, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: X House Disburse	ement For:	2024		1500.00							
Senate	Primary	K General		Contribution							
President	Other (spe	ecify) 🔻		Memo Item							
State: CA District: 33											
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 173 OF 200							
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NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorporat	ed PAC (U	nitedHealth C	Group PAC)							
Full Name (Last, First, Middle Initial)											
A. Martin Heinrich For Senate				Date of Disbursement							
Mailing Address P.O. Box 25763				06 / D D / Y Y Y Y 26 2023							
City Albuquerque	State NM	Zip Code 87125		FEC Identification Number							
Purpose of Disbursement	I			C C00434563							
Contribution			011	Transaction ID: 48861004							
Candidate Name			Category/	Amount of Each Disbursement this Period							
Heinrich, Martin, , Sen., Office Sought: House Dist	oursement For:	2024	Туре	2500.00							
Senate President	Primary Other (spe	General		Contribution							
State: NM District:		., .		Memo Item							
Full Name (Last, First, Middle Initial)											
B. Debbie Wasserman Schultz Fo	or Congress	3		Date of Disbursement							
Mailing Address 1071 Twin Branch Ln				06 26 2023							
City Weston	State FL	Zip Code 33326		FEC Identification Number							
Purpose of Disbursement		55520		C C00385773							
Contribution			011								
Candidate Name			Category/	Transaction ID : 48861005 Amount of Each Disbursement this Period							
Wasserman Schultz, Debbie, , Rep.,			Type								
° A	oursement For:	-		2500.00							
Senate	X Primary	General		Contribution							
State: FL District: 25	Other (spe	ecity)		Memo Item							
Full Name (Last, First, Middle Initial)											
C. BergmanForCongress				Date of Disbursement							
Mailing Address 3585 Bunker Hill Rd, #434				06 / D D / Y Y Y Y 2023							
City	State	Zip Code		FEC Identification Number							
Acme	MI	49610									
Purpose of Disbursement Contribution			011	C C00614214							
Candidate Name				Transaction ID : 48861006							
Bergman, John, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: X House Dist	oursement For:	2024	71	2500.00							
Senate	X Primary	General		Contribution							
President	Other (spe	ecify) 🔻		Memo Item							
State: MI District: 01											
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\backslash	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	PAC (Un	itedHealth C	Group PAC)							
<u> </u>	Full Name (Last, First, Middle Initial)				Data of Dishuraament							
Α.	Troy Carter For Congress				Date of Disbursement							
	Mailing Address PO Box 50730				06 / 28 / Y Y Y Y 2023							
	City New Orleans	State LA	Zip Code 70150		FEC Identification Number							
	Purpose of Disbursement				C C00763649							
	Contribution			011	Transaction ID : 48864452							
	Candidate Name			Category/	Amount of Each Disbursement this Period							
	Carter, Troy, , Rep.,			Туре	5000.00							
	Senate	ment For: 2 Primary	2024 General		5000.00							
	State: LA District: 02	Other (spec	cify) 🔻		Contribution Memo Item							
	Full Name (Last, First, Middle Initial)											
B.	David Scott For Congress				Date of Disbursement							
	Mailing Address P.O. Box 960821				06 28 2023							
	City	State	Zip Code		FEC Identification Number							
	Riverdale Purpose of Disbursement	GA	30296									
	Contribution			011	C C00369801							
	Candidate Name				Transaction ID : 48864453							
	Scott, David, Albert, Rep.,			Category/ Type	Amount of Each Disbursement this Period							
	Office Sought: X House Disburse	ment For: 2	2024		5000.00							
		Primary	General		Contribution							
	State: GA District: 13	Other (spec	cify)		Memo Item							
_	Full Name (Last, First, Middle Initial)											
C.	Democrats Reshaping America (D	REAMP	AC)		Date of Disbursement							
	Mailing Address PO Box 83142		-,		06 / D D / Y Y Y Y 2023							
	-	State	Zip Code		FEC Identification Number							
	Gaithersburg Purpose of Disbursement	MD	20883									
	Contribution			011	C C00423079							
	Candidate Name			Category/ Type	Transaction ID : 48864455 Amount of Each Disbursement this Period							
	Office Sought: House Disburse	ment For:			5000.00							
	Senate President	Primary Other (spec	General		Contribution							
	State: District:		···;) v		Memo Item							
s	UBTOTAL of Disbursements This Page (optional).			······ ►	15000.00							
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SCHEDULE B (FEC Form 3X)			FOF		NUMBER: PAGE 175 OF 200								
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	-	eck only	rone)								
		Summary Page		21b 28a	22 X 23 26 27 28b 28c 29 30b								
Any information copied from such Reports and State or for commercial purposes, other than using the na				ny perso	on for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorporated	PAC (U	nitedHealth G	Group	PAC	;)								
Full Name (Last, First, Middle Initial) A. Velvet Hammer PAC					Date of Disbursement								
Mailing Address PO Box 14362	ling Address PO Box 14362												
City Saint Paul	State MN	Zip Code 55114			FEC Identification Number								
Purpose of Disbursement			_	-	C C00692111								
Contribution			011	1	Transaction ID : 48864456								
Candidate Name			Categ Typ		Amount of Each Disbursement this Period								
Senate	ement For: Primary	General			5000.00 Contribution								
State: District:	Other (spe	ecity) 🔻			Memo Item								
Full Name (Last, First, Middle Initial)													
B. Nevadans for Steven Horsford Mailing Address PO Box 336664					Date of Disbursement 06 29 2023								
City	State	Zip Code											
North Las Vegas	NV	89033			FEC Identification Number								
Purpose of Disbursement					C C00668228								
Contribution Candidate Name			01	1	Transaction ID : 48867828								
Horsford, Steven, , Rep.,			Categ Typ		Amount of Each Disbursement this Period								
	ement For:	2024	тур		5000.00								
	Primary	General											
State: NV District: 04	Other (spe	ecify)			Memo Item								
Full Name (Last, First, Middle Initial)													
C. Tony Cardenas for Congress					Date of Disbursement								
Mailing Address PO Box 15320					06 29 2023								
City Washington	State DC	Zip Code 20003			FEC Identification Number								
Purpose of Disbursement		20003			C C00498873								
Contribution			011	1	Transaction ID : 48867831								
Candidate Name			Categ	ory/	Amount of Each Disbursement this Period								
Cardenas, Tony, , Rep.,			Тур		5000.00								
	ement For:				5000.00								
State: CA District: co	Primary Other (spe	cify) ▼			Contribution Memo Item								
State: CA District: 29													
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SCHEDULE B (FEC Form 3X)			FC) R LINE	NUMBER:			PA	GE	176 OF 200		
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NAME OF COMMITTEE (In Full)												
angle UnitedHealth Group Incorporated	PAC (Un	itedHealth G	rou	p PAC	;)							
Full Name (Last, First, Middle Initial)												
• Tony Cardenas for Congress				Date of Disbursement								
Mailing Address PO Box 15320					M M / D D / Y Y Y Y 06 29 2023							
City	State	Zip Code			FEC Id	entific	ation N	umbe	 r			
Washington	DC	20003						unibol	_	-		
