Image# 202301319575491739				PAGE 1 / 229
	EPORT OF R ND DISBURS Other Than An Author	EMENTS		Office Use Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, t	^{ype} 12FE4M	· · · · · ·
UnitedHealth Group Incor	porated PAC (United	dHealth Group P	PAC)	
ADDRESS (number and street)	01 Pennsylvania Ave, NW			
Check if different	Guite 600			
then providualy	Vashington			20004
2. FEC IDENTIFICATION NUMB			STATE A	ZIP CODE
C C00274431	3. IS T REP		OR AN	MENDED)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	(b) Monthly Report Due On: Mar 20 Apr 20 (c) 12-Day PRE-Election Report for the: Election of (d) 30-Day POST-Election Report for the: Election of Election of Election of Report for the: Election of	(M3) Jun 2 (M4) Jul 2 Primary (12P) Convention (12C) n General (30G)	20 (M6) Sep 0 (M7) Oct General	(12S) in the State of
Type or Print Name of Treasurer _	eport and to the best of my Rosenhaus, Morganne, , ,	through knowledge and belie [Electronically File	M	d complete.
NOTE: Submission of false, erroneous Office Use Only	, or incomplete information m	ay subject the person s	signing this Report to t	he penalties of 52 U.S.C. § 3010 FEC FORM 3X Rev. 05/2016

01/31/2023 16 : 09

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

R	eport Covering the Period: From:	M / D D / Y Y Y Y 29 / 2022 To	12 31 Y Y Y Y 2022
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2022		658083.72
	(b) Cash on Hand at Beginning of Reporting Period	342482.17	
	(c) Total Receipts (from Line 19)	108634.52	1516562.95
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	451116.69	2174646.67
7.	Total Disbursements (from Line 31)	28500.00	1752029.98
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	422616.69	422616.69
9.	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:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

Image#	202301	31957	5491741
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From:	/ 29 / 2022 To:	12 / D D / Y Y Y Y 12 31 2022
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	106986.55	1411600.66
	647.07	95462.29
(ii) Unitemized	647.97	93402.29
(iii) TOTAL (add	107634.52	1507062.95
Lines 11(a)(i) and (ii)	107004.02	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	107634.52	1507062.95
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	8500.00
7. Other Federal Receipts		4000.00
(Dividends, Interest, etc.)	1000.00	1000.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(h) Levie Evende (frame Ochechula LIE)	0.00	0.00
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	108634.52	1516562.95
2. Tatal Enderel Dansista		
0. Total Federal Receipts	109624.52	4646660.05
(subtract Line 18(c) from Line 19)▶	108634.52	1516562.95

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 906500.00 and Other Political Committees... 5000.00 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 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 904.98 0.00 (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))...... 0.00 904.98 29. Other Disbursements (Including Non-Federal Donations)..... 844625.00 23500.00 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)).. 28500.00 1752029.98 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 28500.00 1752029.98

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ **Operating Expenditures**

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

(subtract Line 37 from Line 36)

	_		-	107634.52
				0.00
4	-		-	0.00
				407004 50
4	-		-	107634.52
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	7		7	0.00
				0.00
	-7-		-7-	0.00

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	-	-7		-	-	
			-	+		1 1 1 1



COLUMN B Calendar Year-to-Date

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(check or	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12					
Any information copied from such Reports and												
or for commercial purposes, other than using th	ne name and a	ddress of any political committee	to solicit co	ontrib	outions f	rom such	n committe	96.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	(C)									
Full Name of Individual (Last, First, Middle I STREB, DEBORAH, , ,	nitial) or Full C	rganization Name	Date of	of Re	eceipt							
Mailing Address 2201 NORTH STAR ROAD			M 12		D D 31	/ Y	y y 2022	Y				
City UPPER ARLINGTON	State OH	Zip Code 43221-3810					7 9416739 is Period	1				
FEC ID number of contributing federal political committee.	С			_		-	28.0	00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Capability		Лето	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R De	ductio	on (\$14.	00 Bi-We	ekly)					
Full Name of Individual (Last, First, Middle I ELLISTON, JAMES, , ,	nitial) or Full C	rganization Name	Date of	of Re	eceipt							
Mailing Address 302 S 52ND ST			12	12 / ^D / ^Y Y Y Y Y 12 2022								
City OMAHA	State NE	State Zip Code NE 68132-3544 C Occupation (for Individual) Dir Fin			Transaction ID : PR1159805967391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С				20.00							
Name of Employer (for Individual) United HealthCare Services Inc					Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Dec	P/R Deduction (\$10.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I GAUDIO, JOSEPH, , ,	nitial) or Full C	rganization Name	Date of	of Re	eceipt							
Mailing Address 4842 E MOUNTAIN VIEW F			12	12 31 / Y Y Y Y 12 31 2022								
City PARADISE VALLEY	State AZ	Zip Code 85253-1539					81186739 is Period	1				
FEC ID number of contributing federal political committee.	С			_	, .	9	384.6	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 ▼ 4999.80	P/R De	ducti	on (\$19:	2.30 Bi-W	/eekly)					
SUBTOTAL of Receipts This Page (optional)					, .		432.6	60				
TOTAL This Period (last page this line numbe	r only)				-							

FOR LINE NUMBER:

PAGE 7 OF

		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions								
		Inited Health Crown D									
UnitedHealth Group Incorpora			AC)								
Full Name of Individual (Last, First, Middle A. FALK, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 323 LAWRENCE AVE			12 31 2022								
City HIGHLAND PARK	State NJ	Zip Code 08904-1851	Transaction ID : PR1159820267391 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.00								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) J Dir	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. MIGLIORI, RICHARD, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address PO BOX 72			12 31 Y Y Y Y 12 31 2022								
City WAYZATA	State MN	Zip Code 55391-0072	Transaction ID : PR1159827467391 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, Senior Advisor	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. HOCK, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 215 WINDMILL HILL			12 / D D / Y Y Y Y 12 31 2022								
City WETHERSFIELD	State CT	Zip Code 06109-2746	Transaction ID : PR1551128967391 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		23.08								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.04	P/R Deduction (\$11.54 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			435.68								
TOTAL This Period (last page this line number	er only)										

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

PAGE 8 OF

			Use separate schedule(s)	(ch	(check only one)							
	NIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a		11b	11c	12			
	nformation copied from such Reports and Stat commercial purposes, other than using the n											
\	ME OF COMMITTEE (In Full)											
	nitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	NC)								
	ll Name of Individual (Last, First, Middle Initial IILLER, KATHERINE, , ,) or Full Or	ganization Name		Date of	Re	ceipt					
Ma	iling Address 2321 HARBOR LAKE DRIVE				м м 12	1	31	/ Y	y y 2022	Y		
Cit	y RANGE PARK	State FL	Zip Code 32003-7799						32436739 is Period	1		
	C ID number of contributing deral political committee.	С					-		384.	60		
Ur	me of Employer (for Individual) ited HealthCare Services Inc		pation (for Individual) Ntwk		Me	∍mo	tem					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4999.80		P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)			
	II Name of Individual (Last, First, Middle Initial NDERSON, CRAIG, , ,) or Full Or	ganization Name		Date of	Re	ceipt					
	ailing Address 47 AMATO CIRCLE		12 / D D / Y Y Y Y Y 12 31 2022									
Cit W	y ETHERSFIELD	State CT	Zip Code 06109-3971						5736739	1		
	C ID number of contributing leral political committee.	Occupation (for Individual) Regn Pres Ntwk Mgmt			Amount of Each Receipt this Period 384.60							
Na Un	ame of Employer (for Individual) ited HealthCare Services Inc				Memo Item							
Re	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
	II Name of Individual (Last, First, Middle Initial) or Full Or	ganization Name		Date of	Re	ceipt					
	ailing Address 4901 HAWTHORNE COURT SUITE 304				12 ^M	1	31		2022			
Cit	y DINA	State MN	Zip Code 55436-5802						95976739 is Period	1		
	C ID number of contributing leral political committee.	С			<u> </u>	_	,	. y	384.	60		
Name of Employer (for Individual) United HealthCare Services Inc			pation (for Individual) Tax		Memo Item							
He	eceipt For: Primary General Other (specify)	Aggregate	ggregate Year-to-Date ▼ 4999.80			P/R Deduction (\$192.30 Bi-Weekly)						
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 9 OF

			Use separate schedule(s)	(check or	(check only one)							
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	y information copied from such Reports and St for commercial purposes, other than using the						soliciting	g cont	tributio	ons		
$\overline{\}$	NAME OF COMMITTEE (In Full)		_									
$ \rangle$	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	AC)								
<u> </u>	Full Name of Individual (Last, First, Middle Initi JOHNSON, THAD, , ,	al) or Full O	organization Name	Date of	of Be	acaint						
А.	Mailing Address 9741 GLACIER BAY							V	Y	V		
				12		31		202				
	City	State MN	Zip Code			ion ID :						
	EDEN PRAIRIE	IVIIN	55347-2615	Amour	nt of	Each R	eceipt th	nis Pe	riod			
	FEC ID number of contributing federal political committee.	С						;	384.60	C		
	Name of Employer (for Individual)	Occ	upation (for Individual)	N	/lemo	b Item						
	United HealthCare Services Inc	Mkt	Group Gen Counsel	_								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		4999.80	P/R De	ducti	on (\$192	2.30 Bi-V	Veekly	()			
			AgeAgeAge	·								
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name									
В.	SCHUMACHER, DANIEL, , ,			Date of	of Re	eceipt						
	Mailing Address 5401 LARADA LANE	Otata	Zip Code	12	12 / D D / Y Y Y Y 12 31 2022							
	City EDINA	State MN		Transaction ID : PR1596305467391								
	FEC ID number of contributing federal political committee.	С	Amou	Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item							
	United HealthCare Services Inc	Chi	ef Strat & Growth Officer		_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)								
	Other (specify) ▼		, 4999.80	P/R De	ducti	on (\$192	2.30 BI-W	/eekly	')			
<u> </u>	Full Name of Individual (Last, First, Middle Initi THEISEN, SCOTT, , ,	al) or Full O	organization Name	Date of	of Re	eceipt						
	Mailing Address 1950 MEADOWWOODS TRAI	L		12		31	/ Y	202	22	Ŷ		
	City	State	Zip Code	Tran	sact	ion ID :	PR1596	30566	37391			
	LONG LAKE	MN	55356-9312	Amour	nt of	Each R	eceipt th	nis Pe	riod			
	FEC ID number of contributing federal political committee.	С			384.60							
	Name of Employer (for Individual)	Occ	upation (for Individual)	N	Nemo	o Item						
	Optum Services, Inc	Bus	Unit CEO									
	Receipt For: Primary General	Aggregate	Year-to-Date V	5/5 5		(*						
	Other (specify)		4999.80	P/R De	P/R Deduction (\$192.30 Bi-Weekly)							
⊢	UBTOTAL of Receipts This Page (optional)				-	5 I	, , ,	11	153.80)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

ITEMIZED RECEIPTS						(check only one)								
11			for each category of the Detailed Summary Page	×	11a	\vdash	11b	11c	12	<u> </u>				
	y information copied from such Reports and S					purp								
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	olicit cor	ntribu	utions fr	om such	committe	96.				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	NC)										
Α.	Full Name of Individual (Last, First, Middle Init ANDERSON, MICHAEL, , ,	tial) or Full O	rganization Name		Date of	Rec	ceipt							
	Mailing Address 17907 INVERNESS CURVE				^M 12	/	D D D 31	/ Y	y y 2022	Y				
	City EDEN PRAIRIE	State MN	Zip Code 55347-2155	Transaction ID : PR1596309367391 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 ▼ 4999.80	F	P/R Ded	uctio	n (\$192	2.30 Bi-W	'eekly)					
в.	Full Name of Individual (Last, First, Middle Init BORCA, TROY, , ,	tial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1649 SPRING VALLEY ROAD				^M 12	1	D D D 31	/ Y	y y 2022	Y				
	City HARTLAND	State WI	Zip Code 53029-2056						1046739					
	FEC ID number of contributing federal political committee.	С							is Period 76.9	92				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P	P/R Dedu	uctio	n (\$38.4	46 Bi-We	ekly)					
с.	Full Name of Individual (Last, First, Middle Init BRODIGAN, STEVEN, , ,	tial) or Full O	rganization Name		Date of	Rec	ceipt							
	Mailing Address 2159 BRINKER ST				^M 12	/	D D D 31		y y 2022					
	City CHANHASSEN	State MN	Zip Code 55317-9361				-		31066739 is Period	1				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	,	28.0	06				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Jnderwriting	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	pregate Year-to-Date ▼ 364.78				on (\$14.0	03 Bi-We	ekly)					
s	UBTOTAL of Receipts This Page (optional)		••••••				, .	. ,	489.5	8				
Т	OTAL This Period (last page this line number	only)		- •										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

			Use separate schedule(s)	(ch	(check only one)										
ITEMIZED F			for each category of the Detailed Summary Page	>	K 11a 13		11b 14	11c	12	17					
			y not be sold or used by any p ddress of any political committee		for the		oose of	soliciting	contribu	tions					
\	MMITTEE (In Full) alth Group Incorporate	ed PAC (L	JnitedHealth Group PA	AC)											
	Individual (Last, First, Middle In I, TRACY, , ,	itial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Addre	ss 6058 HARBOUR TOWN CIR				^M ^M 12	/	D D D	/ Y	y y 2022	Y					
City WESTERVILI	-E	State OH	Zip Code 43082-8144		Transaction ID : PR1596311667391 Amount of Each Receipt this Period										
FEC ID numb federal politica	er of contributing al committee.	С		384.60											
Name of Emp Optum Service	oloyer (for Individual) es, Inc		upation (for Individual) Gen Mgmt		Me	emo	Item								
Receipt For: Primary Other (s	General specify) ▼	Aggregate	Year-to-Date ▼ 4999.80] '	P/R Dedi	uctio	on (\$192	2.30 Bi-W	/eekly)						
B. HEUMANI		itial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Addre	SS 63 MUIRFIELD COURT	State	Zip Code		M M 12	1	31	/ Y	2022	Y					
SAINT LOUIS	5	MO	63141-7372						1376739 is Period	1					
FEC ID numb federal politica	er of contributing al committee.	С							88.4	46					
Name of Emp United Health	oloyer (for Individual) Care Services Inc		upation (for Individual) Plan CEO		Me	emo	Item								
Receipt For: Primary Other (s	General specify) ▼	Aggregate	Year-to-Date ▼ , 1149.98] F	P/R Dedu	uctic	on (\$44.	23 Bi-We	ekly)						
Full Name of C. HIGGINS	Individual (Last, First, Middle In , MARY, , ,	itial) or Full O	rganization Name		Date of	Re	ceipt								
	SS 54 BELCREST ROAD				^M 12	/	31		2022 Y						
City WEST HART	FORD	State CT	Zip Code 06107-3304						31386739 is Period	1					
FEC ID numb federal politica	er of contributing al committee.	С			Ē	_	,	y	76.	92					
United Health	loyer (for Individual) Care Services Inc		ipation (for Individual) Gen Mgmt		Me	emo	ltem								
Receipt For: Primary Other (s		Aggregate	Year-to-Date ▼ 999.96] '	P/R Ded	uctio	on (\$38.	.46 Bi-We	eekly)						
SUBTOTAL of	Receipts This Page (optional)		•••••	•			,	,	549.9	98					
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SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s) for each category of the	(check o	nly o	ne)			
ITEMIZED RECEIPTS		X 11a		11b	11c	12		
Any information copied from such Reports and								
or for commercial purposes, other than using th	ne name and a	ddress of any political committee	e to solicit c	ontrib	outions f	rom such	n committe	ee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle I STURKEY, DAVID, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 117 KELLER BLVD			M 12		31	/ Y	y y 2022	Y
City CLEMSON	State SC	Zip Code 29631-2149					31846739 is Period	1
FEC ID number of contributing federal political committee.	С				-y 1	-	39.0	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt		Memo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 975.00	P/R De	educti	on (\$39.	00 Bi-We	ekly)	
Full Name of Individual (Last, First, Middle I B. TODD, JEFFREY, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 467 PRAIRIE WAY SOUTH			M 12		31	/ Y	2022	Ŷ
City BAYPORT	State MN	Zip Code 55003-1607					1906739 is Period	
FEC ID number of contributing federal political committee.	С				7		50.0	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Underwriting		Memo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	P/R De	educti	on (\$25.	00 Bi-We	ekly)	
Full Name of Individual (Last, First, Middle I SANDY, LEWIS, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 1317 MONTVALE RIDGE D			12	2	31		2022 Y	
City CARY	State NC	Zip Code 27519-1015					59876739 is Period	1
FEC ID number of contributing federal political committee.	С				9		384.6	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D/SVP Clin Advancement		Mem	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R De	educt	ion (\$19:	2.30 Bi-W	/eekly)	
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 13	11b 14	11c 15	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the					soliciting		utions
\setminus	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)				
Α.	Full Name of Individual (Last, First, Middle Init PETERSON, MATTHEW, , ,	ial) or Full O	rganization Name	Date o	f Receipt			
	Mailing Address 2260 FOX STREET			12 ^M	/ D D 31	/ Y	ү ү 2022	Y
	City ORONO	State MN	Zip Code 55356-8316		saction ID : t of Each R			
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D Ancillary & Ind/Sgt CAO	M	lemo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Dec	duction (\$192	2.30 Bi-W	/eekly)	
в.	Full Name of Individual (Last, First, Middle Init SEVIGNY, BRIAN, , ,	ial) or Full O	rganization Name	Date o	f Receipt			
	Mailing Address 137 CREEKVIEW LANE			12	/ D D 31	/ Y	2022	Y
	City	State MN	Zip Code		action ID :			
	LORETTO FEC ID number of contributing federal political committee.	C	55357-2111	Amoun	t of Each R	eceipt th	is Period 28.	_
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology	М	lemo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Ded	luction (\$14.0	04 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Init ARCHER, LORI, , ,	ial) or Full O	rganization Name	Date o	f Receipt			
	Mailing Address 2781 SADDLE CLUB ROAD			12 M	31		y y 2022	_
	City GREENWOOD	State IN	Zip Code 46143-9211		saction ID : t of Each R			
	FEC ID number of contributing federal political committee.	С			, ,		23.	.08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		lemo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.04	P/R Dec	duction (\$11.	54 Bi-We	∍ekly)	
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	committee (In Full) ealth Group Incorporate	ed PAC (l	JnitedHe	alth Group P/	AC)						
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	ess 18855 MEADOW VIEW BLVE					^M ^M 12	/	D D D 31	/ Y	ү ү 2022	Y
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Mailing Addr	ess 9 STRATFORD ROAD					^M 12	/	D D D 31	/ Y	y 2022	Y
City FARMINGT	ON	State CT	Zip Cod 06032-							7916739 is Period	1
	ber of contributing cal committee.	С						,	- 7-	28.	08
	nployer (for Individual) nCare Services Inc		upation (for I VP CInt Rela	,		Me	emo	Item			
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	f Individual (Last, First, Middle Ini SON, CATHERINE, , ,	itial) or Full O	rganization N	lame		Date of	Rec	eipt			
Mailing Addr	ess 57 SIMMONS LANE					^M 12	/	D D D 31	/ Y	y y 2022	Y
City SEVERNA F	PARK	State MD	Zip Cod 21146-							5076739 is Period	
	ber of contributing cal committee.	С				<u> </u>		,		384.	60
United Healt	nployer (for Individual) hCare Services Inc		upation (for li Strat Initiv	ndividual)		M	emo	Item			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	×	11a]1	1b		11c		12	
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	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 (l	JnitedHealth Group PA	(C)									
Α.	Full Name of Individual (Last, First, Middle Initial WEYMOUTH, PAUL, , ,) or Full O	rganization Name		Date c	of Re	ece	eipt					
	Mailing Address 317 WRIGHTS MILL RD				^M 12	/	′	۵ ع		/ Y)22	Y
	City	State	Zip Code		Tran	sact	tio	n ID	: P	R1903	<u>8369</u>	6739	1
	COVENTRY	СТ	06238-1559	_	Amour	nt of	E	ach	Re	ceipt th	is P	eriod	
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	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp CIO		N	lemo	o l	tem					
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	Primary General Other (specify) ▼		4999.80	F	/R De	ducti	ion	n (\$19	92.	30 Bi-W	/eek	ly)	
В.	Full Name of Individual (Last, First, Middle Initial DUPERRE, BRIAN, , ,) or Full O	rganization Name		Date o	of Re	ece	eipt					
	Mailing Address 100 LONG HILL DRIVE				[™] 12	/	′	D 3 [.]		/ Y	y 20	22	Y
	City	State	Zip Code		Tran	sacti	io	n ID	: P	R19104	1173	6739 ⁻	1
	SOMERS	СТ	06071-1272	_	Amour	nt of	E	ach	Re	ceipt th	is P	eriod	
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel		N	lemo	o l	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P	/R Deo	ductio	ion	ı (\$38	8.4	6 Bi-We	ekly	')	
с.	Full Name of Individual (Last, First, Middle Initial BEATY, JON, , ,) or Full O	rganization Name		Date c	of Re	ece	eipt					
	Mailing Address 32860 SE DIVERS RD				^M 12	/	′	D 3		/ Y		22	Y
	City	State OR	Zip Code							R2119			1
	ESTACADA		97023-7507		Amour	nt of	E	ach	Re	ceipt th	is P	eriod	
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	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clin Qlty		N	/lemo	οI	ltem					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (L	JnitedHealth Group P	AC)										
A.	Full Name of Individual (Last, First, Middle Initi CADRIEL, DANIEL, , ,	al) or Full Or	rganization Name	Date of Receipt										
	Mailing Address 1936 WEST UNION PARK DR	IVE		M M / D D / Y Y Y Y 12 31 2022										
	City	State	Zip Code	Transaction ID : PR2119469867391										
	PHOENIX	AZ	85085-8634	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) R URS SAE	Memo Item										
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initi CAMPBELL, COLLEEN, , ,	al) or Full Or	rganization Name	Date of Receipt										
	Mailing Address 10906 GREEN HARVEST DR			12 31 2022										
	City	State	Zip Code	Transaction ID : PR2119469967391										
	RIVERVIEW	FL	33578-6185	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Adhr Sr Cnslt	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initi DEMBROSKI, TODD, , ,	al) or Full Or	rganization Name	Date of Receipt										
	Mailing Address 1390 FINCH LN			12 31 2022										
	City	State	Zip Code	Transaction ID : PR2119472867391										
	GREEN BAY	WI	54313-6400	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Ict Svs	Memo Item										
	Receipt For:		Year-to-Date ▼	—										
	Primary General Other (specify)		390.00	P/R Deduction (\$15.00 Bi-Weekly)										
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	y information copied from such Reports and State for commercial purposes, other than using the na							e of so			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group	PAC)							
	Full Name of Individual (Last, First, Middle Initial) DUNGAN, TARA, , ,) or Full C	Organization Name	[Date o	f Re	eceip	ot			
	Mailing Address 619 HIGH COUNTRY RIDGE	1			^м 12	/	D	31	/ Y	y y 2022	Y
		State TX	Zip Code							47326739	
	SAN ANTONIO		78260-1829	A	Amoun	t of	Eac	ch Rec	eipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-		-y	20.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir, Clin Appeals		М	emo	o Itei	em			
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	Primary General Other (specify) ▼	.ggrogale	260.00	P/	/R Ded	luctio	ion (S	\$10.00) Bi-We	eekly)	
	Full Name of Individual (Last, First, Middle Initial) GILDERNICK, AMY, , ,) or Full C	Organization Name	[Date o	f Re	eceip	ot			
	Mailing Address 2709 WILLIAMS GRANT				м м 12	/	D	31	/ Y	y y 2022	Y
	City DE PERE	State WI	Zip Code 54115-9456	/						17526739 is Period	
	FEC ID number of contributing federal political committee.	С					- J -		- J	40.	00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt		М	emo	o Itei	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 520.00	P/	R Ded	uctio	on (\$	\$20.00	Bi-We	eekly)	
	Full Name of Individual (Last, First, Middle Initial) HAYES, PAULINE, , ,) or Full C	Organization Name		Date o	f Re	eceip	ot			
	Mailing Address 21851 NEWLAND ST SPACE 117				^M 12	1	D	31	/ Y	2022	Y
	City HUNTINGTON BEACH	State CA	Zip Code 92646-7629							47746739	
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	Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir I	upation (for Individual) Fin		Μ	lemc	o Ite	em			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a		-	11b		11c	12	
	y information copied from such Reports and Stater for commercial purposes, other than using the nar							rpo					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (l	Jni	tedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial) KANNE, KATHLEEN, , ,	or Full O	rgar	ization Name		Date	of R	ec	ceipt				
	Mailing Address 4826 PALOMINO COURT					[™] 12		/		а В1	/ Y	y y 2022	Y
	3	State		Zip Code		Trar	nsac	tic	on IE) : P	R2119	4796673	391
	ERIE	PA		16506-6624	A	mou	nt of	fE	Each	Re	ceipt th	nis Perio	bd
	FEC ID number of contributing federal political committee.	C						-	,		-gr	38	4.60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) prience		I	Mem	0	Item	1			
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	Primary General Other (specify) ▼		-	4999.80	P/	R De	duct	tio	n (\$′	192.	30 Bi-V	/eekly)	
в.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	ization Name		Date	of R	ec	ceipt				
	Mailing Address 3115 S GOTHIC CIRCLE					[™] 12		/		D 31	/ Y	y y 2022	Y
	City GREEN BAY	State WI		Zip Code 54313-4384								4823673 nis Peric	
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с.	Full Name of Individual (Last, First, Middle Initial) MACE-MEADOR, HEATHER, , ,	or Full O	rgar	ization Name		Date	of R	ec	ceipt				
	Mailing Address 13531 CARLTON OAKS					[™] 12		/		а 31	/ Y	2022	Y
	City SAN ANTONIO	State TX		Zip Code 78232-4902					-		-	482567	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	×	11a	\square	111		11c	12				
	y information copied from such Reports and State for commercial purposes, other than using the na							e of s						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated				ion CUI			2113 11(JIII SUC					
A.	Full Name of Individual (Last, First, Middle Initial) MURRAY, CAROLYN, , ,	or Full O	Drganization Name		Date of	Re	eceip	pt						
	Mailing Address 834 WOODTACK COVE WAY				м м 12	/		31	/ Y	ү ү 2022	Ŷ			
	City HENDERSON	State NV	Zip Code 89002-8294				-			48486739 his Period	1			
	FEC ID number of contributing federal political committee.	С			20.00									
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) VP SIs Acct Mgmt		Me	emo) Ite	em						
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в.	Full Name of Individual (Last, First, Middle Initial) NYGARD, KEITH, , ,		Organization Name		Date of	Re	eceip	pt						
	Mailing Address 8056 CARPENTER CREEK AVE				^M 12	/	D	31	/ Y	y y 2022	Y			
	City LAS VEGAS	State NV	Zip Code 89113-3685	A	1									
	FEC ID number of contributing federal political committee.	С					- -		-	40.	00			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Reg Adhr		Me	emo) Ite	em						
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/	R Dedu	uctic	on (\$20.0	0 Bi-We	eekly)				
C.	Full Name of Individual (Last, First, Middle Initial) OLLMANN-WAGNER, TRACY, , ,	or Full O	Organization Name		Date of	Re	eceip	pt						
	Mailing Address 2839 TIMBER LANE	01-1-	7		12 ^M	/	L	31	/ Y	2022				
	City GREEN BAY	State WI	Zip Code 54313-5841	A						48526739 nis Period	r			
	FEC ID number of contributing federal political committee.	С				_	y		y	30.	00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir SIs Ops		Me	emo	o Ite	əm						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/	R Ded	uctio	on ((\$15.0	0 Bi-W	eekly)				
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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
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle RICCIUTI, SHARON, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 55 PERENNIAL			12 31 Y Y Y Y Y 12 31 2022
City IRVINE	State CA	Zip Code 92603-0621	Transaction ID : PR2119487967391
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Qlty	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. SING, MARTIN, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9407 LLANO VERDE			12 31 Y Y Y Y Y 12 31 2022
City HELOTES	State TX	Zip Code 78023-4156	Transaction ID : PR2119490167391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Service	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. STETTLER, RONALD, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 11527 TRAILS END RD			12 / D D / Y Y Y Y Y 12 31 2022
City LEANDER	State TX	Zip Code 78641-5813	Transaction ID : PR2119490467391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) HIthcare Econ	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			68.08
TOTAL This Period (last page this line numb	per only)	••••••	