Purpose of Disbursement			0		C	C0049	98873					
Void - Tony Cardenas for Congress; Check Dated	04/10/2023		0	11	Tra	insact	ion ID	: 4886	7832	2		
Candidate Name				gory/	Amount	t of Ea	ach Dis	burse	ment	t this Period		
Cardenas, Tony, , Rep.,			Ту	rpe					. 1	5000.00		
	ement For: 2									5000.00		
Senate X	Primary Other (and	General			-		Voi	d - To	nv C	ardenas for		
State: CA District: 29	Other (spec	ury) ▼			Me	mo Ite	em Co	ngress	s; Ch	eck Dated		
							04/	10/202	23			
Full Name (Last, First, Middle Initial)					Date of		ireomo	nt				
 Elect Democratic Women 	mocratic Women							_	_			
Mailing Address 600 Pennslyvania Ave SE #15180					06 29 2023							
City	State	Zip Code			FEC Id	ontific	ation N	umbe	r			
Washington	DC 20003				T LO IU	Cintino		umber	_	_		
Purpose of Disbursement						C C00685297						
Contribution			0	11	Transaction ID : 48867833 Amount of Each Disbursement this Period							
Candidate Name				gory/								
Office Sought: House Disburse	mant Fam		Ty	pe					1	5000.00		
Office Sought: House Disburse	ement For: Primary	General			_			-9-		5000.00		
President	Other (spec						Co	ntribut	ion			
State: District:		Siry)			Me	mo Ite	em					
Full Name (Last, First, Middle Initial)												
					Date of	Disb	urseme	nt				
 Elect Democratic Women 					MM		D D		/ V	YY		
Mailing Address 600 Pennslyvania Ave SE #15180					06		29	Ĺ		023		
City	State	Zip Code			FEC Id	ontific	ation N	umbo	 r			
Washington	DC	20003				Chance		ambel	_	-		
Purpose of Disbursement					C	C006	85297	_				
Void - Elect Democratic Women; Check Dated 05,	omen; Check Dated 05/12/2023 011					insact	tion ID	: 4886	5783-	4		
Candidate Name				gory/	Amount	t of Ea	ach Dis	burse	ment	this Period		
Office Cought			Ту	rpe				_	_ /	5000.00		
	ement For:	Ganaral						-7-	_			
President	Primary Other (spec	General								emocratic Wo		
State: District:	Other (spec	siiy) ▼			Me	mo Ite	em Ch	eck Da	ated	05/12/2023		
									1	5000.00		
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SCHEDULE B (FEC Form 3X)	llee een	arate schedule(s)	FOR LINE I											
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NAME OF COMMITTEE (In Full)														
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)										
Full Name (Last, First, Middle Initial) A. Martin Heinrich For Senate				Date of Disbursement										
Mailing Address P.O. Box 25763	1			06 29 2023										
City Albuquerque	State NM	Zip Code 87125		FEC Identification Number										
Purpose of Disbursement				C C00434563										
Contribution Candidate Name			011	Transaction ID : 48867835										
Heinrich, Martin, , Sen.,			Category/ Type	Amount of Each Disbursement this Period										
	ement For:	2024	турс	2500.00										
Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item										
State: NM District:														
Full Name (Last, First, Middle Initial) B.				Date of Disbursement										
Mailing Address														
City	State	Zip Code		FEC Identification Number										
Purpose of Disbursement				С										
Candidate Name			Category/ Type	Amount of Each Disbursement this Period										
Office Sought: House Disburse	ement For:	General		1 1 4 ² 1 1 4 ² 1 1 4 ² 1										
State: District:	Primary Other (spe			Memo Item										
Full Name (Last, First, Middle Initial)														
С.				Date of Disbursement										
Mailing Address														
City	State	Zip Code		FEC Identification Number										
Purpose of Disbursement			· · · ·]	C										
Candidate Name			Category/ Type	Amount of Each Disbursement this Period										
	ement For:													
Senate President	Primary Other (spe	cify) ▼		Memo Item										
State: District:														
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			Summary Page		21b									
					28a									
	y information copied from such Reports and State for commercial purposes, other than using the na													
\backslash	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group	PA(C)								
	Full Name (Last, First, Middle Initial)													
Α.	Friends of Sara Carruthers					Date of Disbursement								
	Mailing Address 601 Glenway Dr.					06 / 07 / Y Y Y Y Y 2023								
	City	State	Zip Code			FEC Identification Number								
	Hamilton	OH	45013											
	Purpose of Disbursement			01	1	C								
	Contribution Candidate Name					Transaction ID : 48741848								
	Carruthers, Sara, , OH Rep.,			Categ Typ		Amount of Each Disbursement this Period								
		ment For:		٩٤٠		1000.00								
	Senate	Primary	General											
	President	Other (spec	cify) 🔻			Contribution Memo Item								
	State: District:													
P	Full Name (Last, First, Middle Initial)					Date of Disbursement								
В.	Friends of Tom Patton	ds of Tom Patton												
	Mailing Address 17157 Rabbit Run Drive					06 07 2023								
	City	State	Zip Code			FEC Identification Number								
	Strongsville	OH	44136											
	Purpose of Disbursement Contribution	011				C								
	Candidate Name			Transaction ID : 48741918										
	Patton, Thomas, , OH Rep.,			Categ Typ		Amount of Each Disbursement this Period 750.00								
		ment For:	1	714										
	Senate	Primary	General											
	President	Other (spec	cify)			Memo Item								
	State: District:													
c	Full Name (Last, First, Middle Initial)					Date of Dichursement								
C.	Citizens for Lampton					Date of Disbursement								
	Mailing Address 1326 Parkway Court					06 07 2023								
		01.1												
	City Beavercreek	State OH	Zip Code 45432			FEC Identification Number								
	Purpose of Disbursement	0.1			_	С								
	Contribution			01 ⁻	1	Transaction ID : 48741919								
	Candidate Name			Categ	jorv/	Amount of Each Disbursement this Period								
	Lampton, Brian, , OH Rep.,			Тур										
		ment For:				2000.00								
	Senate President	Primary Othor (spo)	General			Contribution								
	State: District:	Other (spec	(), (), (), (), (), (), (), (), (), (),			Memo Item								
s	UBTOTAL of Disbursements This Page (optional).				🕨	3750.00								
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			Summary Page		21		22 28b	23 28c	26 ¥ 29		27 30b			
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NAME OF COMMITTEE (In I	Full)													
VinitedHealth Group	Incorporated	PAC (Ur	nitedHealth C	Group	o PA	C)								
Full Name (Last, First, Middle	e Initial)													
A. Seitz for Ohio						Da	ate of I	Disburs	ement					
Mailing Address 4401 Abby C	Court					Ē	06 / D D / Y Y Y Y 06 07 2023							
City Cincinnati		State OH	Zip Code 45248			FE	EC Ide	ntificatio	n Numbe	er				
Purpose of Disbursement			43240				`				-			
Contribution				01	1		al second se		15 107					
Candidate Name				Cate	non/	Δr			ID : 487 Disburse		u t this Period			
Seitz, William, , OH Rep.,				Ty			nount		Diobalot					
Office Sought: House	e Disburs	ement For:	I					-	1. 20		2000.00			
Senat		Primary	General					,	0					
Presid	lent	Other (spe	cify) 🔻				Mem	no Item	Contribu	tion				
State: District:						_	-							
Full Name (Last, First, Middle B. Adam Llalman for O	,						ata of	Disburs	omont					
^{B.} Adam Holmes for C	hio													
Mailing Address 4679 Winter	set Drive										023			
City		State	Zip Code			FF	-C Ide	ntificatio	n Numbe	<u>ə</u> r				
Columbus		ОН	43220								-			
Purpose of Disbursement Contribution				01	11		С							
Candidate Name							Transaction ID: 48741921							
Holmes, Adam, , OH Rep.,				Cateo Ty		Ar	Amount of Each Disbursement this Per							
Office Sought: House	e Disburs	ement For:		- 71							2000.00			
Senat	e	Primary	General					-	Contribu	tion	- 40-			
Presid	lent	Other (spe	cify)				Merr	no Item	Contribu					
State: District:														
Full Name (Last, First, Middle	e Initial)													
C. Friends of Jay Edwa	ards					Da	ate of I	Disburs	ement					
Mailing Address 35950 Union	Pidao Pood						06	/ D	D /)7		023			
Maning Address 55550 Onion	Ridge Road						00			2	020			
City		State	Zip Code			FF	-C. Ide	ntificatio	n Numbe	ar				
Albany		ОН	45710					mineatic			_			
Purpose of Disbursement				01	4									
Contribution Candidate Name				01	<u>'</u>				n ID:487	-				
Edwards, Jay, , OH Rep.,				Cate Ty		Ar	mount	of Each	Disburse	emen	t this Period			
Office Sought: House	e Disburs	ement For:		iy							2000.00			
Senat		Primary	General								- 46			
Presid	lent	Other (spe	cify) 🔻				Merr	no Item	Contribu	ition				
State: District:														
SUBTOTAL of Disbursements	This Page (optional)				🕨	Γ		-			6000.00			
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	HEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE I							
ITE	MIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b						
	information copied from such Reports and State or commercial purposes, other than using the na										
\ r	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC)						
^	Full Name (Last, First, Middle Initial) Taxpayers for Marklein				Date of Disbursement						
-	Aailing Address S11665 Soeldner Road				06 / D D / Y Y Y Y 14 2023						
	City Spring Green	State WI	Zip Code 53588		FEC Identification Number						
	Purpose of Disbursement				С						
	Contribution			011	Transaction ID : 48815118						
ζ	Candidate Name			Category/	Amount of Each Disbursement this Period						
ſ	Marklein, Howard, , WI Sen.,			Type							
Ō	Office Sought: House Disburse	ment For:	I		500.00						
	Senate President	Primary Other (spec	General		Contribution						
ç	State: District:		Siry) 🔻		Memo Item						
	Full Name (Last, First, Middle Initial)										
B. _	Assembly Democratic Campaign		Date of Disbursement								
_	Aailing Address PO Box 814				06 14 2023						
	Dity	State WI	Zip Code		FEC Identification Number						
	Madison Purpose of Disbursement	VVI	53701								
	Contribution			011	С						
7	Candidate Name			Category/	Transaction ID: 48815148 Amount of Each Disbursement this Period						
ī	Office Sought: House Disburse	ment For:		Туре	2000.00						
	Senate	Primary	General								
	President	Other (spec			Contribution						
5	State: District:		,		Memo Item						
	Full Name (Last, First, Middle Initial)										
C.	Republican Party of Wisconsin				Date of Disbursement						
Ν	Aailing Address 148 East Johnson Street				06 / D D / Y Y Y Y Y 14 2023						
	Dity	State	Zip Code		FEC Identification Number						
	Addison	WI	53703								
F	Purpose of Disbursement Contribution to State Party Committee Account			011	С						
7	Candidate Name			Category/ Type	Transaction ID : 48815336 Amount of Each Disbursement this Period						
Ō	Office Sought: House Disburse	ment For:	I		2500.00						
	Senate President	Primary Other (spec	General		Contribution to State Party						
S	State: District:	Other (spec	siiy) ▼		Memo Item Committee Account						
su	BTOTAL of Disbursements This Page (optional).			I	5000.00						
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SCHEDULE B	(FEC Form 3X)			FOR LINE I	NUMBER: PAGE 181 OF 200
ITEMIZED DISI	BURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b
					on for the purpose of soliciting contributions solicit contributions from such committee.
	TTEE (In Full)				
/ UnitedHealth	Group Incorporated	PAC (Ur	nitedHealth C	Group PAC)
Full Name (Last, F A. Alliance of He	irst, Middle Initial) ealth Insurers PAC				Date of Disbursement
Mailing Address 10) East Doty St uite 500				06 / D D / Y Y Y Y 06 14 2023
City Madison		State WI	Zip Code 53703		FEC Identification Number
Purpose of Disburs	sement				С
Contribution				011	Transaction ID : 48815635
Candidate Name				Category/ Type	Amount of Each Disbursement this Period
Office Sought:	Senate	ement For: Primary	General		5000.00 Contribution
State:	District:	Other (spe	ecify) 🔻		Memo Item
Full Name (Last, F					
B. Friends of Ki	im Ward		Date of Disbursement		
	.U. B0X 83				
City Harrisburg Purpose of Disburs	Harrisburg PA 17108				FEC Identification Number
Contribution Candidate Name				011	C Transaction ID : 48815787
Ward, Kim, L., PA Se	n			Category/ Type	Amount of Each Disbursement this Period
Office Sought:		ement For:		Туре	1000.00
Ŭ	Senate President	Primary Other (spe	General		Contribution
State:	District:				Memo Item
Full Name (Last, F C. Friends of Jo					Date of Disbursement
Mailing Address 11					06 / D D / Y Y Y Y 06 14 2023
City Indiana	0 80x 362	State PA	Zip Code 15701		FEC Identification Number
Purpose of Disburs	sement	FA	15701		\sim
Contribution Candidate Name				011	C Transaction ID : 48815969
Pittman, Joe, , PA Se	en.,			Category/ Type	Amount of Each Disbursement this Period
Office Sought:	House Disburs	ement For:	I		1000.00
	Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item
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SCHEDU	ILE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 182 OF 200
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the		/ one)
			Summary Page	21b	22 23 26 27 28b 28c X 29 30b
				ed by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
	F COMMITTEE (In Full)				
) United	dHealth Group Incorporated	PAC (Ur	nitedHealth C	Group PAC	;)
Full Name	e (Last, First, Middle Initial)				
A. DiSant	to for Senate				Date of Disbursement
Mailing A	ddress PO Box 6638				06 / D D / Y Y Y Y 14 2023
City Harrisburg	q	State PA	Zip Code 17112		FEC Identification Number
	of Disbursement	1			С
Contribu	ution			011	Transaction ID : 48816213
Candidate				Category/	Amount of Each Disbursement this Period
	lohn, , PA Sen.,			Туре	1000.00
Office So	ught: House Disburse Senate President	ement For: Primary Other (spe	General		Contribution
State:	District:	Other (spe	Ciry) V		Memo Item
	e (Last, First, Middle Initial)				
D	ds of Matt Bradford				Date of Disbursement
Mailing A	ddress PO Box 349	06 14 2023			
City		State PA	Zip Code		FEC Identification Number
	Norristown PA 19404 Purpose of Disbursement				С
Contribu				011	
Candidate	e Name			Category/	Transaction ID : 48816375 Amount of Each Disbursement this Period
	Matthew, , PA Rep.,			Туре	
Office So		ement For:			5000.00
	Senate	Primary	General		Contribution
State:	District:	Other (spe	cny)		Memo Item
	e (Last, First, Middle Initial)				
<u>^</u>	ds For Donna Oberlander				Date of Disbursement
Mailing A	ddress 44 W Main St				06 14 2023
City		State	Zip Code		FEC Identification Number
Clarion	of Diaburaamant	PA	16214		
Contribu	of Disbursement			011	С
Candidate				Category/	Transaction ID : 48816608 Amount of Each Disbursement this Period
Oberland	er, Donna, , PA Rep.,			Type	
Office So		ement For:			1000.00
	Senate	Primary	General		Contribution
State:	District:	Other (spe	ecity) 🔻		Memo Item
Sidle.					