Use separate schedule(s)

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171			Use separate schedule(s)	(che	eck only	/ or	ie)							
11	EMIZED RECEIPTS		for each category of the 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 n				for the		oose of	soliciting	g cont	tributio	ons			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	NC)										
A.	Full Name of Individual (Last, First, Middle Initia WRIGHT, GREGORY, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 10471 STRAND TERRACE				м м 12	/	D D 31	/ Y	202	22	Y			
	City SANTA ANA	State CA	Zip Code 92705-1495		Transaction ID : PR2119494167391 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		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P	/R Ded	uctio	on (\$192	2.30 Bi-W	Veekly	()				
в.	Full Name of Individual (Last, First, Middle Initia YOUNG, GEORGE, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 36296 N 98TH WAY				M M 12	1	D D 31	/ Y	y 202	2	Y			
	City SCOTTSDALE	State AZ	Zip Code 85262-3138					494467391 his Period						
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Pe					30.0	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P	/R Dedu	uctic	on (\$15.0	00 Bi-We	ekly)					
с.	Full Name of Individual (Last, First, Middle Initia CUMMINGS, DANIEL, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 1929 FAIRMOUNT AVE	ł			^M 12	1	D D D 31	/ Y	202	22	Y			
	City SAINT PAUL	State MN	Zip Code 55105-1539					PR2133 eceipt th						
	FEC ID number of contributing federal political committee.	С					9			30.0	0			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP F	upation (for Individual) Fin		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P	P/R Ded	uctio	on (\$15.	00 Bi-We	eekly)	1				
s	UBTOTAL of Receipts This Page (optional)		••••••	.			9			444.60	0			
т	OTAL This Period (last page this line number or	ly)	••••••							-				

SCHEDULE A (FEC Form 3X) DEAEIDTA

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		Use separate schedule(s)	(check	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	a	11b	11c	12	,,				
Any information copied from such Reports and or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full)				contri	DULIONS	ITOITI SUCI	1 commu					
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle A. HULTGREN, BROR, , ,	Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address 408 22ND ST				12 31 Y Y Y Y Y 12 31 2022								
City GOLDEN	State CO	Zip Code 80401-2452					13326739 is Period	1				
FEC ID number of contributing federal political committee.	C						384.6	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Gen Mgmt		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R D	educt	ion (\$19	2.30 Bi-W	/eekly)					
Full Name of Individual (Last, First, Middle B. PUTNAM, T JEFFREY, , ,	Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address 303 ELMWOOD PLACE W	1			M M / D D / Y Y Y Y Y Y 12 31 2022 Transaction ID : PR2133134267391 Amount of Each Receipt this Period 384.60								
City MINNEAPOLIS	State MN	Zip Code 55419-1349										
FEC ID number of contributing federal political committee.	C											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)		Mem	o Item							
Receipt For:		Group CFO		-								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R D	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle COLE, DANIEL, , ,	Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address 9790 FOXWORTH DRIVE				2	31		2022					
City JOHNS CREEK	State GA	Zip Code 30022-6259					72836739 is Period	1				
FEC ID number of contributing federal political committee.	С				, .	. ,	20.0	00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) al Markets VP Brkr Svs		Mem	o Item							
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 260.00	P/R D	educ	tion (\$10	0.00 Bi-We	eekly)						
SUBTOTAL of Receipts This Page (optional).					,	. ,	789.2	20				
TOTAL This Period (last page this line numb	er only)				-							

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		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathematic and a	I ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle RUMMEL, LEAH, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 12100 TRAUTWEIN ROAD			12 31 2022								
City AUSTIN	State TX	Zip Code 78737-9358	Transaction ID : PR2145729567391 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) Govt Affs	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. LEWIS, KURT, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 961 RIVER FOREST DRIV			12 / D D / Y Y Y Y 2022								
City MAINEVILLE	State OH	Zip Code 45039-7720	Transaction ID : PR2203967567391								
		43039-1120	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:	Aggregate	Year-to-Date ▼	1								
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle BEAULE, JEAN-FRANCOIS, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 7 STRATFORD RD			12 31 2022								
City FARMINGTON	State CT	Zip Code 06032-1444	Transaction ID : PR2225813667391 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) PHIth Advancement	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2999.88	P/R Deduction (\$195.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			692.28								
TOTAL This Period (last page this line number	er only)										

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c								
Any information copied from such Reports an or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)											
ightarrow UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group PA	(C)								
Full Name of Individual (Last, First, Middle A. MCGUIRE, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 437 DRURY LANE			M M / D D / Y 12 31	M M / D D / Y Y Y Y							
City WYCKOFF	State NJ	Zip Code 07481-2204	Transaction ID : PR22258 Amount of Each Receipt thi								
FEC ID number of contributing federal political committee.	С			192.30							
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 (\$96.15 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. RYAN, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 45 WESTMORELAND LN			12 / D D / Y Y Y Y 2022								
City NAPERVILLE	State	Zip Code 60540-5817	Transaction ID : PR22258 Amount of Each Receipt thi								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ision CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-W	ekly)							
Full Name of Individual (Last, First, Middle C. GREENMAN, DEE, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 536 HIGH DR			12 31	M M / D D / Y Y Y Y Y							
City CARMEL	State IN	Zip Code 46033-2338	Amount of Each Receipt thi								
FEC ID number of contributing federal political committee.	С			28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional))			604.98							
TOTAL This Period (last page this line numb	per only)										

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using t										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle KANTOLA, KEVIN, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 7031 HALSTEAD DRIVE			12 31 Y Y Y Y Y 2022							
City MINNETRISTA	State MN	Zip Code 55364-3201	Transaction ID : PR2247627067391 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) IT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I B. OBRIEN, DENNIS, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 61 LOUGHLIN AVE			M I M / D D / Y Y Y Y Y Y 12 31 2022 Transaction ID : PR2247627367391 Amount of Each Receipt this Period 384.60							
City COS COB	State CT	Zip Code 06807-2621								
		00807-2021								
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		, 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I PRINCE, JOHN, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 546 HARRINGTON ROAD		1	12 / D D / Y Y Y Y Y 12 31 2022							
City WAYZATA	State MN	Zip Code 55391-1550	Transaction ID : PR2259738467391 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) Grp Pres & COO	Memo Item							
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 49			P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			1153.80							
TOTAL This Period (last page this line number	er only)									

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middl A. CRONN, CHRISTOPHER, , ,	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 1122 COLORADO STRE SUITE 2399	ET		M M / D D / Y Y Y Y 12 31 2022						
City AUSTIN	State TX	Zip Code 78701-2132	Transaction ID : PR2270522967391 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) ⁄t Affs Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)						
Full Name of Individual (Last, First, Middl B. FRASCINO, MJ, , ,	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 4575 SOUTH ATLANTIC # 6311 City	AVENUE	Zip Code	12 / D D / Y Y Y Y 12 2022						
	FL	32127-7096	Transaction ID : PR2402316567391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Comm	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middl c. JACOBS, DONALD, , ,	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 19495 VINE RIDGE ROA	D		12 31 2022						
City EXCELSIOR	State MN	Zip Code 55331-9173	Transaction ID : PR2402317367391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgr II	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optiona	l)		163.38						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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111	EIVILED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
$\overline{\langle}$	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	.C)								
A.	Full Name of Individual (Last, First, Middle Initia KEPLEY CARRIER, ANGELA, , ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 3219 PENINSULA DRIVE	1		12 31 2022								
	City JAMESTOWN	State NC	Zip Code 27282-8717	Transaction ID : PR2402317767391 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		40.00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia MCGRATH, STACY, , ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 5801 CHOWEN AVE S	1		M M								
	City EDINA	State MN	Zip Code 55410-2759									
	FEC ID number of contributing federal political committee.	С		40.00								
	Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) Bus Process	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia MORRISON DAVIS, ANDREA, , ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 2 LAKESHIRE COURT			M M / D D / Y Y Y Y 12 31 2022								
	City OWINGS MILLS	State MD	Zip Code 21117-1246	Transaction ID : PR2402318967391 Amount of Each Receipt this Period								
United HealthCare Services Inc Acc				20.00								
			upation (for Individual) t Mgt Cons CInt Svc	Memo Item								
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Other (specify)				P/R Deduction (\$10.00 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			100.00								
т	OTAL This Period (last page this line number or	ly)	••••••									

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports an or for commercial purposes, other than using			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 Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle ROSSI, DAVID, , ,	,	rganization Name	Date of Receipt						
Mailing Address 510 BUFFALO TOM DRIV	1		12 / Y Y Y Y 12 31 2022						
City GREENSBORO	State NC	Zip Code 27455-8344	Transaction ID : PR2402319667391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. HIGA, JOY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2208 ELM AVENUE			M M / D J Y						
City MANHATTAN BEACH	State CA	Zip Code 90266-2809							
		30200-2003	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) ef Compl Off & SVP Reg Affs	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle ALEXANDER, CORY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4901 HAMPDEN LANE UNIT 405	1		12 / D D / Y Y Y Y 31 2022						
City BETHESDA	State MD	Zip Code 20814-7918	Transaction ID : PR2405428867391 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) 9, Senior Advisor	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			797.28						
TOTAL This Period (last page this line numb	er only)								

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middl A. WEE, KATHLYN, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2225 46TH ST NW			M M / D D / Y Y Y Y 12 31 2022						
City WASHINGTON	State DC	Zip Code 20007-1032	Transaction ID : PR2408545067391 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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middl B. BALTHAZOR, PAUL, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2002 SUGARWOOD DRI			M = M / D = D / Y = Y = Y Y 12 31 2022 2022 Transaction ID : PR2437120767391 Amount of Each Receipt this Period						
City ORONO	State MN	Zip Code 55356-9339							
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment COO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middl C. NESS, LAURA, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 10550 PINNACLE WAY	State	Zip Code	12 31 2022						
City WOODBURY	MN	55129-4282	Transaction ID : PR2437121567391 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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optiona	I)		1153.80						
TOTAL This Period (last page this line num	ber only)								

Use separate schedule(s)

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(check only one)

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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									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle COSGRIFF, JOHN, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 1875 HUNTER LANE			12 / D D / Y Y Y Y Y 12 31 2022									
City MENDOTA HEIGHTS	State MN	Zip Code 55118-4110	Transaction ID : PR2437121667391									
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)	Memo Item									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle EDELSON, BRETT, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 4600 DREXEL AVENUE			12 31 2022 Transaction ID : PR2437127167391 Amount of Each Receipt this Period									
City EDINA	State MN	Zip Code 55424-1132										
FEC ID number of contributing federal political committee.	С		384.60 Memo Item P/R Deduction (\$192.30 Bi-Weekly)									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80										
Full Name of Individual (Last, First, Middle C. RAINEY, PETER, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 8850 COUNTY ROAD 26			12 / D D / Y Y Y Y Y 12 31 2022									
City MINNETRISTA	State MN	Zip Code 55359-9445	Transaction ID : PR2437127567391 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) ? Corp Controller	Memo Item									
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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle SIEGEL, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 264 LAKEWOOD DRIVE			12 31 2022								
City BLOOMFIELD HILLS	State MI	Zip Code 48304-3531	Transaction ID : PR2445017167391 Amount of Each Receipt this Period								
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Mailing Address 6359 COUNTRY ROAD			12 31 2022								
City EDEN PRAIRIE	State MN	Zip Code 55346-1342	Transaction ID : PR2463723467391 Amount of Each Receipt this Period								
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Mailing Address 60 WILDHURST ROAD			12 D D / Y Y Y Y 12 31 2022								
City EXCELSIOR	State MN	Zip Code 55331-8461	Transaction ID : PR2491457067391 Amount of Each Receipt this Period								
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	y information copied from such Reports and Stat for commercial purposes, other than using the n												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initial NATHAN, DONALD, , ,) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 1643 SPRING CREEK DRIVE				12 31 2022								
	City SARASOTA	State FL	Zip Code 34239-5046					PR24914 eceipt th					
	FEC ID number of contributing federal political committee.	С							454.	00			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) , Senior Advisor		Me	emc	tem						
Receipt For: Aggregat Primary General Other (specify) ▼			Year-to-Date ▼ 4994.00		P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Initial SMITH, KARA, , ,) or Full Or	ganization Name		Date of	Re	eceipt						
Mailing Address 3917 TERRY PLACE					12 31 Y Y Y Y 12 31 2022								
	City ALEXANDRIA	State VA	Zip Code 22304-1737		Transaction ID : PR2540175367391 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) Govt Affs		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initia PURDY, PATRICIA, , ,) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 3615 THORNAPPLE STREET				M M / D D / Y Y Y Y 12 31 2022								
	City CHEVY CHASE	State MD	Zip Code 20815-4113					PR2541: eceipt th					
FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation SVP Strate Optum Services, Inc SVP Strate Receipt For: Aggregate Year Other (specify) Other (specify)					<u> </u>		, .	. ,	384.	60			
			pation (for Individual) Strategy		Me	emo	tem						
			Year-to-Date ▼ 4999.80	ווי	P/R Ded	ucti	on (\$19	2.30 Bi-W	/eekly)				
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, .		1223.	20			
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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page		1 1a		11b	11c	12		
	y information copied from such Reports and S					purpo					
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	olicit cor	ntribu	itions fr	rom such	o committe	ee.	
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name RAMSAY, RICHARD, , ,				Date of Receipt						
	Mailing Address 543 E LURAY AVE					12 31 2022					
	City ALEXANDRIA	State VA	Zip Code 22301-1605						5 4226739 is Period	1	
	FEC ID number of contributing federal political committee.	s a l					-		100.0	00	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs		Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate] F	P/R Deduction (\$50.00 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DAVENPORT, ALLISON, , ,				Date of	Rec	eipt				
	Mailing Address 141 PELHAM ROAD					12 31 Y Y Y Y 2022					
		State PA	Zip Code						13667391		
	PHILADELPHIA	PA	19119-2661	-	Amount	of E	ach Re	eceipt thi	is Period		
	FEC ID number of contributing federal political committee.	C			384.60						
	Jame of Employer (for Individual) Occupation (for Individual) Optum Services, Inc VP Gen Mgmt					emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	P	P/R Deduction (\$192.30 Bi-Weekly)							
c.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BRYANT, JEREMY, , ,				Date of	Rec	eipt				
	Mailing Address 4534 MYSTIQUE WAY					12 / D D / Y Y Y Y 12 / 31 / 2022					
	City ROSWELL	State GA	Zip Code 30075-2087						96136739 is Period	1	
	FEC ID number of contributing federal political committee.	С		Ľ.	,		, ,	76.9	92		
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP (upation (for Individual) CInt Mgmt NA Accts		M	emo	ltem				
	Primary General Other (specify)	Aggregate] '	P/R Deduction (\$38.46 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			•					561.5	52	
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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for commercial purposes, other than using t			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle COLEMAN, MICHAEL, , ,	Date of Receipt								
Mailing Address 842 NAGLE STREET	12 31 Y Y Y Y 2022								
City HOUSTON	State TX	Zip Code 77003-1266	Transaction ID : PR2552961467391 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 ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle 3. CONTE, JOHN, , ,	Date of Receipt								
Mailing Address 6017 ABBOTT AVE S	12 31 Y Y Y Y 2022								
City EDINA	State MN	Zip Code 55410-2816	Transaction ID : PR2552961567391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		16.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Real Estate Svs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.00	P/R Deduction (\$8.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle EHLMAN, MICHAEL, , ,	Date of Receipt								
Mailing Address 10051 VALLEY RIDGE CO	12 31 2022 Transport D + D = D = D = D = D = D = D = D = D =								
City LAS VEGAS	State NV	Zip Code 89148-7602	Transaction ID : PR2552962267391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) irector Technology	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			120.92						
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PAGE 36 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 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 Incorpo	rated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middl A. FLANNERY, SCOTT, , ,	Date of Receipt								
Mailing Address 8508 TRELADY CT									
City PLANO	State TX	Zip Code 75024-6827	Transaction ID : PR2552962367391 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		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Middl B. JAMES, GREGORY, , ,	Date of Receipt								
Mailing Address 2323 KINGS POINT DRIV	12 / 12 / Y Y Y Y 12 31 / 2022								
City LARGO	State FL	Zip Code 33774-1009	Transaction ID : PR2552963267391 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) Ned Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middl C. KIDAMBI, NARASIMHAN, , ,	Date of Receipt								
Mailing Address 18477 85TH AVE N	12 31 Y Y Y Y 2022								
City MAPLE GROVE	State MN	Zip Code 55311-1663	Transaction ID : PR2552963867391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Anlys	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional			309.22						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X) _ _ _ _ _ _ _ _ _