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ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		(check only 21b		
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	y information copied from such Reports and State for commercial purposes, other than using the na					
\backslash	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth C	Group PAC)	
	Full Name (Last, First, Middle Initial)					
Α.	Chamber PAC				Date of Disbursement	
	Mailing Address 1 Commerce Sq 417 Walnut St				06 14 2023	
	City	State	Zip Code		FEC Identification Number	
	Harrisburg Purpose of Disbursement	PA	17101			
	Contribution			011	С	
	Candidate Name				Transaction ID : 48816818	
				Category/ Type	Amount of Each Disbursement this Period	
	Office Sought: House Disburse	ment For:			2500.00	
	Senate	Primary	General			
	State: District:	Other (spec	cify) 🔻		Contribution Memo Item	
	Full Name (Last, First, Middle Initial)					
В.		•			Date of Disbursement	
	House Republican Campaign Cor	ouse Republican Campaign Committee				
	Mailing Address 500 N. Third Street 4th Floor, P.O. Box 11787			06 / D D / Y Y Y Y 2023		
	City	State	Zip Code		FEC Identification Number	
	Harrisburg Purpose of Disbursement	PA 17108				
	Contribution			011	С	
	Candidate Name			Category/	Transaction ID: 48817038 Amount of Each Disbursement this Period	
				Type	Amount of Lach Disbursement this renou	
	Office Sought: House Disburse	ment For:	I		2500.00	
	Senate	Primary	General		Contribution	
	President	Other (spec	cify)		Memo Item	
	State: District:					
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement	
	The Mayfield Campaign				M M / D D / Y Y Y Y	
	Mailing Address 50 S. Madison St.				06 16 2023	
	City	State	Zip Code		FEC Identification Number	
	Mooresville	IN	46158			
	Purpose of Disbursement Contribution			011	С	
	Candidate Name	ame			Transaction ID : 48852934	
	Mayfield, Peggy, , IN Rep.,			Category/ Type	Amount of Each Disbursement this Period	
		ment For:	I		1000.00	
	Senate	Primary	General		Contribution	
	President	Other (spec	cify) 🔻		Memo Item	
_	State: District:					
s	UBTOTAL of Disbursements This Page (optional).			••••••	6000.00	
Т	OTAL This Period (last page this line number only	/)		••••••	, ,	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 184 OF 200		
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and or for commercial purposes, other than using t						
NAME OF COMMITTEE (In Full)						
UnitedHealth Group Incorpora	ited PAC (Ur	itedHealth G	roup PAC	;)		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
A. Joanna King for the People						
Mailing Address PO BOX 11				06 / 16 / Y Y Y Y Y 2023		
City Middlebury	State IN	Zip Code 46540		FEC Identification Number		
Purpose of Disbursement		40340		\mathbf{c}		
Contribution			011	С		
Candidate Name		I	Onternet	Transaction ID : 48852935		
King, Joanna, , IN Rep.,			Category/ Type	Amount of Each Disbursement this Period		
	sbursement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	500.00		
Senate	Primary	General				
President	Other (spec	cify) ▼		Contribution Memo Item		
State: District:						
Full Name (Last, First, Middle Initial) B. Donna Schaibley for State Re	nrecentative			Date of Disbursement		
	presentative			M M / D D / Y Y Y Y		
Mailing Address 11492 St. Andrews Lane	Mailing Address 11492 St. Andrews Lane					
City	State	Zip Code		FEC Identification Number		
Carmel	IN	46032				
Purpose of Disbursement			011	C		
Contribution Candidate Name				Transaction ID : 48852937		
Schaibley, Donna, , IN Rep.,			Category/	Amount of Each Disbursement this Period		
	sbursement For:		Туре	500.00		
Senate	Primary	General				
President	Other (spec			Contribution		
State: District:		<i>,</i>		Memo Item		
Full Name (Last, First, Middle Initial)						
C. Fady 4 Hoosier Families				Date of Disbursement		
Mailing Address PO Box 90058				06 / D D / Y Y Y Y 16 2023		
City	State	Zip Code		FEC Identification Number		
Indianapolis	IN	46290				
Purpose of Disbursement	·			С		
Contribution			011	Transaction ID : 48852938		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Qaddoura, Fady, , IN Sen.,			Туре	500.00		
	sbursement For:	Ganaral		300.00		
President	Other (spec	General		Contribution		
State: District:		, , , , , , , , , , , , , , , , , , ,		Memo Item		
Billiot.						
SUBTOTAL of Disbursements This Page (opti	onal)		····· ►	1500.00		
TOTAL This Period (last page this line number	er only)		····· ►			

SCH	EDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 185 OF 200		
ITEN	IZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a			
	nformation copied from such Reports and State commercial purposes, other than using the na						
NA NA	ME OF COMMITTEE (In Full)						
/ U	nitedHealth Group Incorporated	PAC (Ur	nitedHealth G	iroup PAC	;)		
-	ll Name (Last, First, Middle Initial)						
А . Е	lizabeth Rowray for Indiana				Date of Disbursement		
Ма	iling Address 616 S Riviera Ln				06 / 16 / Y Y Y Y Y		
Cit	у	State	Zip Code		FEC Identification Number		
	rktown	IN	47396				
	rpose of Disbursement			011	C		
	ontribution ndidate Name				Transaction ID: 48852939		
	wray, Elizabeth, , IN Rep.,			Category/ Type	Amount of Each Disbursement this Period		
		ement For:		туре	500.00		
	Senate	Primary	General				
	President	Other (spe	cify) 🔻		Contribution Memo Item		
Sta	ate: District:	-					
D	Il Name (Last, First, Middle Initial)				Date of Disbursement		
IV	latt Lehman for State Represent	auve			M M / D D / Y Y Y Y		
Ma	iling Address 663 Lehman St	Idress 663 Lehman St					
Cit	-	State	Zip Code		FEC Identification Number		
	rne rpose of Disbursement	IN	46711				
	Contribution			011	C		
Ca	ndidate Name			Category/	Transaction ID : 48852940 Amount of Each Disbursement this Period		
Le	hman, Matthew, , IN Rep.,			Type			
Off	fice Sought: House Disburse	ement For:			1000.00		
	Senate	Primary	General		Contribution		
C+r	ate: District:	Other (spe	cify)		Memo Item		
	Il Name (Last, First, Middle Initial)						
^	riends of Chris Garten				Date of Disbursement		
Ma	iling Address 3415 County Road 160				06 / D D / Y Y Y Y 2023		
Cit	у	State	Zip Code		FEC Identification Number		
	arlestown	IN	47111				
	rpose of Disbursement				C		
	ontribution Indidate Name			011	Transaction ID : 48852941		
	arten, Chris, , IN Sen.,			Category/ Type	Amount of Each Disbursement this Period		
		ment For:		ishe	1000.00		
	Senate	Primary	General				
	President	Other (spe	cify) 🔻		Contribution Memo Item		
Sta	ate: District:						
SUB	TOTAL of Disbursements This Page (optional).			····· •	2500.00		
тот/	AL This Period (last page this line number only	/)		••••••	, ,		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check	NE NUMBER: PAGE 186 OF 200 only one)		
		Summary Page		21b 22 23 26 27 28a 28b 28c X 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any p	person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group P	AC)		
A. Full Name (Last, First, Middle Initial) A. Spencer Deery for Indiana Mailing Address P.O. Box 2323	Date of Disbursement					
City West Lafayette	State IN	Zip Code 47996		FEC Identification Number		
Purpose of Disbursement				C		
Contribution			011	Transaction ID : 48852942		
Candidate Name			Category			
Deery, Spencer, , IN Sen.,			Туре			
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General cify) ▼		Contribution Memo Item		
State: District:	_					
D	Show Indiana State Representative					
CityStateZip CodeWinona LakeIN46590				FEC Identification Number		
Purpose of Disbursement Contribution Candidate Name			011 Category	Transaction ID : 48852944 Amount of Each Disbursement this Period		
Snow, Craig, , IN Rep.,			Type			
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General Cify)		Contribution Memo Item		
State: District:						
Full Name (Last, First, Middle Initial) C. VoteCarbaugh.com Mailing Address 1118 Skylane Pass				Date of Disbursement		
City	State	Zip Code		FEC Identification Number		
Fort Wayne Purpose of Disbursement	IN	46825		C		
Contribution Candidate Name	Contribution					
Carbaugh, Martin, , IN Rep.,			Category Type			
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General cify) ▼		Contribution Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional).						