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	Use separate schedule(s)												
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 the			person for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
> UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle I A. LOVELADY, JOHN, , ,	nitial) or Full O	rganization Name	Date of Receipt										
Mailing Address 5378 BUENA VISTA DR			12 31 2022										
City	State	Zip Code	Transaction ID : PR2552964267391										
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) 9 Bus Ops	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
Cutier (specify) ↓		7	1										
Full Name of Individual (Last, First, Middle I B. MORRIS, MICHAEL, , ,	nitial) or Full O	rganization Name	Date of Receipt										
Mailing Address 2624 N HARTLAND COURT			12 31 2022										
City	State	Zip Code	Transaction ID : PR2552965067391										
CHICAGO	IL	60614-4955	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.76										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item										
Receipt For:		Year-to-Date ▼											
Primary General Other (specify) ▼		399.88	P/R Deduction (\$15.38 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name	Date of Receipt										
Mailing Address 305 E TUCKEY LN			M = M / D = D / Y = Y = Y										
City	State	Zip Code	12 31 2022 Transaction ID : PR2552965267391										
PHOENIX	AZ	85012-1048	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		76.92										
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item										
United HealthCare Services Inc	Med	Dir											
Receipt For:	Aggregate	Year-to-Date ▼	D/D Doduction (\$28.46 Di Wookhy)										
Other (specify)		999.96	P/R Deduction (\$38.46 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)	<u> </u>		492.28										
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SCHEDULE A (FEC Form 3X) _ _ _ _ _ _ _ _ _

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17			Use separate schedule(s)	(ch	eck only	/ on	ie)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full)							IOIII SUCI	Commu	ee.	
\rangle	UnitedHealth Group Incorporated	d PAC (L	JnitedHealth Group PA	NC)							
A.	Full Name of Individual (Last, First, Middle Initia POTTER, DONALD, , ,	al) or Full Oi	rganization Name		Date of	Re	ceipt				
	Mailing Address 116 FULLER LANE				12 ^M	/	D D D 31	/ Y	y y 2022	Y	
	City WINNETKA	State IL	Zip Code 60093-4213	_					96546739 is Period	1	
	FEC ID number of contributing federal political committee.	С					7	-	69.2	22	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP CInt Relationship Prd		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 899.86	F	P/R Dedu	uctio	on (\$34.	61 Bi-We	ekly)		
в.	Full Name of Individual (Last, First, Middle Initia SAMSEL, KRISTINE, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 91 WAVERLY RD				12 ^M	/	D D D 31	/ Y	y y 2022	Y	
	City	State CT	Zip Code						6576739 [.]	1	
			06484-5835		Amount	of	Each R	eceipt th	is Period	_	
	FEC ID number of contributing federal political committee.	C	28.00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 364.00	P	P/R Dedu	uctic	on (\$14.0	00 Bi-We	ekly)		
С.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 137 AMOHI WAY				12 ^M	/	D D D 31	/ Y	y y 2022	Y	
	City LOUDON	State TN	Zip Code 37774-3009				-		96686739 is Period	1	
	FEC ID number of contributing federal political committee.	С					,	,	28.0	00	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		Me	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	F	P/R Dedu	uctio	on (\$14.	00 Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)								125.2	22	
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	y information copied from such Reports and Sta for commercial purposes, other than using the r													
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\big\rangle$	UnitedHealth Group Incorporated	I) DAG (l	JnitedHealth Group PA	(C)										
A.	Full Name of Individual (Last, First, Middle Initia WACKER, AARON, , ,	al) or Full O	rganization Name	Date	of Re	eceipt								
	Mailing Address 4704 CAVAN ROAD			M M / D D / Y Y Y Y 12 31 2022										
	City MOUND	State MN	Zip Code 55364-1877					96706739 [.]	1					
	FEC ID number of contributing federal political committee.	С					eceipt tri	is Period 28.0	00					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Principal Engineer, TLCP		Memc	tem								
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 364.00	P/R De	ducti	on (\$14.()0 Bi-We	eekly)							
	Full Name of Individual (Last, First, Middle Initia PROSKAUER, DANIEL, , ,	al) or Full O	rganization Name	Date	of Re	eceipt								
	Mailing Address 240 DERBY STREET	State	Zip Code	M 12		D D 31	/ Y	y y 2022	Ŷ					
	City NEWTON	MA	02465-1006					17506739 is Period	l					
	FEC ID number of contributing federal political committee.	С		38.46										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Architecture		Vemo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R De	ductio	on (\$19.2	23 Bi-We	ekly)						
с.	Full Name of Individual (Last, First, Middle Initia ZERAFA, DANIEL, , ,	al) or Full O	rganization Name	Date	of Re	eceipt								
	Mailing Address 61234 ADMIRAL DRIVE	1		M 12		D D 31	/ Y	y y 2022	Y					
	City WASHINGTON TOWNSHIP	State MI	Zip Code 48094-1242					47576739 is Period	1					
	FEC ID number of contributing federal political committee.	С			_	7	.,	28.0	00					
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	upation (for Individual) T		Memo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R De	ducti	on (\$14.(00 Bi-We	eekly)						
s	UBTOTAL of Receipts This Page (optional)		•			,	,	94.4	16					
т	OTAL This Period (last page this line number or	וy)	••••••											

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g con	tributi	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	NC)							
A.	Full Name of Individual (Last, First, Middle Initia REIDY, GREGORY, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt				
	Mailing Address 1005 BLAKEFIELD DRIVE				м м 12	/	D D D 31	/ Y	y 202	22 22	Y
	City BRENTWOOD	State TN	Zip Code 37027-8479					PR2554			
	FEC ID number of contributing federal political committee.	С						-		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	F	P/R Ded	uctio	on (\$192	2.30 Bi-V	Veekly	y)	
в.	Full Name of Individual (Last, First, Middle Initia ALEXANDER, JOY, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt				
	Mailing Address 5116 NORTH TIOGA WAY				^M 12	/	D D D 31	/ Y	202	22 [°]	Y
	City LAS VEGAS	State NV	Zip Code 89149-5830					PR25600			
	FEC ID number of contributing federal political committee.	C			Amount	OT	Each R	eceipt th	IIS PE	eriod 28.0	0
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Mktg		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P	₽/R Dedi	uctio	on (\$14.)	00 Bi-We	ekly)	1	
С.	Full Name of Individual (Last, First, Middle Initia	l) or Full Oi	rganization Name		Date of	Re	ceipt				
	Mailing Address 7756 N 85TH STREET	-			12 ^M	1	31	/ Y	202	22 [°]	Y
	OMAHA	State NE	Zip Code 68122-1281				-	PR2560			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	· ·	_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc	Occu Med	upation (for Individual) Dir		M	emc	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	F	P/R Ded	ucti	on (\$38.	.46 Bi-W	eekly))	
s	UBTOTAL of Receipts This Page (optional)		••••••				,	. ,		489.5	2
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)	ated PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle			-,							
COY, THOMAS, , ,	Initial) of Full C	rganization Name	Date of Receipt							
Mailing Address 6970 SUZANNE COURT			M M / D D / Y Y Y Y 12 31 2022							
City SCHENECTADY	State NY	Zip Code 12303-5285	Transaction ID : PR2560064567391							
FEC ID number of contributing	_		Amount of Each Receipt this Period							
federal political committee.	C		20.00							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
United HealthCare Services Inc Receipt For:		Gen Mgmt	_							
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)							
Other (specify) ▼		260.00								
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name								
B. GAZELEY, PAULA, , ,			Date of Receipt							
Mailing Address 36 MAYFAIR ROAD			12 31 2022							
City	State	Zip Code	Transaction ID : PR2560064867391							
WYNANTSKILL	NY	12198-8018	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item							
Receipt For:		Year-to-Date ▼	—							
Primary General			P/R Deduction (\$14.00 Bi-Weekly)							
Other (specify) v		, 364.00	1							
Full Name of Individual (Last, First, Middle C. GIANCURSIO, DONALD, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 72 MIDNIGHT RIDGE DR			M = M / D = D / Y = Y = Y = Y							
City	State	Zip Code	12 31 2022 Transaction ID : PR2560064967391							
LAS VEGAS	NV	89135-1680	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Plan CEO	Memo Item							
Receipt For:		Year-to-Date ▼	—							
Other (specify)	.33. 03.40	4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			432.60							
CODICIAL OF MECCIPIS THIS FAYE (OPUONAL).			· · · · · · · · · · · ·							
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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee
NAME OF COMMITTEE (In Full)	and name and a		to consit contributions from such contributes.
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle LIPPMAN, SHELDON, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 55 CLIFFIELD ROAD			M M / D D / Y Y Y Y Y 12 31 2022
City BEDFORD	State NY	Zip Code 10506-1210	Transaction ID : PR2560065467391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		194.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Dir	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2522.00	P/R Deduction (\$97.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle LOBERG, ANGELA, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2837 EAST PARK PLACE			12 / D D / Y Y Y Y Y 12 31 2022
	State WI	Zip Code	Transaction ID : PR2560065567391
MILWAUKEE	VVI	53211-3845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle MARONEY, KEVIN, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5052 NORMAN DRIVE	0		12 31 2022
City MINNETONKA	State MN	Zip Code 55345-4636	Transaction ID : PR2560065767391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Gen Counsel	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			298.92
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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ITEIWIZED RECEIFTS		Detailed Summary Page	×	11a		11b		11c	12					
				13		14		15	16	17				
Any information copied from such Rep or for commercial purposes, other than														
NAME OF COMMITTEE (In Full)	orporated PAC (I	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, A. MILICH, DAVID, , ,	Middle Initial) or Full C	rganization Name	C	ate of	Re	ceipt								
Mailing Address 2702 BIRCHMERE	COURT		12 31 2022 Transaction ID : PR2560066067391 Amount of Each Receipt this Period											
City KATY	State TX	Zip Code 77450-1303												
FEC ID number of contributing federal political committee.					7		-9-	384.	_					
Name of Employer (for Individual) United HealthCare Services Inc		Me	emo	ltem	l									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/I	R Dedu	uctio	on (\$ ⁻	192.:	30 Bi-W	Veekly)					
Full Name of Individual (Last, First, VAIL, DENISE, , ,		rganization Name		ate of	Re	eceipt								
Mailing Address 35 CLEVELAND A		Zip Code		^M 12	/		31	/ Y	2022	Y				
City SAYVILLE						Transaction ID : PR25600668673 Amount of Each Receipt this Perio								
FEC ID number of contributing federal political committee.	C			28.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/I	R Dedu	uctic	on (\$′	14.00) Bi-We	∍ekly)					
Full Name of Individual (Last, First, DICKMAN, KRISTA, , ,		rganization Name		ate of	Re	eceipt								
Mailing Address 2533 ONYX DRIVE				12 ^M	/		31		2022					
City SHAKOPEE	State MN	Zip Code 55379-2770	A						39816739 nis Period					
FEC ID number of contributing federal political committee.	C		1			y		y	28.	00				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) roj Mgr III		Me	emo	lten	ſ							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/	R Dedi	uctio	on (\$	14.0	0 Bi-We	eekly)					
SUBTOTAL of Receipts This Page (o	ptional)					9		9	440.	60				
TOTAL This Period (last page this line	e number only)		. [-		-						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	×	11a] 11k		11c	12	_
Any or fo	information copied from such Reports and State or commercial purposes, other than using the nar	ments ma me and a	l ay not be sold or used by any pe address of any political committee	rson for to sol	13 or the icit co	pur pur	14 pose putio	e of s	15 oliciting om such	16 contribu n commit	tions ee.
N /	AME OF COMMITTEE (In Full) JnitedHealth Group Incorporated I										
	ull Name of Individual (Last, First, Middle Initial) MURRAY, GARY, , ,	or Full O	organization Name		Date o	f Re	eceip	ot			
	lailing Address 13093 GROUSE POINTE COVE				м м 12	/	D	31	/ Y	y y 2022	Y
		State UT	Zip Code							39876739	1
_	DRAPER	-	84020-8258	_ A	Amoun	t of	Eac	ch Re	ceipt th	is Period	
	ederal political committee.	C		1 S	_	-	7		- J	20.	00
	ame of Employer (for Individual) ptum Services, Inc	upation (for Individual) Bus Risk Mgmt		М	emc	o Ite	m				
R	eceipt For:	ggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼	P/	/R Ded	luctio	on (\$10.0	0 Bi-We	ekly)			
	ull Name of Individual (Last, First, Middle Initial) NOEL, TIMOTHY, , ,	or Full O	organization Name		Date o	f Re	eceip	ot			
_	lailing Address 4316 FREMONT AVENUE SOUTH	1			м м 12	1	D	31	/ Y	y y 2022	Y
	ity /INNEAPOLIS	State MN	Zip Code 55409-1721							9886739 is Period	1
	EC ID number of contributing deral political committee.	C		384.60							60
	lame of Employer (for Individual) nited HealthCare Services Inc		upation (for Individual) s Segment CEO	Memo Item							
R	eceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4999.80	P/	R Ded	uctio	on (S	\$192.:	30 Bi-W	′eekly)	
	ull Name of Individual (Last, First, Middle Initial) WULF, ROBERT, , ,	or Full O	organization Name		Date o	f Re	eceip	ot			
M	lailing Address 622 N 11TH ST				M M	1	D	31	/ Y	y 2022	Y
	5	State	Zip Code							39896739	1
_	VAUSAU	WI	54403-5004	A	Amoun	t of	Eac	ch Re	ceipt th	is Period	
	EC ID number of contributing deral political committee.	C					y		y	28.	08
	ame of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) Gen Mgmt		Μ	lemo	o Ite	em			
	inconint For	1	Year-to-Date V	-							
	Primary General Other (specify)	yyreyale	365.04	P/	/R Dec	lucti	ion (\$14.0	4 Bi-We	eekly)	
SUI	BTOTAL of Receipts This Page (optional)						,			432.	68
то	TAL This Period (last page this line number only)	· · · · · · · · · · · · · · · · · · ·	Ī					,		

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17										
			person for the purpose of soliciting contributions be to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Midd A. OBRIEN, PATRICK, , ,	le Initial) or Full O	organization Name	Date of Receipt										
Mailing Address 33 BARRINGTON DRIV	E		12 31 Y Y Y Y 12 31 2022										
City BEDFORD	State NH	Zip Code 03110-5601	Transaction ID : PR2560821467391 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		28.00										
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 ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)										
Full Name of Individual (Last, First, Midd B. PERO, MARIE, , ,	le Initial) or Full O	organization Name	Date of Receipt										
Mailing Address 28012 CAPTIVA SHELL			12 31 / Y Y Y Y 12 31 2022										
City BONITA SPRINGS	State FL	Zip Code 34135-8624	Transaction ID : PR2560821567391 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		28.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)										
Full Name of Individual (Last, First, Midd LUND, BRIAN, , ,	le Initial) or Full O	Prganization Name	Date of Receipt										
Mailing Address 11471 NORTH SHORE	DRIVE	Zip Code	12 31 2022										
City GRANTSBURG	WI	54840-8059	Transaction ID : PR2561457667391 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 T	upation (for Individual) Fax	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optiona	al)		134.00										
TOTAL This Period (last page this line nur	nber only)												

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PAGE 46 OF

	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
			person for the purpose of soliciting contributions te to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middl A. WILLSON, JOSH, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 201 ADAMS CT			12 31 2022										
City COLLEYVILLE	State TX	Zip Code 76034-6811	Transaction ID : PR2564802567391 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) PSLS SB and Spec Ben	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Middl B. CARLSON, CHRISTOPHER, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 10618 WEST RIVER RO			12 31 Y Y Y Y 12 31 2022										
City BROOKLYN PARK	State MN	Zip Code 55443-1233	Transaction ID : PR2564802667391 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	Occ VP	upation (for Individual) Prd	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)										
Full Name of Individual (Last, First, Middl C. HANSEN, PAUL, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 4960 SHADY ISLAND CI	1	Zin Oode	12 / D D / Y Y Y Y 31 2022										
City MOUND	State MN	Zip Code 55364-9218	Transaction ID : PR2564802767391 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		194.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2522.00	P/R Deduction (\$97.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optiona	l)		463.22										
TOTAL This Period (last page this line num	ber only)												

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171			Use separate schedule(s)	(ch	neck only	/ or	ne)				
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a		11b	11c	12	_	٦
	y information copied from such Reports and Sta for commercial purposes, other than using the n										17
	NAME OF COMMITTEE (In Full)	ante anu au	duress of any political committee	10 5						nee.	
\rangle	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initia GOODWIN, MARYELLEN, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 3216 PLAYERS VIEW CIRCLE				^M ^M 12	1	31) / Y	ү ү 2022	Y	
	City LONGWOOD	State FL	Zip Code 32779-3154	_				PR25648 Receipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>				28	3.00	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs Acct Mgmt		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 364.00		P/R Dedu	ucti	on (\$14	.00 Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Initia MARDEN, PAUL, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 9 VAN MULEN STREET				^M 12	1	31) / Y	2022	Y	
	City MAHWAH	State NJ	Zip Code 07430-2977					PR25648 Receipt th		-	
	FEC ID number of contributing federal political committee.	С				0.	-			4.60	
	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 ▼ , 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia MOQUIST, DARREN, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 5313 MINNEHAHA BLVD				м м 12	1	31) / Y	y y 2022	Y	
	City EDINA	State MN	Zip Code 55424-1406	-				PR2564			
	FEC ID number of contributing federal political committee.	С					,			4.60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regnl Pres		Me	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80		P/R Ded	ucti	on (\$19	2.30 Bi-V	Veekly)		
s	UBTOTAL of Receipts This Page (optional)						, .		797	.20	
т	OTAL This Period (last page this line number or	ly)	••••••	-			-				

SCHEDULE A (FEC Form 3X) DEOEIDTO

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12
			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle BELLMAN, MARK, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9120 BRANCH HOLLOW	DR		12 31 Y Y Y Y Y 12 31 2022
City DALLAS	State TX	Zip Code 75243-7510	Transaction ID : PR2564803567391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. CARTER, WILLIAM, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1363 CHIPPENDALE RD			M M / D D / Y Y Y Y Y 12 31 2022
City	State TX	Zip Code	Transaction ID : PR2565448767391
HOUSTON		77018-5257	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 ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle . KUNST, THOMAS, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4872 103RD STREET			12 31 2022
City PLEASANT PRAIRIE	State WI	Zip Code 53158-6516	Transaction ID : PR2566302167391 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) Plan CEO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 1999.92	P/R Deduction (\$76.92 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional))		258.76
TOTAL This Period (last page this line num	per only)		