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 187 OF 200
ITEMIZED DISBURSEMENTS			arate schedule(s) category of the	(check only	one)
			Summary Page	21b	22 23 26 27 28b 28c X 29 30b
٨	ny information copied from such Reports and State	mente mav	not he sold or uso		
	for commercial purposes, other than using the na				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC	;)
_	Full Name (Last, First, Middle Initial)				Data of Diskumanast
Α.	Friends of Justin Busch				Date of Disbursement
	Mailing Address 123 W Wayne Street				06 / D D / Y Y Y Y 2023
	City	State	Zip Code		FEC Identification Number
	Fort Wayne Purpose of Disbursement	IN	46802		
	Contribution			011	С
	Candidate Name				Transaction ID : 48852946
	Busch, Justin, , IN Sen.,			Category/ Type	Amount of Each Disbursement this Period
		ement For:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00
	Senate	Primary	General		
	President	Other (spe	cify) 🔻		Contribution Memo Item
_	State: District:				
в.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Barrett Election Committee				
	Mailing Address P.O. Box 2145	06 16 2023			
	City	Zip Code 47375		FEC Identification Number	
	Richmond Purpose of Disbursement				
	Contribution			011	С
	Candidate Name			Cotogony/	Transaction ID : 48852949 Amount of Each Disbursement this Period
	Barrett, Brad, , IN Rep.,			Category/ Type	Amount of Lach Disbussement this Fehou
	Office Sought: House Disburse	ement For:	I		1000.00
	Senate	Primary	General		Contribution
	State: District:	Other (spec	cify)		Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	Walker for Indiana				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 6919 Royal Oakland Dr				06 16 2023
	City	State	Zip Code		FEC Identification Number
	Indianapolis	IN	46236		
	Purpose of Disbursement Contribution			011	С
	Candidate Name				Transaction ID : 48852950
	Walker, Kyle, , IN Sen.,			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ement For:			500.00
	Senate	Primary	General		Contribution
	President	Other (spe	cify) 🔻		Memo Item
_	State: District:				
s	SUBTOTAL of Disbursements This Page (optional).			••••••	2500.00
Т	OTAL This Period (last page this line number only	y)			
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S	CHEDULE B (FEC Form 3X)			FC	DR I	INE NUMBER: PAGE 188 OF 200		
ITEMIZED DISBURSEMENTS			arate schedule(s)			y one)		
-			category of the Summary Page			21b 22 23 26 27		
			, <u>,</u> -			28a 28b 28c 🗙 29 30b		
	ny information copied from such Reports and State for commercial purposes, other than using the na							
\backslash	NAME OF COMMITTEE (In Full)							
\backslash	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	rou	рF	'AC)		
A.	Full Name (Last, First, Middle Initial)					Date of Disbursement		
А.	Mike Gaskill for Indiana							
	Mailing Address 6838 S 50 W					06 16 2023		
	City Pendleton	State IN	Zip Code 46064			FEC Identification Number		
	Purpose of Disbursement	IIN	40004					
	Contribution			0	11	C		
	Candidate Name		I	0.11		Transaction ID : 48852951		
	Gaskill, Mike, , IN Sen.,			Cate T\	∋gory ∕pe	Amount of Each Disbursement this Period		
		ement For:	<u> </u>	• • •	, , , ,	1000.00		
	Senate	Primary	General					
	President	Other (spe	cify) ▼			Contribution Memo Item		
	State: District:							
в.	Full Name (Last, First, Middle Initial)					Date of Disbursement		
υ.	Fleming for District #071							
	Mailing Address P.O. Box 1050					06 16 2023		
	City State Zip Code Jeffersonville IN 47131					FEC Identification Number		
	Jeffersonville Purpose of Disbursement							
	Contribution				011	C		
	Candidate Name			_		Transaction ID : 48852952		
	Fleming, Rita, , IN Rep.,			Cate Tv	∍gory ∕pe	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ement For:		,		500.00		
	Senate	Primary	General			Contribution		
	President	Other (spec	cify)			Contribution Memo Item		
	State: District:							
~	Full Name (Last, First, Middle Initial)							
C.	Taxpayers for Kapenga					Date of Disbursement		
	Mailing Address PO Box 33					06 / D D / Y Y Y Y 06 16 2023		
	City	State	Zip Code			FEC Identification Number		
	Hartland	WI	53029					
		Purpose of Disbursement						
		Contribution 011						
	Candidate Name			Cate	gory	Amount of Each Disbursement this Period		
	Kapenga, Chris, , WI Sen., Office Sought: House Disburse	ement For:		I)	ype	500.00		
	Senate	Primary	General					
	President	Other (spe				Contribution		
	State: District:	(-1				Memo Item		
Γ	1							
s	UBTOTAL of Disbursements This Page (optional)					▶ 2000.00		
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L í	OTAL This Period (last page this line number only	y)		•••••				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 189 OF 200		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		y one)		
		Summary Page	21b	22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and Stator or for commercial purposes, other than using the n			ed by any pers	son for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
UnitedHealth Group Incorporated	I PAC (UI	nitedHealth C	Group PAC	C)		
Full Name (Last, First, Middle Initial)						
A. Friends of LaTonya Johnson				Date of Disbursement		
Mailing Address PO Box 100813				06 / 16 / Y Y Y Y Y 2023		
City	State	Zip Code		FEC Identification Number		
Milwaukee	WI	53210				
Purpose of Disbursement				C		
Contribution			011	Transaction ID : 48852957		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Johnson, LaTonya, , WI Sen.,			Туре	500.00		
	sement For:			500.00		
Senate	Primary	General		Contribution		
State: District:	Other (spe	ecity) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
Knodl for Senate						
Mailing Address N101 W14475 Ridgefield Court				06 16 2023		
	Maning Address 10101 W14475 Klugeneid Court					
City	State	Zip Code		EEC Identification Number		
Germantown	WI	53022		FEC Identification Number		
Purpose of Disbursement				C		
Contribution			011	Transaction ID : 48852958		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Knodl, Daniel, , WI Sen.,			Туре	500.00		
	sement For:			500.00		
Senate President	Primary	General		Contribution		
State: District:	Other (spe	city)		Memo Item		
Full Name (Last, First, Middle Initial)						
C				Date of Disbursement		
^{C.} Friends of Devin LeMahieu						
Mailing Address PO Box 700200				06 16 2023		
City	State	Zip Code		FEC Identification Number		
Oostburg Purpose of Disbursement	WI	53070		0		
Contribution			011	C		
Candidate Name				Transaction ID : 48852959		