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	y information copied from such Reports and Sta for commercial purposes, other than using the r						purp				
	NAME OF COMMITTEE (In Full)	lame and a	duress of any		9 10 5	olicit con		luons in	om suci	1 commu	lee.
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHea	alth Group PA	NC)						
A.	Full Name of Individual (Last, First, Middle Initia STEARNS, MATTHEW, , ,	l) or Full O	rganization Na	ame		Date of	Rec	ceipt			
	Mailing Address 5118 FAIRGLEN LANE					м м 12	/	D D D 31	/ Y	ү ү 2022	Ŷ
	City CHEVY CHASE	State MD	Zip Code 20815-6							77796739 iis Perioc	
	FEC ID number of contributing federal political committee.	С						,		384	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Ind Comm	dividual)		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	4999.80		P/R Dedu	uctio	n (\$192	.30 Bi-W	/eekly)	
в.	Full Name of Individual (Last, First, Middle Initia PARRILLO, CHRISTOPHER, , ,	l) or Full O	rganization Na	ame		Date of	Rec	ceipt			
	Mailing Address 12 WOODSUM DRIVE					M M 12	/	D D D 31	/ Y	y y 2022	Y
	City NEWBURY	State NH	Zip Code 03255-6							77826739	
	FEC ID number of contributing federal political committee.	С								iis Perioc 154	_
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for In Ntwk Contrctne	,		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	2002.00	F	P/R Dedu	uctio	n (\$77.0	00 Bi-We	eekly)	
C.	Full Name of Individual (Last, First, Middle Initia MOYER, BRUCE, , ,	l) or Full O	rganization Na	ame		Date of	Rec	eipt			
	Mailing Address 6890 CANTERBURY LANE					^M 12	/	31		y y 2022	
	City EDEN PRAIRIE	State MN	Zip Code 55346-2		_					77836739 his Perioc	
	FEC ID number of contributing federal political committee.	С				<u> </u>		9	, , , , , , , , , , , , , , , , , , ,	78	.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for In Gen Mgmt	dividual)		Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date	1014.00		P/R Dedu	uctio	n (\$39.0	00 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)							7		616.	60
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	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of		g contr	ibutic	
	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initia HINTON, DUSTIN, , ,	l) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address W132N6475 MARACH RD				12 ^M	/	31	/ Y	y 2022	ү ү 2	1
	City	State	Zip Code		Trans	acti	on ID :	PR2571	978767	7391	
	MENOMONEE FALLS	WI	53051-6085		Amount	of	Each R	eceipt th	is Per	iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		3	84.60)
	Name of Employer (for Individual)		upation (for Individual)		M	emo	Item				
	United HealthCare Services Inc	Hlth	n Plan CEO								
	Receipt For:	Aggregate	Year-to-Date ▼	_ _		4 : .			(
	Other (specify) ▼		4999.80		-/R Deu	uctio	011 (\$192	2.30 Bi-W	еекту))	
В.	Full Name of Individual (Last, First, Middle Initia ROBINSON, MARCUS, , ,	l) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address 590 SPENDER TRACE				M M 12	1	D D D 31	/ Y	y 2022]
	City	State GA	Zip Code					PR2572			
		GA	30350-5018	_	Amount	: of	Each R	eceipt th	iis Per	iod	_
	FEC ID number of contributing federal political committee.	С			<u> </u>			1 - AP		28.00	
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Sales IFP		M	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼	· · ·	364.00	I F	P/R Ded	uctio	on (\$14.	00 Bi-We	ekly)		
			,	4							
с.	Full Name of Individual (Last, First, Middle Initia JACQUET, SHAUN, , ,	ll) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address 4332 FOREST RIDGE DRIVE				^M 12	/	31	/ Y	2022		1
	City	State	Zip Code		Trans	acti	ion ID :	PR2572	589367	7391	
	SUAMICO	WI	54313-8557		Amount	of	Each R	eceipt th	is Per	iod	
	FEC ID number of contributing federal political committee.	С				_	,	, <u>,</u>	:	28.00	
	Name of Employer (for Individual)	Оссі	upation (for Individual)		М	emo	Item				
	Optum Services, Inc Receipt For:	1	Gen Mgmt	_							
	Primary General	Aggregate	Year-to-Date ▼		P/R Ded	uctio	n (\$14	.00 Bi-We	ookly)		
	Other (specify)		364.00	11.	// Dea	ucin	υι (φι 4.	.00 DI W	SCRIY)		
s	UBTOTAL of Receipts This Page (optional)		b	•	[,				44	40.60	
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			for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c		2 6 [17		
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	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initi CARLSON, KEVIN, , ,	al) or Full C	Organization Name		Date of	f Re	ceipt						
	Mailing Address 4511 BROWNDALE AVENUE				12		D D 31	/ Y	202	100	ſ		
	City EDINA	State MN	Zip Code 55424-1142	_				PR25725					
	FEC ID number of contributing federal political committee.	С			<u> </u>		7	-	1	92.30	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	1	P/R Ded	uctio	on (\$196	6.00 Bi-W	/eekly)			
в.	Full Name of Individual (Last, First, Middle Initi BECK, JOANNE, , ,	al) or Full C	Organization Name		Date of	f Re	ceipt						
	Mailing Address 117 GLORIA LANE				12 ^M	/	31	/ Y	2022				
	City CADIZ	State KY	Zip Code 42211-8824					PR25725					
			42211-0024		Amoun	t of	Each R	eceipt th	is Per	riod	_		
	FEC ID number of contributing federal political committee.	С			Ļ.		J	-		28.08	3		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Ntwk Contrctng		M	emo	Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		, 365.04		P/R Ded	uctic	on (\$14.0	04 Bi-We	ekly)				
с.	Full Name of Individual (Last, First, Middle Initi OBRIEN, CHRISTINE, , ,	al) or Full C	Organization Name		Date of	f Re	ceipt						
	Mailing Address 931 FRENCH ST				12 ^M		D D D 31	JL	2022	2			
	City NEW ORLEANS	State LA	Zip Code 70124-3806				-	PR2572					
	FEC ID number of contributing federal political committee.	С			Ľ.		y	, y		28.00)		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00		P/R Ded	luctio	on (\$14.	00 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)		•••••	•			9		2	48.38	3		
Т	OTAL This Period (last page this line number o	only)		- •						-	Ţ		

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	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS for each category of Detailed Summary Pa		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
An	y information copied from such Reports and S	tatements ma	A not be sold or used by any p	13 14 15 16 erson for the purpose of soliciting contributions a to collicit contributions from such committee								
or	for commercial purposes, other than using the	name and a	iddress of any political committee	e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Init MILLER, KIMBERLEY, , ,	tial) or Full C	organization Name	Date of Receipt								
	Mailing Address 16 CELONOVA PLACE			12 31 Y Y Y Y 12 31 2022								
	City FOOTHILL RANCH	State CA	Zip Code 92610-1942	Transaction ID : PR2572591267391 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Underwriting	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Init WIFFLER, THOMAS, , ,	tial) or Full C	organization Name	Date of Receipt								
	Mailing Address 3680 GRANDE BAY COURT			12 / D D / Y Y Y Y 12 31 2022								
		State FL	Zip Code	Transaction ID : PR2572992767391								
	MELBOURNE BEACH FEC ID number of contributing federal political committee.	C	32951-3155	Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)	Memo Item								
	Receipt For: Primary General Other (specify) ▼		year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Init BENSON, MICHAEL, , ,	tial) or Full C	Prganization Name	Date of Receipt								
	Mailing Address 2206 EAGLE VALLEY LN		1	12 / D D / Y Y Y Y 12 31 2022								
	City WAUSAU	State WI	Zip Code 54403-8154	Transaction ID : PR2573518967391 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.84								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir SIs Ops	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 374.92	P/R Deduction (\$14.42 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			441.44								
т	OTAL This Period (last page this line number of	only)										

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	Use separate schedule(s)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 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 Incorpor	ated PAC (I	JnitedHealth Group P/	AC)	
Full Name of Individual (Last, First, Middle A. HARE, LESLIE, , ,	e Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 9029 SHEEP RANCH CT			12 31 2022	
City LAS VEGAS	State NV	Zip Code 89143-5432	Transaction ID : PR2574979467391 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		28.00	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)	
Full Name of Individual (Last, First, Middle B. MASTERS, SCOTT, , ,	e Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 1894 VILLAGE GLEN DR			12 / D D / Y Y Y Y Y 2022	
City SAINT JOHNS	State FL	Zip Code 32259-9215	Transaction ID : PR2574979667391	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Ops	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1001.00	P/R Deduction (\$38.50 Bi-Weekly)	
Full Name of Individual (Last, First, Middle) C. WOHNOUTKA, CHRISTOPHE		rganization Name	Date of Receipt	
Mailing Address 17597 HIBISCUS AVE			12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City LAKEVILLE	State MN	Zip Code 55044-3906	Transaction ID : PR2574981967391 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	Occ Dir 1	upation (for Individual) Fax	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optiona	l)		181.92	
TOTAL This Period (last page this line num	ber only)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				or each category of the Detailed Summary Page	×	11a 13		-	1b 4		11c 15	12	17
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		ро	se of		liciting	contribu	tions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial) CIANFROCCO, HEATHER, , ,	or Full O	Orgar	nization Name	C)ate o	f Re	ece	eipt				
	Mailing Address 913 CHAMPLAIN PLACE					^M 12	/	ľ	D 31		/ Y	y y 2022	Y
	City	State		Zip Code		Trans	sact	io	n ID :	PR	25749	8626739)1
	GIBSONIA	PA		15044-8079	A	moun	t of	Ea	ach R	lec	eipt thi	s Period	
	FEC ID number of contributing federal political committee.	С						,		ļ	-g	384	60
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Iment CEO		N	lemo	o li	tem				
	Bossint For:			r-to-Date ▼	_								
	Primary General Other (specify) ▼	iggregate	7	4999.80	P/	R Dec	ducti	on	(\$192	2.3	0 Bi-W	eekly)	
	Full Name of Individual (Last, First, Middle Initial) BURNETT, JAMIE, , ,	or Full O	Drgar	nization Name)ate o	of Re	ece	eipt				
	Mailing Address 4625 EWING AVENUE SOUTH					^M 12	/	ľ	31		/ Y	y y 2022	Ŷ
	City	State		Zip Code		Trans	sacti	ior	n ID :	PR	25749	8826739	1
	MINNEAPOLIS	MN		55410-1745	A	moun	t of	Ea	ach R	lec	eipt thi	s Period	
	FEC ID number of contributing federal political committee.	С						,		l	-9	78	00
	Name of Employer (for Individual) Optum Services, Inc	Occ VP	•	ion (for Individual)		N	lemo	o li	tem				
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1014.00	 P/I	R Dec	luctio	on	(\$39.	00	Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial) STRAIT, DENISE, , ,	or Full O	Drgar	nization Name)ate o	of Re	ece	eipt				
	Mailing Address 4362 SPORTSMAN CLUB RD					^M 12	/	l	31		/ Y	2022	Y
	City	State		Zip Code		Tran	sact	io	n ID :	PF	R25749	893673	91
	JOHNSTOWN	ОН		43031-9461	A	moun	t of	Ea	ach R	lec	eipt thi	s Period	
	FEC ID number of contributing federal political committee.	С						,			y	28	06
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		N	lemo	o l'	tem				
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 364.78	P/	R Deo	ducti	ion	ı (\$14	.03	Bi-We	ekly)	
S	JBTOTAL of Receipts This Page (optional)											490	66
т	OTAL This Period (last page this line number only	y)			Ī						-		

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171			Use separate schedule	` ' ' '	check only	y on	ie)	L			
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		¥ 11a 13	\square	11b	11c		2 6	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				on for the		oose of	soliciting	conti	ributio	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Grou	p PAC)						
A.	Full Name of Individual (Last, First, Middle Initial LANG, HEATHER, , ,) or Full Or	rganization Name		Date of	f Re	ceipt				
	Mailing Address 1210 RIVER TERRACE DRIVE				^M 12	/	D D D 31	/ Y	y 202	2	
	City BLOOMINGTON	State MN	Zip Code 55431-4230					PR25749 eceipt th			_
	FEC ID number of contributing federal political committee.	С					7	-		76.92	2
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr		M	emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.9	6	P/R Ded	uctic	on (\$38.4	46 Bi-We	eekly)		
в.	Full Name of Individual (Last, First, Middle Initial NEWKIRK, MEGHAN, , ,) or Full Or	rganization Name		Date of	f Re	ceipt				
	Mailing Address 10162 BEAVER CIR				^M 12	′	31	/ Y	y 2022	ү ү 2	
	City CYPRESS	State CA	Zip Code 90630-4113	-				PR25750 eceipt th			
	FEC ID number of contributing federal political committee.	С					7			28.08	3
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In Growth Off		M	emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.0	94	P/R Ded	uctio	on (\$14.()4 Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initial SJOBLAD, BETHANY, , ,) or Full Or	rganization Name		Date of	f Re	ceipt				
	Mailing Address 100 2ND STREET NE #510	1			M M 12		31		2022	2	
	City MINNEAPOLIS	State MN	Zip Code 55413-2541	-				PR2575			
	FEC ID number of contributing federal political committee.	С					y	J	3	84.60)
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		М	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.8		P/R Ded	luctio	on (\$192	2.30 Bi-V	/eekly	')	
s	UBTOTAL of Receipts This Page (optional)			►			9		4	89.60)
т	OTAL This Period (last page this line number on	ly)		▶			,			-	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	EMIZED RECEIPTS			Detailed Summary Page	×			11		11c		12	
	y information copied from such Reports and Stat for commercial purposes, other than using the n								se of :				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated								-110 11				
A.	Full Name of Individual (Last, First, Middle Initial FLOWER, MARTIN, , ,	l) or Full C	Orgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address N54W20825 CARTERS CROSS	ING CIR				^M 12	/		31	/		2022	Y
	City MENOMONEE FALLS	State WI		Zip Code 53051-6281		Trans: Amount						166739 Period	1
	FEC ID number of contributing federal political committee.	С						- -				30.7	76
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Acct Mgmt		Me	emo	o Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 399.88	P	/R Dedu	uctio	on ((\$15.3	38 Bi-V	Veek	ily)	
B.	Full Name of Individual (Last, First, Middle Initial KEMMER, HEIDI, , ,		Orgar	nization Name		Date of	Re						
	Mailing Address 2211 WEST ROCKROSE PLACE			Zin Code		^M 12	/		31	/		2022	Y
	City CHANDLER	State AZ		Zip Code 85248-4208		Transa Amount						36739 Period	1
	FEC ID number of contributing federal political committee.	С						-			_	28.2	28
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) alth Plan Operations		Me	emo	b Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 367.64	P/	'R Dedu	uctic	on ((\$14.1	4 Bi-V	/eek	ly)	
C.	Full Name of Individual (Last, First, Middle Initial MADDOX, JEFFREY, , ,	l) or Full C	Orgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address 7810 HANOVER ST			I		^M 12	/	L	31	/	2	2022	
	City DALLAS	State TX		Zip Code 75225-8220	4	Trans						956739 Period	1
	FEC ID number of contributing federal political committee.	С				_		,		. ,		384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) n CEO		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 4999.80	P	/R Dedi	uctio	on ((\$192	.30 Bi	Wee	∗kly)	
s	UBTOTAL of Receipts This Page (optional)			•				,		.,		443.6	64
т	OTAL This Period (last page this line number on	ly)		•••••				-					

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			for each category of the Detailed Summary Page		4 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)						
A.	Full Name of Individual (Last, First, Middle Initia HEATH, SEAN, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 1292 CASTLE CT				^M 12	/	D D D 31	/ Y	y y 2022	Y
	City GOLDEN VALLEY	State MN	Zip Code 55427-4453)4876739 is Period	1
	FEC ID number of contributing federal political committee.	С					7	-	28.	08
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) compli		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 365.04]	P/R Dedu	uctio	on (\$14.	04 Bi-We	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia FITZPATRICK, JOSEPH, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 3936 CAMPELLO CURVE				M M 12	/	D D 31	/ Y	y y 2022	Y
	City CHASKA	State MN	Zip Code 55318-4639	-					5376739 is Period	1
	FEC ID number of contributing federal political committee.	С				UI			384.0	60
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP F	pation (for Individual) Fin		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	F	P/R Dedu	ıctic	on (\$192	2.30 Bi-W	'eekly)	
C.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 14930 SW 39 ST				^M 12	/	D D D 31	JL	2022	
	City DAVIE	State FL	Zip Code 33331-2767	_			-		05496739 is Period	1
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	384.	60
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) en Mgmt		Me	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 4999.80	1	P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)	
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т	OTAL This Period (last page this line number on	ly)	•	•			,			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				or each category of the 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		rpo	ose		olicitin	g contrib	utions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jn	itedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initial) CLACKO, MARY ANN, , ,	or Full O	rga	nization Name		Date o	of Re	ec	eipt				
	Mailing Address 6358 COTEAU TRAIL					[™] 12		/	;	о 31	/ Y	ү ү 2022	
	City EDEN PRAIRIE	State MN		Zip Code 55344-5205								0579673	
	FEC ID number of contributing federal political committee.	C			A	moui	nt of		acr	n Re	ceipt ti	nis Perio 11	d 5.38
	Name of Employer (for Individual) Optum Services, Inc	Occi VP (•	tion (for Individual) noli	11	N	/lemo	0	Iten	ı			
	Dessint For			1153.80	P/	R De	ducti	ior	n (\$	0.00	Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rga	nization Name		Date o	of Re	ec	eipt				
	Mailing Address 11359 ENTREVAUX DRIVE					[™] 12	/	/		д 31	/ Y	y y 2022	Y
	City EDEN PRAIRIE	State MN		Zip Code 55347-2862								0602673 nis Perio	
	FEC ID number of contributing federal political committee.	С						-,	,			153	3.84
	Name of Employer (for Individual) Optum Services, Inc	Occ M A		tion (for Individual)		N	/lemo	0	Iten	ſ			
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1999.92	P/	R De	ducti	ior	n (\$	76.9	2 Bi-W	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) MCEVOY, AMY, , ,	or Full O	rga	nization Name		Date d	of Re	ec	eipt				
	Mailing Address 11230 CEDAR POINTE DR S					[™] 12	/	/		31	/ Y	y y 2022	Y
	City MINNETONKA	State MN		Zip Code 55305-2983	Δ							0622673	
	FEC ID number of contributing federal political committee.	С	1					7			,	4(0.00
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt		N	/lem	0	lten	n			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 520.00	P/	'R De	duct	tior	n (\$	20.0	0 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•	[,	,		9	309).22
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	EMIZED RECEIPTS for each category of the Detailed Summary Page					× 11a		11b	11c	12	
	nformation copied from such Reports and Stat r commercial purposes, other than using the n										
<u> </u>	AME OF COMMITTEE (In Full)				10 0						
	InitedHealth Group Incorporated	PAC (L	Jnite	dHealth Group PA	C)						
	II Name of Individual (Last, First, Middle Initia CURRIE, ULYSSES, , ,) or Full Oi	rganiz	ation Name		Date of	Re	ceipt			
M	ailing Address 8232 GUNNAR DRIVE					^M 12	/	D D 31	/ Y	y y 2022	Y
Ci F	ty ULTON	State MD		p Code 20759-2218						06416739 iis Period	1
	EC ID number of contributing deral political committee.	С								60.0	00
U	ame of Employer (for Individual) nited HealthCare Services Inc		•	i (for Individual) Equity		Me	emo	Item			
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-te	o-Date ▼ 780.00		P/R Dedu	uctic	on (\$30.0	00 Bi-We	eekly)	
	II Name of Individual (Last, First, Middle Initia AETTA, CHRISTOPHER, , ,) or Full Oi	rganiz	ation Name		Date of	Re	ceipt			
	ailing Address 214 PRINCE STREET					^M 12	/	D D D 31	/ Y	y y 2022	Y
Ci	ty LEXANDRIA	State VA		p Code 22314-3314						06836739	1
FE	EC ID number of contributing deral political committee.	C				Amount	OT	Each Re	eceipt th	iis Period 384.0	60
	ame of Employer (for Individual) otum Services, Inc		•	n (for Individual) 9 Gen Counsel		Me	emo	Item			
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-te	o-Date ▼ 4999.80	F	P/R Dedu	ictio	ın (\$192	.30 Bi-W	/eekly)	
	II Name of Individual (Last, First, Middle Initia /ERCHICK, TAMI, , ,) or Full O	rganiz	ation Name		Date of	Re	ceipt			
_	ailing Address 9916 DUSTY WINDS AVE		1-			12 ^M	/	31		2022	
Ci	as vegas	State NV		p Code 39117-5986						06896739 iis Period	1
	EC ID number of contributing deral political committee.	С				<u> </u>		,	"	76.9	92
0	ame of Employer (for Individual) ptum Services, Inc		•	n (for Individual) echnology		Me	emo	ltem			
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-te	999.96		P/R Dedu	uctio	on (\$38.4	46 Bi-We	eekly)	
SUE	BTOTAL of Receipts This Page (optional)			•				, .		521.5	52
тот	AL This Period (last page this line number on	ly)		•••••		<u> </u>		,	-		

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions a to solicit contributions from such committee
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle ISMERT, JENNY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 8494 E HAWAII LN			12 31 2022
City DENVER	State CO	Zip Code 80231-2732	Transaction ID : PR2575070067391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle ENLOW, MARGARET, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 196 SOMERSLY PL		7. 0.1	12 / D D / Y Y Y Y Y 12 31 2022
City LEXINGTON	State KY	Zip Code 40515-5717	Transaction ID : PR2575071067391
		40010-0717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle NICHOLS, SANDRA, , ,	, 	rganization Name	Date of Receipt
Mailing Address 16900 CROWN BRIDGE D		Zin Oode	12 / D D / Y Y Y Y 31 2022
City DELRAY BEACH	State FL	Zip Code 33446-2407	Transaction ID : PR2575074567391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc	SVF	upation (for Individual) CMO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			489.60
TOTAL This Period (last page this line numb	er only)		

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			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 (l	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First A. BECK, RALPH, , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address W155 N5314 SHA	RPTAIL COURT		12 31 2022
City MENOMONEE FALLS	State WI	Zip Code 53051-6771	Transaction ID : PR2575074967391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First B. BURNAM, DEBRA, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 377 CALABRIA BE			12 31 / Y Y Y Y Y 12 31 2022
City HENDERSON	State NV	Zip Code 89015-2430	Transaction ID : PR2575076267391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clin Ops	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First O'NEILL, AUDREY, , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 71 CHESTNUT R		7.01	12 / D D / Y Y Y Y 12 31 2022
City QUEENSBURY	State NY	Zip Code 12804-7317	Transaction ID : PR2575089467391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.46
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 (\$19.23 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		94.62
TOTAL This Period (last page this lin	ne number only)		

FOR LINE NUMBER:

PAGE 62 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	4C)
Full Name of Individual (Last, First, Middle VIESTA, RICHARD, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1 COMPASS COURT			M M / D D / Y Y Y Y 12 31 2022
City	State	Zip Code	Transaction ID : PR2575098567391
OYSTER BAY	NY	11771-1602	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
United HealthCare Services Inc	VP.	Actuary	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) V		999.96	P/R Deduction (\$198.00 Bi-Weekly)
			1
Full Name of Individual (Last, First, Middle B. BENARDETTE, DANIEL, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 175 W 60TH ST APT 30C			12 31 2022
City	State	Zip Code	Transaction ID : PR2575102867391
NEW YORK	NY	10023-7559	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		upation (for Individual) Plan CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		, 2499.90	P/R Deduction (\$0.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. CHAMPION, PHEBE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2763 THUNDER BAY AVE	Ē		12 31 2022
City	State	Zip Code	Transaction ID : PR2575108367391
HENDERSON	NV	89052-7001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Health Plan of Nevada Receipt For:		Cust Service	_
Primary General	Aggregate	Year-to-Date V	P/R Deduction (\$25.00 Bi-Weekly)
Other (specify)		650.00	
SUBTOTAL of Receipts This Page (optional)			319.22
TOTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3X) DEOEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check o	nly oi	ne)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	
Any information copied from such Reports and								
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ine name and a	doress of any political committee		Ontric	JULIONS I	TOTTI SUCI	Commu	ee.
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Middle A. HAYDEN, KARI, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 6109 BANEY COURT			[™] 12		D D D 31	/ Y	y y 2022	Y
City MINNETONKA	State MN	Zip Code 55345-6301					1036739	1
FEC ID number of contributing federal political committee.	C			_	-ge 1	-	76.9	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops		Memo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 961.50	P/R De	∍ducti	ion (\$38.	46 Bi-We	ekly)	
Full Name of Individual (Last, First, Middle B. MADDIGAN, DANIEL, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 845 FAITH COURT			M 12		31	/ Y	y y 2022	Y
City LONGMONT	State CO	Zip Code 80501-4712			-		1486739 is Period	
FEC ID number of contributing federal political committee.	C						28.()8
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Software Engineering		Memo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R De	ducti	on (\$14.	04 Bi-We	ekly)	
Full Name of Individual (Last, First, Middle C. DOERFLER, JAMES, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 9163 WASSERMANN CT			M 12		31	/ Y	y y 2022	Y
City VICTORIA	State MN	Zip Code 55386-4592					13156739 is Period	1
FEC ID number of contributing federal political committee.	С			_	y 1	9	76.9	92
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir T	upation (for Individual) Fax		Memo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R De	∍ducti	ion (\$19.	.23 Bi-We	ekly)	
SUBTOTAL of Receipts This Page (optional)					, .	9	181.9	2
TOTAL This Period (last page this line numb	er only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14		11c 15	12	17
	y information copied from such Reports and State for commercial purposes, other than using the na			person fo	r the p		oose o		oliciting	contribu	tions
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group P	PAC)							
Α.	Full Name of Individual (Last, First, Middle Initial HUNT, ZOE, , ,) or Full C	Drganization Name	Da	ate of	Re	ceipt				
	Mailing Address 4030 SERANGO COURT	1			^M 12	/	D 31		/ Y	y y 2022	Y
	City WEST LINN	State OR	Zip Code 97068-2840							3626739	1
		1		Ar	mount	ot	∟ach	Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					,	_		28.	00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Med Clin Ops		Me	mo	Item				
	Receipt For:	Aggreaate	Year-to-Date ▼								
	Primary General Other (specify) ▼		364.00	P/F	R Dedu	ictic	on (\$14	4.0	0 Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initial, MCDONNEL, LISA, , ,) or Full C	Drganization Name	Di	ate of	Re	ceipt				
	Mailing Address 9664 LAFORET DRIVE				^M 12	/	D 31		/ Y	y y 2022	Y
	City EDEN PRAIRIE	State MN	Zip Code 55347-3538							3636739 is Period	1
	FEC ID number of contributing federal political committee.	С			_		,		-	28.	08
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Ntwk		Me	mo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.04	P/R	R Dedu	ctio	on (\$14	4.04	4 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial, DEWALL, PATRICK, , ,) or Full C	Drganization Name	Di	ate of	Re	ceipt				
	Mailing Address 7662 RIDGEVIEW WAY				^M 12	/	3		/ Y	y y 2022	Y
	City	State	Zip Code		Transa	acti	on ID	: P	R25751	4536739	1
	CHANHASSEN	MN	55317-4507	Ar	mount	of	Each	Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С			_		,		y	16.	82
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) buty Gen Counsel Mgr		Me	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 949.45	P/F	R Dedu	uctio	on (\$3	8.4	6 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)									72.	90
Т	OTAL This Period (last page this line number onl	ly)		→ 「			- - -		,		

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IT.			Use separate schedule(s)	(ch	(check only one)						
11			for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>	
	y information copied from such Reports and Sta for commercial purposes, other than using the										
$\overline{\langle}$	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group P	PAC)							
A.	Full Name of Individual (Last, First, Middle Initi MCGANN, JEAN, , ,	al) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address 4 VILLAGE ROAD				^M 12	/	31		ү ү 2022	Y	
	City FLORHAM PARK	State NJ	Zip Code 07932-2415						14696739 nis Period	1	
	FEC ID number of contributing federal political committee.	С					7		28.0	08	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acct Mgmt SB KA		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04] F	P/R Dedu	uctic	on (\$14.	.04 Bi-W	eekly)		
В.	Full Name of Individual (Last, First, Middle Initi PETERSOHN, PATRICK, , ,	al) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address 16413 BIRCH STREET	State	Zip Code		12 ^M	/	31	J L	2022		
	OVERLAND PARK	KS	66085-7842				-		1 4836739 nis Period	1	
	FEC ID number of contributing federal political committee.	С				0.	,		384.0	60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Reg VP of SIs		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80] P	/R Dedu	uctio	on (\$192	2.30 Bi-V	/eekly)		
C.	Full Name of Individual (Last, First, Middle Initi PELNER, DAVID, , ,	al) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address 1200 WEST MINNEHAHA PAR		7.0.1		12 ^M	/	31		2022		
	City MINNEAPOLIS	State MN	Zip Code 55419-1163						15596739 nis Period	1	
	FEC ID number of contributing federal political committee.	С			<u> </u>		9		38.4	16	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Real Estate Svs		Me	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98] 「	P/R Ded	uctio	on (\$19	.23 Bi-W	eekly)		
	UBTOTAL of Receipts This Page (optional)			▶ ▶			, . , .	, y	451. ⁻	4	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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		Use separate schedule(s)	(ch	(check only one)							
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12	_	
	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)							
Α.	Full Name of Individual (Last, First, Middle Initia THOMAS, DIANE, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 2701 KING JAMES AVE				^M 12	1	D D D 31	/ Y	y y 2022	Y	
	City SAINT CHARLES	State IL	Zip Code 60174-7827					PR25751 eceipt th			
	FEC ID number of contributing federal political committee.	C							153	3.84	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Pres		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92] 「	P/R Ded	uctio	on (\$76.9	92 Bi-We	ekly)		
	Full Name of Individual (Last, First, Middle Initia RAZVI, NIGHET, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 1015 S CLINTON AVENUE				^M 12	′	31	/ Y	y y 2022	Y	
	City OAK PARK	State IL	Zip Code 60304-1823					PR25751		-	
-	FEC ID number of contributing federal political committee.	С			Amount	. 01		eceipt th		u 3.46	
	Name of Employer (for Individual) Optum Services, Inc	Occu Med	upation (for Individual) I Dir		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.98] F	P/R Dedu	uctic	on (\$14.2	23 Bi-We	ekly)		
	Full Name of Individual (Last, First, Middle Initia HAMANN, CHAD, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 7638 RIDGEVIEW WAY	State	7.0.1		12 ^M		31		2022 Y		
	City CHANHASSEN	MN	Zip Code 55317-4507					PR25751 eceipt th			
	FEC ID number of contributing federal political committee.	С					7	,		2.12	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP T	upation (for Individual) Fax		M	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.96] '	P/R Ded	uctio	on (\$96.	15 Bi-We	eekly)		
sı	JBTOTAL of Receipts This Page (optional)			•			9		254	1.42	
т	TAL This Period (last page this line number or	nly)		•			, .			-	

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		Use separate schedule(s)	(chec	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	ŀ		11b	11c	12	<u> </u>		
Any information copied from such Reports and or for commercial purposes, other than using t			erson foi								
NAME OF COMMITTEE (In Full)					unou			Commu			
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle WIELAND, MICHAEL, , ,	Initial) or Full C	rganization Name	Da	ate of	Ree	ceipt					
Mailing Address 6741 EAST SHADOW LAK	E DRIVE			12 ^M	/	31) / Y	ү ү 2022	Y		
City CIRCLE PINES	State MN	Zip Code 55014-1348						18166739 nis Period	1		
FEC ID number of contributing federal political committee.	С					<u>, </u>		28.	08		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir I O Engineering		Me	mo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R	Dedu	uctic	on (\$14.	.04 Bi-We	eekly)			
Full Name of Individual (Last, First, Middle B. MELLO, STEPHANIE, , ,	Initial) or Full C	rganization Name	Da	ate of	Ree	ceipt					
Mailing Address 179 HILTON LANE				12	/	D D D D 31	/ Y	ү ү 2022	Y		
City SWANSEA	State MA	Zip Code 02777-3809						19136739 nis Period	1		
FEC ID number of contributing federal political committee.	C					,	і. 1. 17	28.	08		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	mo	Item					
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		365.04	P/R	Dedu	ictio	n (\$14.	04 Bi-We	eekly)			
Full Name of Individual (Last, First, Middle C. DEMARIS, PETER, , ,	Initial) or Full C	rganization Name	Da	ate of	Ree	ceipt					
Mailing Address 2301 OLIVER AVE S			46	12 ^M	/	31		y y 2022			
City MINNEAPOLIS	State MN	Zip Code 55405-2448						19186739 nis Period	1		
FEC ID number of contributing federal political committee.	С			_		,	. ,	384.	60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg eComm		Me	emo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/F	Dedu	uctio	on (\$19	2.30 Bi-V	Veekly)			
SUBTOTAL of Receipts This Page (optional).						, .	,	440.	76		
TOTAL This Period (last page this line number	er only)										

Use separate schedule(s)

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		Use separate schedule(s)	(check	only	one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1		11b	11c	12	
Any information copied from such Reports and			erson for					
or for commercial purposes, other than using th	ne name and a	ddress of any political committe	e to solici	t contr	ibutions	from suc	h committ	ee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle I MUELLER, CYNTHIA, , ,	nitial) or Full C	rganization Name	Da	te of F	Receipt			
Mailing Address 380 4TH AVE SOUTH				12 [™]	/ D 3		y y 2022	Y
City NAPLES	State FL	Zip Code 34102-6383				: PR2575 Receipt th		1
FEC ID number of contributing federal political committee.	С						28.0	08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms		Men	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R	Deduc	tion (\$1	4.04 Bi-We	eekly)	
Full Name of Individual (Last, First, Middle I CONDON, CRAIG, , ,	nitial) or Full C	rganization Name	Da	te of F	Receipt			
Mailing Address 268 OAK LANDING WAY			M	[™]	/ D 3		y y 2022	Y
City SEVERNA PARK	State MD	Zip Code 21146-3116				: PR25752 Receipt th		
FEC ID number of contributing federal political committee.	С						384.6	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Init CEO		Men	no Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		4999.80	P/R	Deduc	tion (\$1	92.30 Bi-W	Veekly)	
Full Name of Individual (Last, First, Middle In C. CARRIS, DONNA, , ,	nitial) or Full C	rganization Name	Da	te of F	Receipt			
Mailing Address 27 WEST WILLOW LN				12 ^M	/ D 3		ү ү 2022	Y
City CHARLESTOWN	State RI	Zip Code 02813-1727				: PR2575 Receipt th		1
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) Gen Mgmt		Mer	no Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R	Deduc	ction (\$3	8.46 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (optional)							489.6	60
TOTAL This Period (last page this line numbe	r only)							

Use separate schedule(s)

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		Use separate schedule(s)	(check	only o	one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11		11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using th				the pu				
NAME OF COMMITTEE (In Full)				conti	ibutions	nom suc		ee.
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle In STORDAHL, PAUL, , ,	nitial) or Full O	rganization Name	Date	e of F	Receipt			
Mailing Address 7001 W 175TH AVENUE				2	/ D 3		y y 2022	Y
City EDEN PRAIRIE	State MN	Zip Code 55346-2161					21306739 his Period	1
FEC ID number of contributing federal political committee.	С					-	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Actuary		Merr	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R [Deduc	tion (\$1	92.30 Bi-V	Veekly)	
Full Name of Individual (Last, First, Middle In B. MARTIN, PETER, , ,	nitial) or Full O	rganization Name	Date	e of F	Receipt			
Mailing Address 7091 HIGHOVER DRIVE				[™] 12	/ D 3		y y 2022	Y
City CHANHASSEN	State MN	Zip Code 55317-7572					21366739 his Period	1
FEC ID number of contributing federal political committee.	С						30.	00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ; Unit CFO		Mem	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R [Deduc	tion (\$1	5.00 Bi-W	eekly)	
Full Name of Individual (Last, First, Middle In C. MEYERHOFER, JEFFREY, , ,	nitial) or Full O	rganization Name	Date	e of F	Receipt			
Mailing Address 6624 IROQUOIS TRAIL				12 [™]	/ D 3		ү ү 2022	Y
City EDINA	State MN	Zip Code 55439-1065					521466739 his Period	1
FEC ID number of contributing federal political committee.	С				, .	9	115.	38
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Gen Mgmt		Men	no Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1499.94	P/R I	Deduc	tion (\$5	7.69 Bi-W	'eekly)	
SUBTOTAL of Receipts This Page (optional)					, ,		529.	98
TOTAL This Period (last page this line number	r only)							

Use separate schedule(s)

FOR LINE NUMBER:

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IТ.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X 11a 11b 11c 12	<u> </u>					
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)				<u> </u>					
\rangle	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	AC)						
Α.	Full Name of Individual (Last, First, Middle Init TRUXAL, WILLIAM, , ,	ial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 226 HARBOR VIEW LANE			12 / D D / Y Y Y Y 12 31 2022						
	City LARGO	State FL	Zip Code 33770-4007	Transaction ID : PR2575218467391 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) ision CEO	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Init WILSON, ADAM, , ,	ial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 336 SALEM CHURCH ROAD			12 31 Y Y Y Y 2022						
	City SUNFISH LAKE	State MN	Zip Code 55118-4719	Transaction ID : PR2575218667391						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	3					
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Gen Mgmt	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1499.94	P/R Deduction (\$57.69 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Init GOODMAN, CYNTHIA, , ,	ial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 3717 BUCKEYE DRIVE			12 / D D / Y Y Y Y 12 31 2022						
	City MCKINNEY	State TX	Zip Code 75071-8453	Transaction ID : PR2575220167391 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		28.84	1					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 374.92	P/R Deduction (\$14.42 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			528.82	2					
Г	OTAL This Period (last page this line number of	only)	b							

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	A not be sold or used by any p ddress of any political committee	13 14 15 16 1 erson for the purpose of soliciting contributions a to solicit contributions from such committee						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I A. SHORS, MATTHEW, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4649 EWING AVENUE SOU	JTH		M M / D D / Y Y Y Y 12 31 2022						
City MINNEAPOLIS	State MN	Zip Code 55410-1745	Transaction ID : PR2575222367391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I SANTORO, MICHAEL, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 18 OLD FIRE ROAD			12 31 Y Y Y Y Y 12 31 2022						
City TRUMBULL	State CT	Zip Code 06611-1431	Transaction ID : PR2575222667391 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:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I GRUNDHOEFER, BRYAN, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 317 SIDNEY BAKER STRE <u>SUITE 400 PMB 519</u> City	ET SOUTH	Zip Code	12 / 31 / 2022 Transaction ID : PR2575232767391						
KERRVILLE	TX	78028-6150	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual)) Med Grp Non Physn	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4992.00	P/R Deduction (\$192.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1153.20						
TOTAL This Period (last page this line number	er only)								

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 72 OF

	ED 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 to solicit contributions from such committee.
\ \	of committee (In Full) edHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	NC)
Full Na	me of Individual (Last, First, Middle In PATRICK, SUSAN, , ,	itial) or Full C	Prganization Name	Date of Receipt
	Address 417 STERLING STREET			12 31 2022
City LANCA	ASTER	State MA	Zip Code 01523-1847	Transaction ID : PR2575233667391 Amount of Each Receipt this Period
) number of contributing political committee.	С		76.92
	of Employer (for Individual) Services, Inc	Memo Item		
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
	me of Individual (Last, First, Middle In EY, JOANNE, , ,	itial) or Full C	organization Name	Date of Receipt
	Address 2694 WEST CREEK DRIVE			12 31 Y Y Y Y 2022
City FRISC	0	State TX	Zip Code 75033-4759	Transaction ID : PR2575241667391 Amount of Each Receipt this Period
) number of contributing political committee.	С		20.00
	of Employer (for Individual) HealthCare Services Inc		upation (for Individual) C SIs RVP KA	Memo Item
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
	me of Individual (Last, First, Middle In DATE, THOMAS, , ,	itial) or Full C	organization Name	Date of Receipt
	Address 8222 STONE MASON CT			12 ^D ^D ^D ² 2022
City WINDE	ERMERE	State FL	Zip Code 34786-5624	Transaction ID : PR2575247867391 Amount of Each Receipt this Period
) number of contributing political committee.	С		384.60
Optum	of Employer (for Individual) Services, Inc		upation (for Individual) Unit CEO	Memo Item
	rimary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOT	AL of Receipts This Page (optional)			481.52
TOTAL T	his Period (last page this line number	only)		

FOR LINE NUMBER:

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				Use separate schedule(s)	(cł	neck on	ly oi	ne)				
	ZED RECEIPTS			for each category of the Detailed Summary Page		× 11a 13		11b	11c	12	Г	17
	ormation copied from such Reports and Sta ommercial purposes, other than using the r					for the		pose of	soliciting	g contr	ributic	ons
	IE OF COMMITTEE (In Full)											
∕ Un	itedHealth Group Incorporated	d PAC (Un	itedHealth Group PA	NC)							
A. DIN	Name of Individual (Last, First, Middle Initia MARTINO, TIMOTHY, , ,	al) or Full C	Drga	nization Name		Date o	of Re	eceipt				
	ng Address 49605 KEYCOVE ST					^M 12	/	31) / Y	Y 202	ү ү 2	
City CHE	ESTERFIELD	State MI		Zip Code 48047-2361	_			-	PR25752 Receipt th			
	ID number of contributing ral political committee.	С							1.95		76.92	2
Unite	e of Employer (for Individual) ed HealthCare Services Inc		•	tion (for Individual) VP SIs Acct Mgt		N	lemo	o Item				
	eipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 999.96		P/R Dec	ducti	on (\$38.	.46 Bi-We	ekly)		
	Name of Individual (Last, First, Middle Initia RRAH, JACQUELINE, , ,	al) or Full C	Drga	nization Name		Date o	of Re	eceipt				
	ng Address 6725 YORK AVENUE SOUTH #					^M 12	/	31	/ Y	2022		
City EDI		State MN		Zip Code 55435-3238					PR25752			
FEC	ID number of contributing ral political committee.	С				Amoun	IT OT		leceipt th		100 76.92	2
	e of Employer (for Individual) m Services, Inc		•	tion (for Individual) c Gen Counsel		N	1emo	tem				
	eipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 999.96		P/R Dec	ducti	on (\$38.	46 Bi-We	ekly)		
	Name of Individual (Last, First, Middle Initia RANT, PAUL, , ,	al) or Full C	Drga	nization Name		Date o	of Re	eceipt				
	ng Address 17 ROCKY BROOK ROAD	-		1		^M 12	1	31		Ý 2022		
City WIL	TON	State CT		Zip Code 06897-1919					PR2575			
	ID number of contributing ral political committee.	С						y			76.92	2
Unite	e of Employer (for Individual) ed HealthCare Services Inc		•	tion (for Individual) /P SIs Acct Mgt		N	/lemo	o Item				
	eipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 999.96		P/R Dec	ducti	on (\$38	.46 Bi-We	eekly)		
SUBTO	DTAL of Receipts This Page (optional)			•••••	•			9	. ,	2;	30.76	
τοται	- This Period (last page this line number or	וy)		•	-			.			-	

SCHEDULE A (FEC Form 3X) _____ _

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
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 Incorporat	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle Ir A. KUETER, DANIEL, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1500 WINGATE DRIVE			12 31 Y Y Y Y 12 31 2022							
City DELAWARE	State OH	Zip Code 43015-9200	Transaction ID : PR2575255867391 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 CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ir BACHMANN, ANITA, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 815 NORTHERN SHORES F			12 / D D / Y Y Y Y 12 31 2022							
City	State NC	Zip Code	Transaction ID : PR2575258467391							
GREENSBORO	INC.	27455-3459	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:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ir C. BROOMFIELD, ROBERT, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 12501 WEST 156TH STREE	ET		12 / D D / Y Y Y Y 12 31 2022							
City OVERLAND PARK	State KS	Zip Code 66221-2662	Transaction ID : PR2575260467391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		92.30							
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 ▼ 1199.90	P/R Deduction (\$46.15 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			. 861.50							
TOTAL This Period (last page this line number	r only)									