LeMahieu, Devin, , WI Sen.,			Category/ Type	Amount of Each Disbursement this Period		
	sement For:			1000.00		
Senate	Primary	General				
President	Other (spe	ecify) 🔻		Contribution Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional)		····· ►	2000.00		
TOTAL This Period (last page this line number on	ly)					

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 190 OF 200	
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)	
Full Name (Last, First, Middle Initial) A. Pfaff for State Senate				Date of Disbursement	
Mailing Address PO Box 684				06 / D D / Y Y Y Y 2023	
City La Crosse	State WI	Zip Code 54602		FEC Identification Number	
Purpose of Disbursement		1	_	С	
Contribution			011	Transaction ID : 48852960	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Pfaff, Brad, , WI Sen.,	. =		Туре	500.00	
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution	
State: District:				Memo Item	
Full Name (Last, First, Middle Initial)					
^{B.} Friends of Eric Wimberger	Friends of Eric Wimberger				
Mailing Address 311 South Jefferson Street				06 16 2023	
City	State WI	Zip Code 54301		FEC Identification Number	
Green Bay Purpose of Disbursement	VVI	54301		0	
Contribution			011	Transaction ID : 48852961 Amount of Each Disbursement this Period	
Candidate Name			Category/		
Wimberger, Eric, , WI Sen.,			Туре	1000.00	
Office Sought: House Disburs	ement For:				
Senate	Primary	General		Contribution	
State: District:	Other (spe	city)		Memo Item	
Full Name (Last, First, Middle Initial)					
C. Republican Assembly Campaign	Committe	ee RACC		Date of Disbursement	
Mailing Address 148 East Johnson				06 16 2023	
City	State	Zip Code		FEC Identification Number	
Madison Purpose of Disbursement	WI	53703			
Contribution			011	С	
Candidate Name			Category/ Type	Transaction ID : 48852962 Amount of Each Disbursement this Period	
Office Sought: House Disburs	ement For:			2500.00	
Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item	
State: District:				<u> </u>	
SUBTOTAL of Disbursements This Page (optional))		····· ►	4000.00	
TOTAL This Period (last page this line number on	ly)		••••••		

SC	HEDULE B	(FEC Form 3X)			FORI	INE NUMBER: PAGE 191	OF 200	
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the		nly one)			
				Summary Page		21b 22 23 26 27		
						28a 28b 28c 🗙 29 30	-	
						person for the purpose of soliciting contributions from such comm		
\ r	NAME OF COMM	1ITTEE (In Full)						
/		h Group Incorporate	ed PAC (U	nitedHealth (Group F	PAC)		
Λ	•	First, Middle Initial)				Date of Disbursement		
Α.	Democratic I	Party of Wisconsin -	State Accou	int				
Ν	Aailing Address 1	15 N Pinckney Suite 200				06 19 2023	- Y	
Ċ	City		State	Zip Code		FEC Identification Number		
	<i>l</i> adison		WI	53703				
F	Purpose of Disbur				044	C		
7		tate Party Committee Accoun	it		011	Transaction ID : 48854470		
C	Candidate Name				Categor	Amount of Each Disbursement this	s Period	
ī	Office Sought:	House Disb	ursement For:		Туре	2500	0.00	
	Shide Cought.	Senate	Primary	General				
		President	Other (spe	cify) 🔻		Contribution to Sta	ate Party	
S	State:	District:				Memo Item Committee Accou	nt	
F	ull Name (Last,	First, Middle Initial)						
B.	State Senat	e Democratic Com	nittee			Date of Disbursement	Y	
N	Address	PO Box 164				06 19 2023		
ō	City		State	Zip Code				
	Madison		WI	53701		FEC Identification Number		
F	Purpose of Disbur	rsement	I			C		
-	Contribution				011	Transaction ID : 48854471		
C	Candidate Name				Categor	Amount of Each Disbursement this Period		
7	Office Sought:	House Disb	ursement For:		Туре	2000	0.00	
	Shiee Obught.	Senate	Primary	General				
		President	Other (spe			Contribution		
5	State:	District:				Memo Item		
F	ull Name (Last,	First, Middle Initial)						
C.	Friends for .	Judy Schwank				Date of Disbursement		
_		,					Y	
N	Aailing Address F	PO Box 12424				06 22 2023		
Ō	City		State	Zip Code				
	Reading		PA	19612		FEC Identification Number		
F	Purpose of Disbur	rsement	ł					
7	Contribution				011	Transaction ID : 48857842		
C	Candidate Name Schwank, Judith, L.	DA Son			Categor	Amount of Each Disbursement this	s Period	
ī	Office Sought:		ursement For:		Туре	1000	0.00	
	Since Cought.	Senate	Primary	General				
		President	Other (spe			Contribution		
5	State:	District:				Memo Item		
		1						
su	BTOTAL of Disb	ursements This Page (option	nal)			550	0.00	
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SCHED	OULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 192 OF 200	
ITEMIZ	ED DISBURSEMENTS		arate schedule(s) category of the	(check only		
			Summary Page	210 28a	22 23 26 27 28b 28c X 29 30b	
	nation copied from such Reports and State nmercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions	
	OF COMMITTEE (In Full)					
) Unit	edHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)	
Full Na	ame (Last, First, Middle Initial)					
A. Frier	nds of Dan Miller				Date of Disbursement	
Mailing	Address PO Box 13421				06 / D D / Y Y Y Y 22 2023	
City Pittsbu	rgh	State PA	Zip Code 15243		FEC Identification Number	
Purpos	e of Disbursement			_	С	
	ibution			011	Transaction ID: 48857843	
	ate Name			Category/	Amount of Each Disbursement this Period	
	Daniel, , PA Rep., Sought: House Disburse	ement For:		Туре	1000.00	
Office	Senate	Primary	General			
	President	Other (spe	cify) 🔻		Contribution	
State:	District:					
D	ame (Last, First, Middle Initial)				Date of Disbursement	
^{B.} Frie	nds of Stephen Kinsey	nds of Stephen Kinsey				
Mailing	Address PO Box 27331			06 / D D / Y Y Y Y 22 2023		
City		State	Zip Code		FEC Identification Number	
	Philadelphia PA 19118 Purpose of Disbursement					
	ibution			011	С	
	ate Name				Transaction ID : 48857845	
Kinsey	, Stephen, , PA Rep.,			Category/ Type	Amount of Each Disbursement this Period	
Office	Sought: House Disburse	ement For:			2000.00	
	Senate	Primary	General		Contribution	
State:	District:	Other (spe	cify)		Memo Item	
	ame (Last, First, Middle Initial)					
<u>^</u>	nds of Mike Schlossberg				Date of Disbursement	
Mailing	Address 1620 Pond Road Ste 200				06 22 2023	
City		State	Zip Code		FEC Identification Number	
Allento	wn e of Disbursement	PA	18104		0	
	ibution			011	C Transaction ID : 48857847	
Candid	ate Name			Category/	Amount of Each Disbursement this Period	
Schlos	sberg, Michael, H., PA Rep.,			Туре		
Office	ce Sought: House Disbursement For:				1000.00	
	Senate President	Primary Other (spe	General		Contribution	
State:	District:	Other (spe	ciiy) ▼		Memo Item	
ciaio.						