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	-	Use separate schedule(s)	(check or	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12					
Any information copied from such Reports a												
or for commercial purposes, other than usin	g the name and a	iddress of any political committee	e to solicit co	ontrib	utions fi	rom sucr	n committe	96.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Midd ZARN, MARY, , ,	le Initial) or Full C	organization Name	Date of	of Re	ceipt							
Mailing Address 11192 BLUESTEM LAN	E		M 12	VI /	31	/ Y	ү ү 2022	Y				
City EDEN PRAIRIE	State MN	Zip Code 55347-4731					2 6916739 is Period	1				
FEC ID number of contributing federal political committee.	C						134.6	50				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sion CEO		/lemo	tem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1749.80	P/R De	ductio	on (\$85.)	00 Bi-We	ekly)					
Full Name of Individual (Last, First, Midd ZAFFIRIS, NICHOLAS, , ,	le Initial) or Full C	organization Name	Date of	of Re	ceipt							
Mailing Address 1241 LAUREL CT			12		D D D 31	/ Y	2022	Y				
City MARCO ISLAND	State	Zip Code 34145-2351					70667391 is Period					
FEC ID number of contributing federal political committee.	С						28.0	08				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO		Лето	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Dec	ductio	on (\$14.0	04 Bi-We	ekly)					
Full Name of Individual (Last, First, Midd C. HAMBLIN, JILLIAN, , ,	le Initial) or Full C	organization Name	Date o	of Re	ceipt							
Mailing Address 3103 BEACON GROVE			12		D D D 31	/ Y	2022	Y				
City SPRING	State TX	Zip Code 77389-4348					29036739 is Period	1				
FEC ID number of contributing federal political committee.	C				y .	9	76.9	92				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Product		/lemo	tem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 999.96	P/R De	ductio	on (\$38.	46 Bi-We	eekly)					
SUBTOTAL of Receipts This Page (optional	al)				, .	,	239.6	60				
TOTAL This Period (last page this line nur	nber only)											

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Mido A. MUELLER, STEVEN, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6895 LAKE HARRISON	CIRCLE		12 31 Y Y Y Y Y 12 31 2022
City CHANHASSEN	State MN	Zip Code 55317-4589	Transaction ID : PR2575294567391 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	Occi VP (upation (for Individual) Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Mido B. HEWITT, SCOTT, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1443 RAYMOND AVE			12 / D D / Y Y Y Y 12 31 2022
City SAINT PAUL	State MN	Zip Code 55108-1430	Transaction ID : PR2575296767391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		153.84
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ntwk Prgms	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	P/R Deduction (\$76.92 Bi-Weekly)
Full Name of Individual (Last, First, Mido CUEVAS, BRANDON, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8 CLOISTER COURT			12 / 31 / Y Y Y Y 12 2022
City LADERA RANCH	State CA	Zip Code 92694-1556	Transaction ID : PR2575305667391 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) Seg Chief Strat/Grwth Off	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		615.36
TOTAL This Period (last page this line nur	mber only)		

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using			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 Incorpora	ated PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle PEEL, CHAD, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 7185 GUNFLINT TRAIL			12 31 Y Y Y Y Y 12 31 2022
City CHANHASSEN	State MN	Zip Code 55317-4743	Transaction ID : PR2575329867391 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) Hlthcare Econ	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 1999.92	P/R Deduction (\$76.92 Bi-Weekly)
Full Name of Individual (Last, First, Middle AN HAM, COLLEEN, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 727 N EVERGREEN AVE			12 / D D / Y Y Y Y Y 12 31 2022
	State	Zip Code	Transaction ID : PR2575341967391
ARLINGTON HEIGHTS	IL	60004-5566	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) ision CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		384.60	P/R Deduction (\$0.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. WHITE, WAYNE, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 8727 W BUCKHORN TRL			12 31 2022
City PEORIA	State AZ	Zip Code 85383-4852	Transaction ID : PR2575342367391 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) Cust Svs	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			923.04
TOTAL This Period (last page this line numb	er only)		

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions							
UnitedHealth Group Incorporation	ted PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle In HUYSMAN, JAMES, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 411 NORTH NEW RIVER D # 904	RIVE E		12 31 / Y Y Y Y Y 12 31 2022							
City FORT LAUDERDALE	State FL	Zip Code 33301-3179	Transaction ID : PR2575342667391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		19.24							
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 ▼ 250.12	P/R Deduction (\$9.62 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In IMDIEKE, PATRICK, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 15900 WHITE PINE DRIVE			M M / D D / Y Y Y Y 12 31 2022							
City WAYZATA	State MN	Zip Code 55391-2125	Transaction ID : PR2575347967391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Anlys Cnslt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In C. TELESKY, MICHAEL, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2602 PENNINGTON PLACE			12 31 / Y Y Y Y 12 31 2022							
City VALPARAISO	State IN	Zip Code 46383-9163	Transaction ID : PR2575350967391 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		upation (for Individual) KA VP SIs	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			125.32							
TOTAL This Period (last page this line numbe	r only)									

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IT.	TEMIZED RECEIPTS		Use separate schedule(s)	(check d	(check only one)								
11			for each category of the Detailed Summary Page	× 11a	a	11b	11c	12	17				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for th		rpose of	soliciting	contribu	tions				
	NAME OF COMMITTEE (In Full)												
$\left \right\rangle$	UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Init PHILLIPS, CHRISTINE, , ,	tial) or Full C	organization Name	Date	of R	eceipt							
	Mailing Address 63 HERITAGE TRAIL			M 1:		/ 31) / Y	ү ү 2022	Y				
	City SUFFIELD	State CT	Zip Code 06078-2376				PR2575: Receipt th						
	FEC ID number of contributing federal political committee.	С				-ge. 1	-	28.	08				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs		Mem	o Item							
	Receipt For: Primary General Other (specify) \checkmark	Aggregate	Year-to-Date ▼ 365.04	P/R D	educ	tion (\$14.	.04 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Init GUSTIN, TODD, , ,	tial) or Full C	rganization Name	Date	of R	eceipt							
	Mailing Address 5717 AYRSHIRE BLVD			M 1:		/ D D D 31) / Y	2022	Ŷ				
	City	State MN	Zip Code				PR25753						
	EDINA		55436-2059	Amo	unt o	t Each H	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С						153.	84				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt		Mem	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		1999.92	P/R D	educt	ion (\$196	6.90 Bi-W	/eekly)					
C.	Full Name of Individual (Last, First, Middle Init	tial) or Full C	organization Name	Date	of R	eceipt							
	Mailing Address 101 W 11TH STREET	Otata	7. 0.4	M 12	2	31		ү ү 2022					
	City SHIP BOTTOM	State NJ	Zip Code 08008-6303				PR2575						
	FEC ID number of contributing federal political committee.	С				y .	.,	76	92				
	Name of Employer (for Individual) United HealthCare Services Inc	Ntw	upation (for Individual) k Regn Pres		Merr	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R D	educ	tion (\$38	.46 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)					,	. ,	258.	84				
Т	OTAL This Period (last page this line number	only)	b										

Use separate schedule(s)

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TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle COOK, JORDANA, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 46 PALMETTO COVE CO	URT		M M / D D / Y Y Y Y 12 31 2022
City BLUFFTON	State SC	Zip Code 29910-9580	Transaction ID : PR2575371667391 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) ? Mktg	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2741.95	P/R Deduction (\$115.38 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. PIETROSIMONE, RALPH A, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 44 ROSES FARM ROAD			12 31 Y Y Y Y Y 12 31 2022
City EAST HAVEN	State CT	Zip Code 06512-4665	Transaction ID : PR2575373867391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.04
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgm Mgr	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 247.52	P/R Deduction (\$9.52 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. CUNNINGHAM, BRIAN, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1708 ROLLING HILLS RD			12 / D D / Y Y Y Y 12 31 2022
City CHARLESTON	State WV	Zip Code 25314-2216	Transaction ID : PR2575375967391 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:		upation (for Individual) ir Tech Proj-Prgm Mgmt	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	,		326.72
TOTAL This Period (last page this line numb	per only)		

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c 15	12 16	17				
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the	purpose of	soliciting	contribut	ions				
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle A. CIAVARELLA, TRACY, , ,	Initial) or Full C	rganization Name	Date of	f Receipt							
Mailing Address 20 LORRAINE DRIVE			M M 12	/ D D) / Y	y y 2022	Y				
City BEACON FALLS	State CT	Zip Code 06403-1256		action ID : t of Each R			I				
FEC ID number of contributing federal political committee.	C			 y	-	28.0	8				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	M	emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Ded	uction (\$14	.04 Bi-We	ekly)					
Full Name of Individual (Last, First, Middle B. FENLON, STEVEN, , ,	Initial) or Full C	rganization Name	Date of	f Receipt							
Mailing Address 4925 DREW AVE S			M M 12	/ D D 31	/ Y	y y 2022	Y				
City MINNEAPOLIS	State MN	Zip Code 55410-1743		action ID : t of Each R							
FEC ID number of contributing federal political committee.	С					18.3	2				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel	M	emo Item							
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		238.16	P/R Ded	uction (\$9.1	6 Bi-Wee	kly)					
Full Name of Individual (Last, First, Middle BRATTEBO, CRAIG, , ,	Initial) or Full C	rganization Name	Date of	f Receipt							
Mailing Address 10202 HARMONY CIRCLE		7. 0.4	12 12	31		2022					
City EDEN PRAIRIE	State MN	Zip Code 55347-5019		saction ID : t of Each R			I				
FEC ID number of contributing federal political committee.	С				. ,	384.6	0				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel	м	emo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Ded	luction (\$19	2.30 Bi-W	/eekly)					
SUBTOTAL of Receipts This Page (optional).					. ,	431.0	0				
TOTAL This Period (last page this line number	er only)			1 40 1							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	112	a		1	1b	_	11c	12	
	y information copied from such Reports and Stater for commercial purposes, other than using the nar									se of	sol			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (L	Jni	tedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial) FELLER, WILLIAM, , ,	or Full O	rgar	nization Name	C	Date	of	Re	ece	ipt				
	Mailing Address 3715 HUNTINGTON AVE					™ 1:	2	/	L	31		/ Y	Y Y 2022	
	City ST LOUIS PARK	State MN		Zip Code 55416-4917	-								00367	
	FFC ID number of contributing	C				\mo	unt	ot	Ea	ach Re	ece	eipt thi	s Peric 7	6.92
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) nnology			Me	emo) It	em				
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 999.96	P/	'n D	edu	uctio	on	(\$38.4	46	Bi-We	ekly)	
B.	Full Name of Individual (Last, First, Middle Initial) UNDERWOOD, JEFFREY, , ,	or Full O	rgar	nization Name		Date	of	Re	ece	ipt				
	Mailing Address 14625 SW SUNRISE LN					™ 1:		1	C	D D 31] '	/ Y	y y 2022	Y
	City TIGARD	State OR		Zip Code 97224-1209					-				033673 s Peric	
	FEC ID number of contributing federal political committee.	C							-		_	-	15	3.84
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) in CEO			Me	emo) It	em				
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 1999.92	P/	R D	edu	uctic	on	(\$76.9	92 E	Bi-We	əkly)	
с.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Date	of	Re	ece	ipt				
	Mailing Address 4613 W 56TH ST					™ 1:		1	E	D D 31]	/ Y	2022	Ŷ
	City EDINA	State MN		Zip Code 55424-1558									05267	
	FFC ID number of contributing	C				Amo	unt	OT	Ea		ece	ipt thi		6.92
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP S	•	ion (for Individual) egy			Me	emo	b lt	em				
	Receipt For: Ar Primary General Other (specify)	ggregate	Yea	r-to-Date ▼ 999.96	P/	'R D	edu	uctio	on	(\$38.	46	Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			••••••					1			,	30	7.68
т	OTAL This Period (last page this line number only)		••••••					-			-		40.1

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				Detailed Summary Page	×	11a		11	lb	11c	12	
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	y information copied from such Reports and State for commercial purposes, other than using the na											
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	NC)							
Α.	Full Name of Individual (Last, First, Middle Initial) VENKATESAN, CHANDRAMOULEESWAF)rgar	nization Name		Date of	Re	ecei	ipt			
	Mailing Address 17698 62ND COURT NORTH		_			м м 12	/	Γ	D D 31		y y 2022	Y
	City MAPLE GROVE	State MN		Zip Code 55311-4619				-			541016739 his Period	
	FEC ID number of contributing federal political committee.	С	_					-		-	384.	_
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) g CIO		Me	emo	o Ite	em			
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P/	'R Ded	uctio	on	(\$192	.30 Bi-\	Weekly)	
в.	Full Name of Individual (Last, First, Middle Initial)	or Full O)rgar	nization Name		Date of	Re	ecei	ipt			
	Mailing Address 11671 45TH PLACE NE	-				^M ^M 12	/	Ľ	D D D	/ Y	y y 2022	Y
	City SAINT MICHAEL	State MN		Zip Code 55376-4536	A						41816739 his Period	
	FEC ID number of contributing federal political committee.	С	_					-			192.	30
	Name of Employer (for Individual) Optum Services, Inc	Occi VP	•	ion (for Individual)		Me	emo	o Ite	em			
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	P/	R Dedi	uctic	on	(\$96.1	5 Bi-W	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial))rgar	nization Name		Date of	Re	ecei	ipt			
	Mailing Address 16492 BROOKLANE BOULEVAR					^M 12	/	L	D D D 31		2022	
	City NORTHVILLE	State MI		Zip Code 48168-8417	A						541916739 his Period	
	FEC ID number of contributing federal political committee.	С						y		5	76.	36
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	•	ion (for Individual)		M	ema	o It	em			
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 992.68	P	/R Ded	uctio	on	(\$38.′	18 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)			•				y		. ,	653.	26
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IT.	EMIZED RECEIPTS		(cł	(check only one)								
11			for each category of the Detailed Summary Page		× 11a 13		11b 14	11c 15		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g cont	tributio	ons	
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P/	AC)								
Α.	Full Name of Individual (Last, First, Middle Init ARMSTRONG, LORI, , ,	tial) or Full C	rganization Name		Date o	f Re	eceipt					
	Mailing Address 808 CAREN DRIVE				M M 12	/	D 31	D / Y	Y 202	22	Ŷ	
	City ELDERSBURG	State MD	Zip Code 21784-8569					PR2575 Receipt th				
	FEC ID number of contributing federal political committee.	С			<u>[</u> :			-		30.00	0	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt		М	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]	P/R Ded	lucti	on (\$15	.00 Bi-W	eekly)			
в.	Full Name of Individual (Last, First, Middle Init OHARA, KARIN, , ,	tial) or Full C	organization Name		Date o	f Re	eceipt					
	Mailing Address 1431 HENRY COURT				^M 12	/	D 31		y 202	22	ſ	
	City	State MN	Zip Code					PR2575				
	CHANHASSEN	IVIIN	55317-2200		Amoun	t of	Each F	Receipt th	nis Pe	riod		
	FEC ID number of contributing federal political committee.	С			Ľ.	_		-		192.30	0	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Controller		M	emo) Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90		P/R Ded	ucti	on (\$19	6.00 Bi-V	Veekly	()		
				4								
C.	Full Name of Individual (Last, First, Middle Init CASTILLO, EFREM, , ,	lial) of Full C	rganization Name		Date o		•					
	Mailing Address 630 ELIZABETH ROAD				^M 12		D 31		202		Ŷ	
	City SAN ANTONIO	State TX	Zip Code 78209-6135					Receipt th				
	FEC ID number of contributing federal political committee.	С			Ē		y .	9	2	269.22	2	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Care Initiv		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3499.86	1	P/R Dec	lucti	on (\$13	94.61 Bi-V	Veekly	¥)		
s	UBTOTAL of Receipts This Page (optional)			•			, ,		2	491.52	2	
T	OTAL This Period (last page this line number	only)		- •	Γ.		-					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Sum		X	11a		11	b	11c		12				
			Detailed SUM	mary Page		13		14		15		16	17			
	y information copied from such Reports and State for commercial purposes, other than using the nat															
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealt	h Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initial) MURLEY, MARY, , ,	or Full O	rganization Nam	[Date of Receipt											
	Mailing Address 2775 COUNTRYSIDE DRIVE WE	/E WEST						12 31 2022								
	City ORONO	State MN	Zip Code 55356-967	75		Trans						66739 [.] Period				
	FEC ID number of contributing federal political committee.	С						1		, ooipt		384.6	60			
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Bus		Me	emo) Ite	em									
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Year-to-Date ▼	4999.80		/R Dedi	uctic	on ((\$192	.30 Bi-	Weel	kly)				
В.	Full Name of Individual (Last, First, Middle Initial) SPILKER, TIMOTHY, , ,	or Full O	rganization Nam	е		Date of	Re	cei	pt							
	Mailing Address 32 FITCH LANE							12 31 2022								
	City NEW CANAAN	StateZip CodeCT06840-5051						-		R257		36739 1 Period				
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Bus Segment CEO					384.60 Memo Item									
	Name of Employer (for Individual) United HealthCare Services Inc															
	Receipt For: A Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80				R Dedu	uctio	on (\$192.	.30 Bi-'	Weeł	kly)				
с.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Nam	е		Date of	Re	cei	pt							
	Mailing Address 521 SAN BERNARDINO AVENUE	∃				м м 12	/		31	/		022 [°]	Y			
	City NEWPORT BEACH	State CA	Zip Code 92663-481	2		Trans		-				66739 [.] Period	1			
	FEC ID number of contributing federal political committee.	С						y		, ,		200.0	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Indiv Jnderwriting	idual)		Me	emo) Ite	em							
	Receipt For: A Primary General Other (specify)	ggregate	Year-to-Date ▼	2600.00	P	/R Ded	uctio	on ((\$100	.00 Bi-	Weel	kly)				
s	UBTOTAL of Receipts This Page (optional)											969.2	0			
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	e The Fonda (not page the fine humber only	,		•••••••			-	7		- T		1.00				

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle A. RUNICE, PAUL, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4622 BRUCE AVENUE			12 / D D / Y Y Y Y 12 31 2022									
City EDINA	State MN	Zip Code 55424-1123	Transaction ID : PR2575451567391 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		369.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Treasury	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4797.00	P/R Deduction (\$184.50 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. PEGG, JACK, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4917 KAMA LANE NE			12 31 2022									
City ALBERTVILLE	State MN	Zip Code 55301-3536	Transaction ID : PR2575456067391 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Underwriting	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. GLATT, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 631 GOODRICH AVE			12 / D D / Y Y Y Y Y 12 31 2022									
City SAINT PAUL	State MN	Zip Code 55105-3522	Transaction ID : PR2575464967391 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		38.46									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Aviation Corp Pilots	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 494.76	P/R Deduction (\$19.23 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			435.54									
TOTAL This Period (last page this line numb	per only)											

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
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)	ted PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle In PHINNEY, ASHLEY, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5 GATEHOUSE ROAD			12 31 2022									
City GRANBY	State CT	Zip Code 06035-1922	Transaction ID : PR2575468467391 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle In B. SADUSKE, NANETTE, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 4276 NICOLET DRIVE			12 31 / Y Y Y Y Y 2022									
City GREEN BAY	State WI	Zip Code 54311-9798	Transaction ID : PR2575470267391 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 ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle In C. HENSEL, KRISTA, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2211 HOMEWOOD DRIVE			12 / D D / Y Y Y Y Y 2022									
City ANCHORAGE	State KY	Zip Code 40223-1326	Transaction ID : PR2575482667391 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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			489.60									
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Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(ch	(check only one)											
11			Detailed Summary Page				11b	11c	12							
	y information copied from such Reports and S															
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to s	olicit cor	ntrik	outions	from such	n committ	ee.						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	(C)												
<u>А.</u>	Full Name of Individual (Last, First, Middle Ini BARTHEL, THOMAS, , ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name RTHEL, THOMAS, , ,					Date of Receipt									
	Mailing Address 9713 HEMLOCK LANE NORT				12 31 Y Y Y Y Y 12 31 2022											
	City MAPLE GROVE	State MN	Zip Code 55369-3665						48436739 iis Period	1						
	FEC ID number of contributing federal political committee.	С			<u> </u>				28.0	08						
	Name of Employer (for Individual) Optum Services, Inc	upation (for Individual) Dir Software Engineering		M	emo	tem										
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04					on (\$14	.04 Bi-We	eekly)							
в.	Full Name of Individual (Last, First, Middle Ini MACLAUCHLAN, DANIEL, , ,	rganization Name		Date of	f Re	eceipt										
	Mailing Address 1833 HILLTOP RD						31		2022	Y						
	City JENKINTOWN	State PA	Zip Code 19046-1538						19276739	1						
	FEC ID number of contributing federal political committee.	C		Amoun	t of	Each F	leceipt th	iis Period 28.0	08							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Capability	P/R Deduction (\$14.04 Bi-Weekly)												
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.04													
с.	Full Name of Individual (Last, First, Middle Ini VESLEDAHL, MATTHEW, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 15598 MICHELE LANE				12 ^M	1	31		y y 2022	Y						
	City EDEN PRAIRIE	State MN	Zip Code 55346-2548						49926739 iis Period	1						
	FEC ID number of contributing federal political committee.	С			Ľ.		y .	. ,	384.0	60						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Network		M	emo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	1	P/R Ded	lucti	on (\$19	2.30 Bi-W	Veekly)							
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			9		440.7	76						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				etailed Summary Page	×	11a 13		-	1b		11c	12	47
	y information copied from such Reports and Statem for commercial purposes, other than using the nam					or the			se of				
<u> </u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F												
A.	Full Name of Individual (Last, First, Middle Initial) of DEL REAL, MAGDALENA, , , Mailing Address 122 WILLOW CREEK LANE	, , ,							eipt				
		State		Zip Code		12 31 2022 Transaction ID : PR2575507767391							
	2			60480-1274								s Period	1
	FEC ID number of contributing federal political committee.				28.08								08
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Sales Dir	Memo Item								
	Receipt For: Ag Primary General Other (specify) ▼	igregate	Year	-to-Date ▼ 365.04	P/	R Ded	uctio	on	(\$14.0	04	Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initial) of MUNSON, RICHARD, , ,	or Full Or	rgan	ization Name		Date of	Re	ece	eipt				
	Mailing Address 4707 HAZELTINE LANE					^M ^M 12	1	E	D D 31]	/ Y	y y 2022	Y
	,	State MN		Zip Code 55123-2172								1246739 s Period	1
	FEC ID number of contributing federal political committee.					192.30							30
	Name of Employer (for Individual) United HealthCare Services Inc		upati Com	on (for Individual) pli		Me	emo	o It	tem				
	Receipt For: Ag Primary General Other (specify) ▼	igregate	Year	-to-Date ▼ 2403.75	P/	R Dedu	uctic	on	(\$96.1	15	Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial) c COHEN, SANFORD, , ,	or Full Or	rgan	ization Name		Date of	Re	ece	eipt				
	Mailing Address 28 CRESCENT LANE					^M 12	/	L	D D D 31	J.		2022	
	5	State NY		Zip Code 11756-2506	#							2616739 s Period	1
	FEC ID number of contributing federal political committee.					_		,			g	64.	60
	Name of Employer (for Individual) United HealthCare Services Inc	Occu SVP	•	on (for Individual) O		Me	emo	o It	tem				
	Receipt For: Ag Primary General Other (specify) Image: Control of the specify (specify)	igregate	Year	-to-Date 999.80	P	/R Ded	uctio	on	(\$38.4	46	Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			•				,		Ì	y	284.	98
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a □ 11b □ 11c □ 12							
	y information copied from such Reports and Stater for commercial purposes, other than using the nan										
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F										
Α.	Full Name of Individual (Last, First, Middle Initial) HUNTER, ROBERT, , ,	or Full O	rganization Name	Date of Receipt							
	Mailing Address 5420 COUNTRYSIDE ROAD	Otata	Zin Onda	12 31 2022							
		State MN	Zip Code 55436-2524	Transaction ID : PR2575528367391							
		C		Amount of Each Receipt this Period 384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Prd	Memo Item							
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
	Full Name of Individual (Last, First, Middle Initial) HERNANDEZ, MAYRENE, , ,	or Full O	rganization Name	Date of Receipt							
	Mailing Address 850 SW 189TH AVENUE	<u></u>		12 / D D / Y Y Y Y Y 12 31 2022							
	City : PEMBROKE PINES	State FL	Zip Code 33029-6047	Transaction ID : PR2575529267391 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		76.92							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir	Memo Item							
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name	Date of Receipt							
	Mailing Address 4610 LAKEVIEW DRIVE			12 / D D / Y Y Y Y 12 31 2022							
	City : EDINA	State MN	Zip Code 55424-1518	Transaction ID : PR2575533067391 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) Deputy Gen Counsel	Memo Item							
	Receipt For: Ag Primary General Other (specify)	ggregate	Year-to-Date ▼ 4999.80	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 only))	•								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments ma me and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions							
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initial) HILL, JANE, , ,	or Full C	Date of Receipt								
	Mailing Address 34301 299TH PLACE	<u></u>		12 / D D / Y Y Y Y 12 31 2022							
	City AITKIN	State MN	Zip Code 56431-5914	Transaction ID : PR2575533167391							
		С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Compli	Memo Item							
	Receipt For: A Primary General Other (specify) ▼	ggregate	e Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initial) MULLANEY, SUSAN, , ,	or Full C	Drganization Name	Date of Receipt							
	Mailing Address 169 HUNNEWELL STREET			12 31 Y Y Y Y Y 2022							
	City NEEDHAM	State MA	Zip Code 02494-1421	Transaction ID : PR2575535167391 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	Memo Item									
	Receipt For: A Primary General Other (specify) ▼	ggregate	e Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initial) HAMLIN, THOMAS, , ,	or Full C	Drganization Name	Date of Receipt							
	Mailing Address 2800 NEWMAN			12 / D D / Y Y Y Y Y 12 31 2022							
	City HOUSTON	State TX	Zip Code 77098-1408	Transaction ID : PR2575536267391							
	FFC ID number of contributing	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Behvrl Med Dir	Memo Item							
	Receipt For: A Primary General Other (specify)	aggregate	e Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•	230.76							
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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
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NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle SULLIVAN, EILEEN, , ,	,	rganization Name	Date of Receipt								
Mailing Address 9675 WATERWAY PASSA			12 31 2022								
City WINTER GARDEN	State FL	Zip Code 34787-4957	Transaction ID : PR2575537267391 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.08								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. HAUF, NADINE, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1008 WIMBERLY COURT			12 / D D / Y Y Y Y 12 31 2022								
City ALLEN	State TX	Zip Code 75013-1195	Transaction ID : PR2575538867391 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle LUQUE, JOY, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 11700 PRESTON RD #66			12 / D D / Y Y Y Y Y 12 31 2022								
City DALLAS	State TX	Zip Code 75230-2739	Transaction ID : PR2575539267391 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) Med Clin Ops	Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			78.08								
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171	ITEMIZED RECEIPTS		Use separate schedule(s)	(ch	(check only one)								
111			for each category of the Detailed Summary Page		4 11a 13		11b	11c	12	Г	17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson to se	for the	pur ntrib	pose of	soliciting	g contri	ibutio	ns		
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	(C)									
Α.	Full Name of Individual (Last, First, Middle Initi SUN, TONY, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 8408 ENSLEY PLACE				M M / D D / Y Y Y Y 12 31 2022								
	LEAWOOD		StateZip CodeKS66206-1402					PR2575					
	FEC ID number of contributing federal political committee.	С			<u> </u>					76.92			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO		М	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	F	P/R Ded	ucti	on (\$38.	46 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Initi WENTZIEN, MICHAEL, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 6350 SUMMIT CIRCLE			12 / 31 / 2022 Transaction ID : PR2575540867391									
	City	State	Zip Code										
	CHANHASSEN	MN	55317-9138	_	Amoun	t of	Each R	eceipt th	nis Peri	iod			
	FEC ID number of contributing federal political committee.	С				28.08							
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Bus	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$99.00 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initi STEINBRECHER, HOLLY, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 1800 N FIELD ST APT 4211	1 -			12 ^M		31		y 2022	2			
	City DALLAS	State TX	Zip Code 75202-2782					PR2575					
	FEC ID number of contributing federal political committee.	С			Ľ.		,	,	38	84.60			
	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 ▼ 4999.80		P/R Ded	lucti	on (\$19:	2.30 Bi-V	Veekly))			
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			Use separate schedule(s)	(check only one)												
	EWIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c 15	12		17						
	v information copied from such Reports and Si for commercial purposes, other than using the			erson for the		pose of	soliciting	g contrik	oution	าร						
<u> </u>	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	\C)												
A.	BALCK, AMY, , ,	of Individual (Last, First, Middle Initial) or Full Organization Name $AMY,$, ,						Date of Receipt								
-	Mailing Address N3681 VINE RD			12 / D D / Y Y Y Y 12 31 2022												
	City FREEDOM	StateZip CodeWI54913-6928					PR2575									
	FEC ID number of contributing ederal political committee.	С						2	8.00							
I	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt		Memo	o Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R De	educti	ion (\$14.	00 Bi-We	ekly)								
	Full Name of Individual (Last, First, Middle Init MILLER, MAXIMILLIAN, , ,	ial) or Full O	rganization Name	Date	of Re	eceipt										
-	Mailing Address 5328 CHOWEN AVENUE S			12		D D D 31	/ Y	2022	Y]						
		State	Zip Code				PR2575									
-	MINNEAPOLIS	MN	55410-2122	Amou	nt of	Each R	eceipt th	is Peric	bd	_						
	FEC ID number of contributing rederal political committee.	С						7	6.92							
	Name of Employer (for Individual) Jnited HealthCare Services Inc	Оссі М А	upation (for Individual) VP	, Ll r	Memo	o Item										
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)												
	Full Name of Individual (Last, First, Middle Init WINSOR, ELIZABETH, , ,	ial) or Full O	rganization Name	Date	of Re	eceipt										
I	Mailing Address 57 WILDERS PASS			M 12		D D 31	/ Y	2022	Y]						
	City CANTON	State CT	Zip Code 06019-2259				PR2575 eceipt th			_						
	FEC ID number of contributing ederal political committee.	С				y .	, <u>,</u>	38	4.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	_ U'	Memo	o Item										
I	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R De	educti	ion (\$192	2.30 Bi-V	√eekly)								
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		Use separate schedule(s)	(check only one)									
		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			person for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P										
Full Name of Individual (Last, First, Middle A. LYON, JAMIE, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 2069 CIRCLE DRIVE			12 31 2022									
City KRONENWETTER	State WI	Zip Code 54455-9062	Transaction ID : PR2575585967391 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle 3. FINCH, ANNE, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 208 STATION CIR NO			12 ¹ ¹ ¹ ¹ ¹ ¹ ² ¹									
City HUDSON	State WI	Zip Code 54016-9555	Transaction ID : PR2575586667391 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	upation (for Individual) IT	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle SOLLER, BRIAN, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1120 S 2ND STREET UNIT 614 City	State	Zip Code	12 31 2022 Transaction ID : PR2575586767391									
MINNEAPOLIS	MN	55415-1375	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) Seg CIO	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			489.60									
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Stat for commercial purposes, other than using the n									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	.C)						
Α.	Full Name of Individual (Last, First, Middle Initial GISCH, SHAWNA, , ,) or Full O	rganization Name	Date of Receipt						
	Mailing Address 320 PRESERVE COURT	T		12 / D D / Y Y Y Y 12 31 2022						
	CHANNASSEN	State MN	Zip Code	Transaction ID : PR2575592167391						
	CHANHASSEN		55317-8717	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Unit CEO	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) V		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initial MILLER, MICHAEL, , ,) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1 CANAL STREET 802	1		12 31 2022						
	City	State	Zip Code	Transaction ID : PR2575595667391						
	BOSTON	MA	02114-2019	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) Business Development Exe	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial IVERSON, LISA, , ,) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1330 EDGCUMBE RD			12 31 2022						
	City	State	Zip Code	Transaction ID : PR2575603267391						
	SAINT PAUL	MN	55116-1780	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) Strat Initiv	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
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T	OTAL This Period (last page this line number on	ıy)	••••••							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	EMIZED RECEIPTS		Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12									
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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	JnitedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial GOODMAN, BENJAMIN, , ,	l) or Full C	organization Name	Date of Receipt									
	Mailing Address 13828 EVERGREEN COURT			12 31 Y Y Y Y Y 12 31 2022									
		State MN	Zip Code	Transaction ID : PR2575603867391									
	APPLE VALLEY		55124-9257	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) Segment CFO	Memo Item									
	Receipt For:	Year-to-Date ▼											
	Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia KING, SARAH, , ,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 23 GARDEN CITY ROAD			12 31 Y Y Y Y 2022									
	City	State	Zip Code	Transaction ID : PR2575612867391									
	DARIEN	СТ	06820-5343	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) Segment CEO	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia WAULTERS, SCOTT, , ,	l) or Full C	Prganization Name	Date of Receipt									
	Mailing Address 3344 SHOAL WAY			12 31 2022									
	City	State	Zip Code	Transaction ID : PR2575622167391									
	POWELL	OH	43065	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual)		upation (for Individual)	Memo Item									
	United HealthCare Services Inc		Plan CEO	_									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			1153.80									
т	OTAL This Period (last page this line number on	ly)	••••••										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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				for each category of the Detailed Summary Page	×	11a 13		11 14	1b	_	11c	12 16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	se of	soli	citing	contribu	tions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initial) THOMPSON, BRIAN, , ,	or Full O	Drga	nization Name	[Date of Receipt									
	Mailing Address 17829 63RD AVE N			Zip Code	12 31 2022										
	City MAPLE GROVE	State MN		Transaction ID : PR2575634667391											
	MAPLE GROVE	IVIIN	_	55311-4650	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С	_			384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) HC CEO		М	emc	o It	em						
	Pocoint For:			ar-to-Date 🔻	\neg										
	Primary General Other (specify) ▼	iggiogaio	,	4999.80	P/	R Ded	luctio	on	(\$192	2.30	Bi-We	eekly)			
В.	Full Name of Individual (Last, First, Middle Initial) WILSON, STEPHEN, , ,	or Full O	Drga	nization Name		Date o	f Re	ece	ipt						
	Mailing Address 2420 DURHAM MANOR DRIVE					12 31 2022									
	City	State		Zip Code		Trans	acti	ion	ID : I	PR2	25756	3616739	1		
	FRANKLIN	TN		37064-5266	A	moun	t of	Ea	ach Re	ece	ipt thi	s Period			
	FEC ID number of contributing federal political committee.	C						-			-	384.	00		
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Hith Plan CEO					Memo Item								
	Receipt For: A Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00						P/R Deduction (\$192.00 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initial) CLARK, TERRENCE, , ,	or Full O	Drga	nization Name		Date o	f Re	ece	ipt						
	Mailing Address 8 COOPER AVENUE					м м 12	/	Γ	31	1	Y	y y 2022	Ŷ		
	City	State		Zip Code		Trans	sact	tior	ו ID :	PR:	25756	3696739	1		
	EDINA	MN		55436-1315	A	moun	t of	Ea	ach Re	ece	ipt thi	s Period			
	FEC ID number of contributing federal political committee.	С				_		,			y	384.	60		
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) hief Cust Mktg Officer		M	emo	o It	em						
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 4999.80	P/	'R Dec	lucti	ion	(\$192	2.30) Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)			••••••								1153.	20		
т	OTAL This Period (last page this line number only	/)			Ī			-			-				

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	1							
	y information copied from such Reports and Sta for commercial purposes, other than using the n				17							
$\overline{)}$	NAME OF COMMITTEE (In Full)			0								
/	UnitedHealth Group Incorporated	I PAC (L	UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initia CABANILLAS, MARIA, , ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 2411 WORDSWORTH ST			12 31 2022								
	City	State TX	Zip Code	Transaction ID : PR2575637367391								
	HOUSTON		77030-1833	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: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
_	Full Name of Individual (Last, First, Middle Initia	l) or Full O	organization Name	Data of Dessint								
в.	COLLINS, NEIL, , , Mailing Address 8465 MISSION HILLS LANE		Date of Receipt									
	City	State	Zip Code	Transaction ID : PR2575637667391								
	CHANHASSEN	MN	55317-7712	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼	1								
	Primary General Other (specify) ▼		364.00	P/R Deduction (\$14.00 Bi-Weekly)								
<u></u> с.	Full Name of Individual (Last, First, Middle Initia HERMAN, CRAIG, , ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 9609 WYOMING CIRCLE			12 31 2022								
	City BLOOMINGTON	State MN	Zip Code 55438-1628	Transaction ID : PR2575650267391								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60	٦							
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item								
	Optum Services, Inc	VP A	Advisory Svc									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		····· •	797.20								
т	OTAL This Period (last page this line number or	ıly)	•									

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I EIVILED KEGEIPIS	MIZED RECEIPTS for each category of the Detailed Summary Page								
Any information copied from such Reports an or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions from such committee						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle HAYHURST, JENNY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 23A MOUNT HYGEIA RO	AD		12 31 2022						
City FOSTER	State RI	Zip Code 02825-1434	Transaction ID : PR2575651867391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle KANE, HEATHER, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7624 N MOUNTAIN VIEW			12 / D D / Y Y Y Y Y Y 12 31 2022						
City DADADISE VALLEY	State AZ	Zip Code	Transaction ID : PR2575657467391						
PARADISE VALLEY		85253-2844	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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. WARSHAW, ROBERT, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 94 CARLSON DRIVE	1		12 / D D / Y Y Y Y Y 12 31 2022						
City PORTLAND	State CT	Zip Code 06480-1699	Transaction ID : PR2575665567391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP (upation (for Individual) Ops	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			440.68						
TOTAL This Period (last page this line numb	per only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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IIEWIIZED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 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 Incorpo	orated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Midd EVERETT, RICARDO, , ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 10507 WALPOLE LANE			M M / D D / Y Y Y Y 12 31 2022						
City AUSTIN	State TX	Zip Code 78739-1554	Transaction ID : PR2575667667391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ntwk Prgms	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Midd ALLEN, CARL, , ,	-	rganization Name	Date of Receipt						
Mailing Address 8675 AZURE SKY DRIV	State	Zip Code	12 31 2022						
LAS VEGAS	NV	89129-2227	Transaction ID : PR2575669367391 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) Med Dir/CMO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)						
Full Name of Individual (Last, First, Midd c. LEON, LINDA, , ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 19 ENSIGN LANE		7.01	12 31 2022						
City MASSAPEQUA	State NY	Zip Code 11758-7839	Transaction ID : PR2575671867391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
United HealthCare Services Inc		upation (for Individual) Reg VP of SIs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional	al)		490.68						
TOTAL This Period (last page this line nur	nber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			Use separate schedule(s)			(check only one)						
			for each category of the Detailed Summary Page		11a		11b	11c	12	–		
	mation copied from such Reports and Sta nmercial purposes, other than using the n											
、	OF COMMITTEE (In Full)											
	edHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)								
	ame of Individual (Last, First, Middle Initia ATYRENKO, VICTORIA, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt					
	g Address 98 FIVE MILE RIVER ROAD			M M / D D / Y Y Y Y 12 31 2022								
City DARII	EN	State CT	Zip Code 06820-6234					PR25756 eceipt th				
FEC ID number of contributing federal political committee.		С					-		11	5.18		
	of Employer (for Individual) HealthCare Services Inc		pation (for Individual) Itwk Contrctng		Me	emo	Item					
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1497.34] F	P/R Ded	uctio	on (\$57.	59 Bi-We	ekly)			
	ame of Individual (Last, First, Middle Initia CHELL, JILL, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt					
Mailing	Address 11499 ASHLEY COURT			12 / D D / Y Y Y Y 12 31 2022								
City		State MN					PR25756					
						: of	Each R	eceipt th	is Peric	od	_	
	D number of contributing I political committee.	C				76.92						
	of Employer (for Individual) HealthCare Services Inc	Occupation (for Individual) Regn Pres Ntwk Mgmt			Memo Item							
	ot For: Primary General Other (specify) ▼	Aggregate `	P/R Deduction (\$198.00 Bi-Weekly)									
	ame of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name	-								
	ONSON, KELLY, , , Address 10982 SANCTUARY COVE CO	URT			Date of	^r Re	D D	/ Y	Y Y	Y	1	
City		State	Zip Code		12 Trans	acti	31 ion ID :	PR2575	2022 5 82367 3	391		
	/EGAS	NV	89135-9126		Amount	of	Each R	eceipt th	is Peric	bd		
	D number of contributing I political committee.	С			<u> </u>		y .	, y	92	2.30		
Health	of Employer (for Individual) Plan of Nevada		pation (for Individual) ien Mgmt		Memo Item							
	ot For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1199.90] f	P/R Ded	uctio	on (\$46.	15 Bi-We	eekly)			
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TOTAL	This Period (last page this line number or	ıly)		•			,			-		

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			Use separate schedule(s)	(check only one)								
			for each category of the 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 a	adress of any political committee	e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia STIDMAN, CHRISTOPHER, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 6504 CHEROKEE TRAIL			12 31 2022								
	City EDINA	State MN	Zip Code 55439-1109	Transaction ID : PR2575683867391 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) 9 Gen Mgmt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia OCHIPINTI, JOSEPH, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 20 DEAN STREET			12 / D D / Y Y Y Y Y 12 31 2022								
	City ANNAPOLIS	State MD	Zip Code 21401-2716	Transaction ID : PR2575685767391								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Initia KALBACHER, JEAN, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 4952 EAST DARTMOUTH STR			12 / D D / Y Y Y Y Y 12 31 2022								
	City MESA	State AZ	Zip Code 85205-6458	Transaction ID : PR2575688367391 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		upation (for Individual) Plan CEO	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2299.96	P/R Deduction (\$88.46 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			946.12								
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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions a to solicit contributions from such committee						
		unces of any political continue							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle A. FINE, BRETT, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 707 STONINGTON ROAD			12 31 / Y Y Y Y 12 31 2022						
City SILVER SPRING	State MD	Zip Code 20902-1549	Transaction ID : PR2575692867391 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 Corp Strat	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle PROKOCKI, ELIZABETH , , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 10794 BLUFFSIDE DR		7: 0.4	12 / D D / Y Y Y Y Y Y 12 31 2022						
City LONE TREE	State CO	Zip Code 80124-5687	Transaction ID : PR2575705867391						
		00124-3007	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) gn CEO	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. THIERY, LINDA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 999 LABEAUX AVE NE		7. 0.4	M M / D D / Y Y Y Y 12 31 2022						
City HANOVER	State MN	Zip Code 55341-9292	Transaction ID : PR2575707867391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů – Elektrik								
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP I	upation (for Individual) Fin	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			846.12						
TOTAL This Period (last page this line numb	er only)								

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	Т.					
			13 14 15 16 berson for the purpose of soliciting contributions	17 s					
	the name and a	ddress of any political committe	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle VOLLRATH, MICHELLE, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 7647 MARKER ROAD			M M / D D / Y Y Y Y 12 31 2022						
City SAN DIEGO	State CA	Zip Code 92130-5616	Transaction ID : PR2575719867391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.38						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S VP CInt Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 1499.94	P/R Deduction (\$57.69 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. CAIN, STEVE, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 4 COUNTRYSIDE CT			12 / D D / Y Y Y Y 12 31 2022						
City DANVILLE	State CA	Zip Code 94506-1126	Transaction ID : PR2575724367391 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) N Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. MCKEE, PATRICK, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 6500 TRANQUIL RIVER L	ANE		12 / D D / Y Y Y Y 12 31 2022						
City WAUSAU	State WI	Zip Code 54401-3302	Transaction ID : PR2575726767391 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		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			384.60						
TOTAL This Period (last page this line numb	er only)								