SUBTOT	AL of Disbursements This Page (optional)			••••••	4000.00	
TOTAL 1	This Period (last page this line number onl	y)		••••••	, ,	

SCHEDULE B (FEC Form	3X)			FOR LINE I	NUMBER: PAGE 193 OF 200
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b
Any information copied from such Reports or for commercial purposes, other than us					on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorp	orated I	PAC (Un	itedHealth C	Group PAC)
Full Name (Last, First, Middle Initial)	0mm:44-				Date of Disbursement
Mailing Address P.O. Box 30234					06 / Y Y Y Y 22 2023
City		State	Zip Code		FEC Identification Number
Elkins Park Purpose of Disbursement		PA	19027		
				011	С
Contribution Candidate Name					Transaction ID : 48857848
Haywood, Art, , PA Sen., III				Category/	Amount of Each Disbursement this Period
Office Sought: House	Disburser	ment For:		Туре	1000.00
Senate President		Primary Other (spec	General cify) ▼		Contribution Memo Item
State: District:					
Full Name (Last, First, Middle Initial)					Date of Disbursement
^{B.} Citizens For Jordan A. Har	Citizens For Jordan A. Harris				
Mailing Address PO Box 32097	Mailing Address PO Box 32097				
City	:	State	Zip Code		FEC Identification Number
Philadelphia		PA	19146		
Purpose of Disbursement					C
Contribution 011 Candidate Name Category/ Harris, Jordan, A., PA Rep., Type					Transaction ID : 48857851
					Amount of Each Disbursement this Period
Office Sought: House Disbursement For:			туре	3000.00	
Senate					
					Contribution
State: District:		x-r-	- '		Memo Item
Full Name (Last, First, Middle Initial)					Date of Disbursement
C. Friends of Sharif Street					
Mailing Address PO Box 28854					06 22 2023
City	:	State	Zip Code		FEC Identification Number
Philadelphia		PA	19151		
Purpose of Disbursement				011	C
	Contribution 011 Candidate Name Category/				Transaction ID: 48857853
Street, Sharif, , PA Sen.,					Amount of Each Disbursement this Period
Office Sought: House	Disburser	ment For:		Туре	2000.00
Senate		Primary	General		
President		Other (spec			Contribution
State: District:			<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Memo Item
SUBTOTAL of Disburgaments This Dara	(optional)			I	6000.00
SUBTOTAL of Disbursements This Page	(optional)			•••••• •	
TOTAL This Period (last page this line nu	umber only))		••••••	, ,

	CHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE		
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	y information copied from such Reports and States for commercial purposes, other than using the nar					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC)	
Α.	Full Name (Last, First, Middle Initial) Citizens for Hughes		Date of Disbursement			
	Mailing Address PO Box 13031				06 / D D / Y Y Y Y 22 / 2023	
	City Philadelphia	State PA	Zip Code 19101		FEC Identification Number	
	Purpose of Disbursement				С	
	Contribution			011	Transaction ID : 48857855	
	Candidate Name			Category/	Amount of Each Disbursement this Period	
	Hughes, Vincent, J., PA Sen.,			Туре		
	Office Sought: House Disburse	ment For:	I		3000.00	
	Senate President	Primary Other (spec	General		Contribution	
	State: District:		··· ·· ·		Memo Item	
	Full Name (Last, First, Middle Initial)					
B.	Pennsylvania House Democratic (e	Date of Disbursement			
	Mailing Address PO Box 555				06 22 2023	
	5	State	Zip Code		FEC Identification Number	
	Harrisburg Purpose of Disbursement	PA	17108			
	Contribution				С	
	Candidate Name			011	Transaction ID: 48857857	
		Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disbursement For:			турс	2500.00	
	Senate	Primary	General			
	President	Other (spec			Contribution	
	State: District:				Memo Item	
	Full Name (Last, First, Middle Initial)					
C.	Friends of LaPointe				Date of Disbursement	
	Mailing Address PO Box 30161				06 / 26 / Y Y Y Y 2023	
	City	State	Zip Code		EEC Identification Number	
	Chicago	IL	60630		FEC Identification Number	
	Purpose of Disbursement				С	
Contribution				011	Transaction ID : 48860980	
	Candidate Name			Category/	Amount of Each Disbursement this Period	
	LaPointe, Lindsey, , IL Rep.,	Туре	1000.00			
					1000.00	
	Senate President	Primary Other (spec	General		Contribution	
	State: District:	Other (spec	siry) 🔻		Memo Item	
	Diditot.					
s	UBTOTAL of Disbursements This Page (optional)			······ ►	6500.00	
т	OTAL This Period (last page this line number only)		····· ►	, ,	

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 195 OF 200	
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorporated	PAC (Un	itedHealth G	iroup PAC)	
Full Name (Last, First, Middle Initial)		Date of Disbursement			
A. The People for Emanuel 'Chris' Welc	n				
Mailing Address 1005 W. Roosevelt Rd Suite D				06 26 2023	
	State	Zip Code		FEC Identification Number	
Westchester	IL	60154			
Purpose of Disbursement Contribution			011	С	
Contribution Candidate Name				Transaction ID: 48860982	
Welch, Emanuel, , IL Rep.,			Category/ Type	Amount of Each Disbursement this Period	
	ment For:		Турс	5000.00	
Senate	Primary	General			
President	Other (spec	cify) ▼		Contribution Memo Item	
State: District:					
Full Name (Last, First, Middle Initial)					
^{B.} Friends of Bob Morgan				Date of Disbursement	
	lailing Address PO Box 1074			06 26 2023	
City Deerfield	State IL	Zip Code 60015		FEC Identification Number	
Purpose of Disbursement	·L	00013		\mathbf{C}	
Contribution				C	
Candidate Name Morgan, Bob, , IL Rep.,			Category/ Type	Transaction ID : 48860983 Amount of Each Disbursement this Period	
Office Sought: House Disburser	ment For:			1000.00	
Senate	Senate Primary General			Contribution	
President	Other (spec	cify)		Memo Item	
State: District:					
Full Name (Last, First, Middle Initial) C. Erianda of Dan Harmon for State S				Date of Disbursement	
C. Friends of Don Harmon for State S	Senate				
Mailing Address 6939 W. North Avenue				06 / D D / Y Y Y Y Y 26 2023	
City	State	Zip Code		FEC Identification Number	
Oak Park	IL	60302			
Purpose of Disbursement			011	C	
Contribution			011	Transaction ID : 48860986 Amount of Each Disbursement this Period	
Harmon, Don, , IL Sen.,	Indidate Name Category				
	ment For:		Туре	5000.00	
Senate	Primary	General			
President	Other (spec	cify) ▼		Contribution Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (optional)			····· •	11000.00	
TOTAL This Period (last page this line number only))		····· ►	, ,	

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 196 OF 200
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(check only	/ one)	
			Summary Page	21b	22 23 26 27 28b 28c X 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar			d by any pers	on for the purpose of soliciting contributions
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC	C)
<u> </u>	Full Name (Last, First, Middle Initial)				
Α.	Friends for Anna Moeller				Date of Disbursement
	Mailing Address PO Box 1086				06 / 26 / Y Y Y Y 2023
	City	State	Zip Code		FEC Identification Number
	Elgin	IL	60121		
	Purpose of Disbursement			044	C
	Contribution			011	Transaction ID : 48860987
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Moeller, Anna, , IL Rep., Office Sought: House Disburse	ment For:		Туре	1000.00
	Senate	Primary	General		
	President	Other (spec			Contribution
	State: District:				Memo Item
	Full Name (Last, First, Middle Initial)				
B.	Elect Dan McConchie		Date of Disbursement		
	Mailing Address 14 John Drive	06 26 2023			
	City	State IL	Zip Code		FEC Identification Number
	Hawthorn Woods Purpose of Disbursement	IL	60047		\sim
	Contribution				С
	Category/ McConchie, Dan, , IL Sen., Type				Transaction ID : 48860988 Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:	I		3000.00
	Senate	Primary	General		Contribution
	President	Other (spec	cify)		Memo Item
	State: District:				
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement
0.	Friends of Nicholas Smith				
	Mailing Address PO Box 286152				06 / 26 / Y Y Y Y 2023
	City	State	Zip Code		FEC Identification Number
	Chicago	IL	60628		
	Purpose of Disbursement			044	C
	Contribution 011				Transaction ID: 48860989 Amount of Each Disbursement this Period
	Smith, Nicholas, , IL Rep.,	ndidate Name Catego			
		ment For:		Туре	1000.00
	Senate	Primary	General		
	President	Other (spec	cify) 🔻		Contribution Memo Item
	State: District:	·			
s	UBTOTAL of Disbursements This Page (optional).				5000.00
\vdash					
Т	OTAL This Period (last page this line number only	′)		••••••	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 197 OF 200
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b
Any information copied from such Reports and Stat or for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)				
UnitedHealth Group Incorporated	l PAC (Ur	nitedHealth G	Group PAC	
Full Name (Last, First, Middle Initial)				Date of Disbursement
Friends of Napoleon Harris				06 / 26 / 2023
Mailing Address PO Box 429				
City	State	Zip Code		FEC Identification Number
Flossmoor	IL	60422		
Purpose of Disbursement			011	C
Contribution			011	Transaction ID : 48860990
Candidate Name			Category/	Amount of Each Disbursement this Period
Harris, Napolean, , IL Sen., III			Туре	0000.00
	ement For:			3000.00
Senate	Primary	General		Contribution
President	Other (spe	cify) 🔻		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				Date of Disbursement
Ditizens for Mark Walker				
Mailing Address 1310 W Northwest Highway	06 26 2023			
City	City State Zip Code			
Arlington Heights	Arlington Heights IL 60004			
Purpose of Disbursement				C
Contribution	Candidate Name Category/			
Candidate Name				
Walker, Mark, , IL Rep., Type				
	Office Sought: House Disbursement For:			1000.00
Senate Primary General				Contribution
President	Other (spe	cify)		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				Date of Disbursement
C. Friends of Jawaharial Omarr Will	iams			
Mailing Address 1648 W Warren				06 26 2023
City	State	Zip Code		
Chicago	IL	60612		FEC Identification Number
Purpose of Disbursement				С
Contribution			011	Transaction ID : 48860992
Candidate Name	didate Name Category/			
Williams, Jawaharial, , IL Rep.,				
Office Sought: House Disburs	ement For:	I		1000.00
Senate	Primary	General		Contribution
President	Other (spe	cify) 🔻		Contribution Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional)		····· ►	5000.00
TOTAL This Period (last page this line number on	ly)		•••••• •	

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 198 OF 200
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(check only		
		Detailed \$	Summary Page	210 28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and State for commercial purposes, other than using the nat				on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)				
/	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC)
-	Full Name (Last, First, Middle Initial)				
Α.	Friends of Bill Cunningham				Date of Disbursement
	Mailing Address 10402 S. Western Ave				06 / D D / Y Y Y Y 26 2023
	City	State	Zip Code		FEC Identification Number
	Chicago Purpose of Disbursement	IL	60643		0
	Contribution			011	C
	Candidate Name			Category/	Transaction ID : 48860993 Amount of Each Disbursement this Period
	Cunningham, Bill, , IL Sen.,			Type	Amount of Euch Dispursement this Fellou
	Office Sought: House Disburse	ment For:	I	-	1000.00
	Senate	Primary	General		Contribution
	State: District:	Other (spec	cify) 🔻		Contribution Memo Item
	Full Name (Last, First, Middle Initial)				
B.					Date of Disbursement
	Julie Morrison for State Senate		M M / D D / Y Y Y Y		
	Mailing Address PO Box 646		06 26 2023		
	,	State IL	Zip Code		FEC Identification Number
	Deerfield Purpose of Disbursement	IL	60015		0
	Contribution			011	C
				Category/	Transaction ID: 48860994 Amount of Each Disbursement this Period
				Туре	
					1000.00
	Senate	Primary General			Contribution
	State: District:	Other (spec	city)		Memo Item
	Full Name (Last, First, Middle Initial)				
C.	Citizens for Ann Gillespie				Date of Disbursement
	Mailing Address PO Box 94				06 / D D / Y Y Y Y 06 26 2023
	City	State	Zip Code		
	Mount Prospect	IL	60056		FEC Identification Number
	Purpose of Disbursement			011	C
	Contribution				Transaction ID : 48860995 Amount of Each Disbursement this Period
	Gillespie, Ann, , IL Sen.,	didate Name Categor			
		ment For:	Туре	1000.00	
	Senate	Primary	General		
	President	Other (spec	cify) 🔻		Contribution Memo Item
	State: District:	·			
					3000.00
	UBTOTAL of Disbursements This Page (optional).			····· ►	
Т	OTAL This Period (last page this line number only)		••••••	, ,

SCHEDULE	B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 199 OF 200
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the	(check only	one)
			Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b
				d by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
	MMITTEE (In Full)				
	alth Group Incorporated	I PAC (Ur	nitedHealth G	Group PAC)
	st, First, Middle Initial)				
A. Friends of	Ram				Date of Disbursement
Mailing Addres	s PO Box 598085				06 / 26 / Y Y Y Y 2023
City		State	Zip Code		FEC Identification Number
Chicago Purpose of Dis	hursement	IL	60659		
Contribution	bulsement			011	С
Candidate Nan	ne			Catagoriu	Transaction ID : 48860996
Villivalam, Ram,	, IL Sen.,			Category/ Type	Amount of Each Disbursement this Period
Office Sought:		ement For:			1000.00
	Senate	Primary	General		, , ,
State:	District:	Other (spe	cify) 🔻		Contribution Memo Item
	st, First, Middle Initial)				
D	· · · ·				Date of Disbursement
Friends fo	s for State Rep Anthony DeLuca				
Mailing Addres	s 852 Mackler Dr.		06 26 2023		
City		State	Zip Code		FEC Identification Number
Chicago Heigh Purpose of Dis		IL	60411-2049		
Contribution	bulsement			011	С
	Candidate Name DeLuca, Anthony, , IL Rep., Type				Transaction ID : 48860997 Amount of Each Disbursement this Period
DeLuca, Anthon					Amount of Each Dispursement this Fehou
Office Sought:					2000.00
	Senate	Primary General			Contribution
<u>.</u>	President	Other (spe	cify)		Memo Item
State:	District:				head .
C	I Name (Last, First, Middle Initial)				Date of Disbursement
Citizens fo	or Sara Feigenholtz				
Mailing Addres	s 3213 N Wilton Ave, Apt A				06 26 2023
City		State	Zip Code		FEC Identification Number
Chicago	h	IL	60657-2092		
Purpose of Dis	bursement			011	С
	Contribution 011 Candidate Name Category/ Feigenholtz, Sara, , IL Sen., Type				Transaction ID : 48860998
					Amount of Each Disbursement this Period
Office Sought:		ement For:		76-	500.00
	Senate	Primary	General		Contribution
	President	Other (spe	cify) 🔻		Contribution Memo Item
State:	District:				<u> </u>
	isbursements This Page (optional)			3500.00
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TOTAL This Peri	iod (last page this line number on	ly)		••••••	,

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 200 OF 200
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na				
\setminus	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Group PAC)
A.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Friends of John Curran	M M / D D / Y Y Y Y			
	Mailing Address 5926 Grand Avenue				06 26 2023
	City	State	Zip Code		FEC Identification Number
	Downers Grove	IL	60516		
	Purpose of Disbursement			011	C
	Contribution			011	Transaction ID: 48860999
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Curran, John, , IL Sen.,			Туре	500.00
		ment For:			500.00
	Senate	Primary	General		Contribution
	President	Other (spe	cify) 🔻		Memo Item
	State: District:				
	Full Name (Last, First, Middle Initial)				Data of Distances at
B.	Friends of Win Stoller		Date of Disbursement		
	Mailing Address 8415 N Allen Road	06 26 2023			
	City	State	Zip Code		FEC Identification Number
	Peoria				
	Purpose of Disbursement				C
	Contribution			011	Transaction ID : 48861000
	Candidate Name Category. Stoller, Win, , IL Sen., Type				Amount of Each Disbursement this Period
					500.00
		ment For:			500.00
	Senate	Primary	General		Contribution
	President	Other (spec	cify)		Memo Item
	State: District:				
	Full Name (Last, First, Middle Initial)				
C.	Friends to Elect Christine Tartaglia	one			Date of Disbursement
	Mailing Address PO Box 28566				06 / D D / Y Y Y Y 2023
	City	State	Zip Code		EEC Identification Number
	Philadelphia	PA	19149		FEC Identification Number
	Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·		С
	Contribution			011	Transaction ID : 48861007
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Tartaglione, Christine, , PA Sen.,		Туре		
	Office Sought: House Disburse	ment For:			1000.00
	Senate	Primary	General		Contribution
	President	Other (spe	cify) 🔻		Memo Item
_	State: District:				u
s	JBTOTAL of Disbursements This Page (optional).				2000.00
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т	OTAL This Period (last page this line number only	/)		••••••	103250.00