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 Stat for commercial purposes, other than using the n			erson for the purpose of soliciting contributions									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	JnitedHealth Group PA	.C)									
Α.	Full Name of Individual (Last, First, Middle Initial HELLAND, ROBYN, , ,	l) or Full C	organization Name	Date of Receipt									
	Mailing Address 9089 PARTRIDGE RD			12 31 Y Y Y Y Y 12 31 2022									
	City MINNETRISTA	State MN	Zip Code 55375-4513	Transaction ID : PR2575733867391									
	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) Cust Service	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)									
B.	Full Name of Individual (Last, First, Middle Initial OLSON, KRISTIN, , ,	l) or Full C	organization Name	Date of Receipt									
	Mailing Address 5901 TRACY AVENUE			12 / D D / Y Y Y Y 12 31 2022									
	City EDINA	State MN	Zip Code 55436-2516	Transaction ID : PR2575734467391 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		28.08									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Empl Rel	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial GROSKLAGS, JEFFREY, , ,	l) or Full C	organization Name	Date of Receipt									
	Mailing Address 3233 TIMBERWOLF CIRCLE			12 / D D / Y Y Y Y Y 12 31 2022									
	City PRIOR LAKE	State MN	Zip Code 55372-3272	Transaction ID : PR2575735767391									
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group CFO	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			248.46									
т	OTAL This Period (last page this line number on	ly)	••••••										

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	MIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12				
	r information copied from such Reports and Stat or commercial purposes, other than using the na												
	VAME OF COMMITTEE (In Full)								1 commu	ee.			
	UnitedHealth Group Incorporated	PAC (L	UnitedHealth Group PA	AC)									
	Full Name of Individual (Last, First, Middle Initial MURRAY, THOMAS, , ,) or Full Or	Organization Name		Date of	Re	ceipt						
1	Mailing Address 10 CIRCLE WEST				12 31 Y Y Y Y 12 31 2022								
	City EDINA	State MN	Zip Code 55436-1313	_					73656739 is Period	1			
FEC ID number of contributing federal political committee.							.		384.	60			
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Segment COO		Me	emo	Item						
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80] F	P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)				
	Full Name of Individual (Last, First, Middle Initial LEWIS, ELIZABETH, , ,) or Full Or	Organization Name		Date of	Re	ceipt						
-	Mailing Address 675 PLEASANT VIEW ROAD		12 / D D / Y Y Y Y 12 31 2022										
	City CHANHASSEN	State MN	Zip Code 55317-9509						3746739	1			
F	FEC ID number of contributing ederal political committee.	C		Amount of Each Receipt this Period 76.92									
	Name of Employer (for Individual) Dptum Services, Inc		Memo Item										
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96] F	P/R Deduction (\$158.00 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial CESARETTI, GINA, , ,) or Full Or	Organization Name		Date of	Re	ceipt						
-	Mailing Address 5020 CIRCLE DOWN				12 ^M	/	31		y y 2022				
	City GOLDEN VALLEY	State MN	Zip Code 55416-1304	_					73906739 is Period	1			
	FEC ID number of contributing ederal political committee.	С			<u> </u>		9	. y	384.	60			
United HealthCare Services Inc S			upation (for Individual) ? Compli/Sr Dep Gen Cnsl		Me	emo	Item						
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80] '	P/R Dedu	uctio	on (\$19:	2.30 Bi-W	/eekly)				
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PAGE 108 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 17 erson for the purpose of soliciting contributions a to solicit contributions from such committee						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle STRICKLAND, JULIE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3207 SUNNYWOOD DRIV	E		12 31 2022						
City FULLERTON	State CA	Zip Code 92835-1858	Transaction ID : PR2575740967391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item						
Receipt For: Primary General Other (specify) $ earrow$	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. PORTZ, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2119 SHERIDAN HILLS RE			12 / D D / Y Y Y Y 12 31 2022						
City WAYZATA	State MN	Zip Code 55391-2327	Transaction ID : PR2575744567391 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	Occ VP	upation (for Individual) Fin	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	-						
Other (specify) ▼		2600.00	P/R Deduction (\$100.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle PROBST, PETER, , ,		rganization Name	Date of Receipt						
Mailing Address 1927 SAUNDERS AVENU	E State	Zip Code							
City SAINT PAUL	MN	Zip Code 55116-2016	Transaction ID : PR2575744667391 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: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2600.00	P/R Deduction (\$100.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			428.00						
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NAME OF COMMITTEE (In Full)	name anu a	any pointer commute	J .U SUI			200118	Suci									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)													
Full Name of Individual (Last, First, Middle PINERSKI, JENNIFER, , ,	Initial) or Full C	rganization Name	[Date of	Re	ceipt										
Mailing Address 7501 HART LN				м м 12	/	31) / Y	ү ү 2022	Y							
City AUSTIN	State TX	Zip Code 78731-2237						75286739 nis Period	1							
FEC ID number of contributing federal political committee.	С					,	45	76.9	92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/	/R Dedu	uctio	on (\$38	.46 Bi-We	eekly)								
Full Name of Individual (Last, First, Middle B. FULTON, RYAN, , ,	Initial) or Full C	rganization Name	[Date of	Re	ceipt										
Mailing Address 805 LANEWOOD LANE NC				[™] [™] 12	/	31) / Y	y y 2022	Y							
City PLYMOUTH	State MN	Zip Code						75696739	1							
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)		Me	emo	Item										
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Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80] P/	'R Dedu	uctic	on (\$192	2.30 Bi-W	/eekly)								
Full Name of Individual (Last, First, Middle EKLO, BENJAMIN, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt										
Mailing Address 3942 CAMPELLO CURVE				^M 12	/	31) / Y	ү ү 2022	Y							
City CHASKA	State MN	Zip Code 55318-4639						76186739 his Period	1							
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO		Me	emo	Item										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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ITEMIZED RECEIPTS	for each cate Detailed Sum		11b 11c	12	17						
Any information copied from such Reports or for commercial purposes, other than usi		used by any person for the	e purpose of soliciting	g contributi	ions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (UnitedHealt	I Group PAC)									
Full Name of Individual (Last, First, Mid HOWARTH, CRAIG, , ,	dle Initial) or Full Organization Nam		of Receipt								
Mailing Address 1820 NAPOLI DRIVE		M 12	31	y y 2022							
City APEX	State Zip Code NC 27502-965	<u> </u>	nsaction ID : PR2575		<u> </u>						
	110 27302-90	Amou	nt of Each Receipt th	nis Period							
FEC ID number of contributing federal political committee.	С			76.9	2						
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Indiv VP IT	laul)	Memo Item								
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify) ▼		999.96 P/R De	eduction (\$38.46 Bi-We	eekly)							
Full Name of Individual (Last, First, Mid B. NEESE, LARRY, , ,	dle Initial) or Full Organization Nam		of Receipt								
Mailing Address 309 DUNLEIGH COUR	Г		12 31 2022								
City MADISON	State Zip Code MS 39110-680		nsaction ID : PR2575		_						
FEC ID number of contributing federal political committee.	С		30.76								
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Indiv KA Sr Acct Exe Acct		Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	399.88 P/R De	P/R Deduction (\$15.38 Bi-Weekly)								
Full Name of Individual (Last, First, Mid C. PAIK, JESSICA, , ,	dle Initial) or Full Organization Nam		of Receipt								
Mailing Address 18 BUTTONWOOD LA	NE EAST	M 12		y y 2022	Y						
City	State Zip Code		nsaction ID : PR2575	783167391	1						
RUMSON	NJ 07760-101	Amou	nt of Each Receipt th	nis Period							
FEC ID number of contributing federal political committee.	C			384.6	0						
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Indiv Bus Unit CEO	lual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	4999.80 P/R De	eduction (\$192.30 Bi-V	Veekly)							
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\backslash	NAME OF COMMITTEE (In Full)		Inited Health Croup D/										
	UnitedHealth Group Incorporate			ιC)									
<u> </u>	Full Name of Individual (Last, First, Middle Init MADDUX, SUSAN, , ,	ial) or Full O	Prganization Name		Date of	f Re	ceipt						
	Mailing Address 16426 FARMERS MILL LANE				12 ^M	_	31) / Y	y y 2022	Y			
	City	State	Zip Code		a second second	act	1 million 100	PR25757	78386739	1			
	CHESTERFIELD	MO	63005-4549						is Period				
	FEC ID number of contributing federal political committee.	C			28.08								
	Name of Employer (for Individual)	Occ	upation (for Individual)	_	М	emo	ltem						
	United HealthCare Services Inc		Pharmacy Programs										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			цĿ.	P/R Ded	lucti	on (\$19	9.00 Bi-W	/eekly)				
	Other (specify) v		365.04										
в.	Full Name of Individual (Last, First, Middle Init SUAREZ, MARIO, , ,	ial) or Full O	organization Name	Date of Receipt									
	Mailing Address 21294 SMOKEHOUSE CT			12 31 Y Y Y Y Y 2022									
	City	State	Zip Code		Trans	acti	on ID :	PR25757	′8736739 [,]	L			
	ASHBURN	VA	20147-5316		Amoun	t of	Each R	leceipt th	is Period				
	FEC ID number of contributing federal political committee.	C		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			P/R Deduction (\$38.46 Bi-Weekly)									
	Other (specify) v	L	, 999.96	4									
с.	Full Name of Individual (Last, First, Middle Init BERGDOLL, JENNIFER, , ,	ial) or Full O	organization Name		Date of	f Re	eceipt						
	Mailing Address 230 HARRIS PEAK ST				M M	/	D D) / Y	YY	Y			
	City	State	Zip Code	_	12 T		31	DDOFT	2022	_			
	LAS VEGAS	NV	89138-6351						79376739 is Period	1			
	FEC ID number of contributing federal political committee.	С					, . ,	,	76.9	92			
	Name of Employer (for Individual) Optum Services, Inc	Occi VP,	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96]	P/R Ded	lucti	on (\$38	.46 Bi-We	ekly)				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	ny information copied from such Reports and Sta for commercial purposes, other than using the r										17 S			
	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	d PAC (L	JnitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initia SANKEN, SARA, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 3018 ASPEN LAKE DRIVE				^M 12	1	D D 31	/ Y	ү ү 2022	Y				
	City BLAINE	State MN	Zip Code 55449-7517					PR25757 eceipt th						
	FEC ID number of contributing federal political committee.	С					.		28	8.08				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) People Team		Me	emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04]	P/R Ded	uctic	on (\$14.)	04 Bi-We	ekly)					
в.	Full Name of Individual (Last, First, Middle Initia WIX, LACOSTA, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 402 JULIA STREET APARTMENT 403				M M 12	/	, D D 31	/ Y	ү ү 2022	Y				
	City NEW ORLEANS	State LA	Zip Code 70130-3699					PR25758		-				
	FEC ID number of contributing federal political committee.	C			Amount			eceipt th		u 6.92				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)		Me	emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96] F	9/R Dedu	uctio	on (\$38.4	46 Bi-We	ekly)					
C.	Full Name of Individual (Last, First, Middle Initia GALIAN, SANDRA, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 120 SEQUAMS LANE WEST	01-1-	77 0-1		12 ^M	/	31	L	2022 Y	_				
	City WEST ISLIP	State NY	Zip Code 11795-4549				-	PR25758 eceipt th		-				
	FEC ID number of contributing federal political committee.	С			<u> </u>		9		76	6.92				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Itwk Prgms		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96] 『	P/R Ded	uctio	on (\$38.	46 Bi-We	eekly)					
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111	EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	×	11a		11b	11c	12				
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or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	name and a	address of any political committee	to soi	icit con	itrid	utions 1	rom suc		iee.			
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initia LEVINE, CAROL, , ,	l) or Full O	Organization Name		Date of Receipt								
	Mailing Address 9100 LARKSPUR LANE				м м 12	/	31) / Y	ү ү 2022	Y			
	City EDEN PRAIRIE	State MN	Zip Code 55347-2004	A					80336739 iis Period				
	FEC ID number of contributing federal political committee.	С					.		384.	60			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Cust Strategy		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/	R Dedu	uctio	on (\$19	2.30 Bi-V	/eekly)				
в.	Full Name of Individual (Last, First, Middle Initia RUSSELL, LAURIE, , ,	l) or Full O	Organization Name		Date of	Re	ceipt						
	Mailing Address 3108 SONIA DRIVE		Zip Code	12 / D D / Y Y Y Y 12 31 2022									
	City LAS VEGAS	State NV						31216739 iis Period					
	FEC ID number of contributing federal political committee.	С		78.00									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Govt Affs		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1014.00	P/	R Dedu	uctic	on (\$39.	00 Bi-We	ekly)				
с.	Full Name of Individual (Last, First, Middle Initia LATINO, DAYNA, , ,	l) or Full O	Organization Name		Date of	Re	ceipt						
	Mailing Address 41 BROOK CROSSING EXTEN				12 ^M	/	31		y y 2022				
	City ELLINGTON	State CT	Zip Code 06029-2247	A					81326739 iis Period				
	FEC ID number of contributing federal political committee.	С		ļ			y 1	, ,	76.	92			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/	'R Dedi	uctio	on (\$38	.46 Bi-W	eekly)				
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			13 14 15 16 17 erson for the purpose of soliciting contributions					
	the name and a	adress of any political committee	e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle SCHENEMAN, STEPHEN, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 428 8TH ST			12 31 / Y Y Y Y 12 31 2022					
City HUNTINGTON BEACH	State CA	Zip Code 92648-4629	Transaction ID : PR2575813467391 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) Clin Affordability	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. SHAPIRO, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 5215 MORGAN AVENUE			12 / D D / Y Y Y Y Y 12 31 2022					
City MINNEAPOLIS	State MN	Zip Code	Transaction ID : PR2575814267391					
		55419-1026	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 Seg Chief Cnsmr Off	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. SPAULDING, TODD, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 15174 53RD ST NW			12 / D D / Y Y Y Y 12 31 2022					
City ANNANDALE	State MN	Zip Code 55302-3576	Transaction ID : PR2575814667391 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		23.06					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prov Svc	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 299.78	P/R Deduction (\$11.53 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			484.58					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page	×	-		11	H	_	1c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the r								se of		citing						
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated																
Α.	Full Name of Individual (Last, First, Middle Initia TAYLOR, DUSTIN, , ,	ll) or Full O	rgar	nization Name		Date of	Re	ecei	ipt								
	Mailing Address 7512 NE 34TH UNIT 2C	1				^M 12	/	Ľ	о 31	/	Y	ү ү 2022	Y				
	City VANCOUVER	State WA		Zip Code 98665-0709				-				1816739 8 Period					
	FEC ID number of contributing federal political committee.	С						-				76.	92				
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) es Ntwk Mgmt		Me	emo	o Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 999.96	P	/R Ded	uctio	on	(\$38.4	46 B	i-Wee	ekly)					
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rgar	nization Name		Date of	Re	ecei	ipt								
	Mailing Address 4945 CANDACRAIG					^M 12	1		D D 31	/	Y	y y 2022	Y				
	City ALPHARETTA	State GA		Zip Code 30022-6340				-				2 496739 s Period					
	FEC ID number of contributing federal political committee.	С			384								60				
	Name of Employer (for Individual) United HealthCare Services Inc		upat P Sle	ion (for Individual)		Me	emo	o Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 4999.80						P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia KAUFMAN, PHILIP, , ,	ll) or Full O	rgar	nization Name		Date of	Re	ecei	ipt								
	Mailing Address 1580 BOHNS POINT ROAD					^M 12	/	Г	D D D	/	Y	2022	Y				
	City WAYZATA	State MN		Zip Code 55391-9309								2986739 8 Period					
	FEC ID number of contributing federal political committee.	С						9			,	384.	_				
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) 2 & Chief Cnsmr/Grwth		M	emo	o Ite	em								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 4999.80	P	/R Ded	uctio	on	(\$192	2.30	Bi-We	eekly)					
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (L	Jnit	edHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial) SCHMITT, MARIE, , ,	or Full Or	rgani	zation Name	C	Date o	f Re	ecei	pt				
	Mailing Address 3045 25TH AVENUE	01.1		7. 0. 1		м м 12		L	31	1	202		Y
	3	State CA	'	Zip Code 94132-1541							583006		
						\moun	t of	Ea	ch R	eceipt	this Pe	riod 76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	NA \	VP C	on (for Individual) Int Relationship		М	emo) Ite	em				
	Primary General Other (specify) ▼	ggregate	Year-	•to-Date ▼ 999.96	P/	'R Ded	luctio	on ((\$38.4	46 Bi-V	/eekly)		
	Full Name of Individual (Last, First, Middle Initial) HARPER, JENNIFER, , ,	or Full Or	rgani	zation Name		Date o	f Re	ecei	pt				
	Mailing Address 8206 WEST 16TH STREET					^M 12	/		31	/	202	2	Y
	City SAINT LOUIS PARK	State MN		Zip Code 55426-1904							5 83556 this Pe		
	FEC ID number of contributing federal political committee.	0	28.08							8			
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Gen Counsel	Memo Item								
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Year	to-Date ▼ 365.04	P/R Deduction (\$199.00 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial)	or Full Or	rgani	zation Name		Date o	f Re	ecei	pt				
	Mailing Address 9324 N AERIE CLIFF					^M 12	/		31	/	y y 202	2	Y
	City FOUNTAIN HILLS	State AZ		Zip Code 85268-6358	A						583746 this Pe		
	FEC ID number of contributing federal political committee.	0						,		. y	1	115.3	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Clin Ops		M	lemo	o Ite	em				
	Receipt For: Ag Primary General Other (specify)	ggregate	Year	-to-Date ▼ 1499.94	P/	/R Dec	luctio	on	(\$57.	69 Bi-V	Veekly)		
s	JBTOTAL of Receipts This Page (optional)			•••••				,			2	220.3	8
т	OTAL This Period (last page this line number only))		····· •	Ē			,				-	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Summary Page	×	11a 13		11		11c	12	17		
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pos	se of s	olicitin	g contribu	tions		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated												
A.	Full Name of Individual (Last, First, Middle Initial)) or Full O	Organization Name	C	Date of	Re	ecei	pt					
	Mailing Address 720 MISSION HILL WAY	01-1-	Zu Osta		м м 12	/	L	31	/ Y	y y 2022	Y		
	City COLORADO SPRINGS	State CO	Zip Code 80921-2672	A						2575837867391 eipt this Period			
	FEC ID number of contributing federal political committee.	С		28.08									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir		Me	emo	o Ite	əm					
	Receipt For: // Primary General Other (specify) ▼	Aggregate	te Year-to-Date ▼ 365.04 P/R Deduction (\$14.04 Bi-Weekly)										
B.	Full Name of Individual (Last, First, Middle Initial) HARRISON, CHARLES, , ,) or Full O	Organization Name		Date of	Re	ecei	pt					
	Mailing Address 10603 MILLET SEED HILL			12 31 2022									
	City COLUMBIA	State MD	Zip Code 21044-4150				-			84036739 his Period	1		
	FEC ID number of contributing federal political committee.	С		28									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir		Me	emo	o Ite	əm					
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
c.	Full Name of Individual (Last, First, Middle Initial) BOROCH, BLAIR, , ,) or Full O	Organization Name		Date of	Re	ecei	pt					
	Mailing Address 800 BELFRY DRIVE				12	1	L	31	/ Y	2022			
	City BLUE BELL	State PA	Zip Code 19422-1210	A						84996739	1		
	FEC ID number of contributing federal political committee.	С			_		9			410.	00		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	P	R Ded	uctio	on ((\$192	.30 Bi-\	Weekly)			
s	UBTOTAL of Receipts This Page (optional)						,		,	466.	16		
т	OTAL This Period (last page this line number onl	y)	•										

Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 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			rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial COTTINGTON, NYLE BRENT, , ,) or Full C	Organization Name	Date of Receipt
	Mailing Address 15050 47TH STREET NE	1		12 31 Y Y Y Y Y 2022
	City SAINT MICHAEL	State MN	Zip Code 55376-1613	Transaction ID : PR2575865367391
	FEC ID number of contributing		33370-1013	Amount of Each Receipt this Period
	federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng	Memo Item
	Dessist Fem		0	-
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial ADAMO, BRENT, , ,) or Full C	Organization Name	Date of Receipt
	Mailing Address 3109 E DESERT LN			12 31 2022
	City PHOENIX	State AZ	Zip Code 85042-7198	Transaction ID : PR2575867867391 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) , Software Engineering	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial ROSS, CHRISTY, , ,) or Full C	Organization Name	Date of Receipt
	Mailing Address 211 JIM CANNON RD			M M / D D / Y Y Y Y 12 31 2022
	City VAN ALSTYNE	State TX	Zip Code 75495-2803	Transaction ID : PR2575873367391 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Optum Services, Inc	Occ VP (upation (for Individual) Ops	Memo Item
	Respiret For:	1	Year-to-Date ▼ 1001.00	P/R Deduction (\$38.50 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			538.52
т	OTAL This Period (last page this line number on	ly)	·····	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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•••			Detailed Summary Page	×			11b	11c	12						
<u> </u>		<u></u>			13		14	15	16						
	y information copied from such Reports and for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorpora		•	AC)											
	Full Name of Individual (Last, First, Middle I PEZHMAN, PAYMAN, , ,	nitial) or Full C	organization Name		Data a	(D -									
Α.	Mailing Address 2825 MAPLEWOOD CIRCL				Date of	_	· .								
	Maining Address 2023 MAPLEWOOD CIRCL				12 ^M	<i>'</i>	31	/ Y	2022	Y					
	City	State	Zip Code		Trans	acti	ion ID :	PR25758	8356739	1					
	WAYZATA	MN	55391-2633	_	Amoun	t of	Each R	eceipt thi	is Period						
	FEC ID number of contributing federal political committee.	С							384.	60					
	Name of Employer (for Individual)	Occ	upation (for Individual)		Μ	emo	Item								
	United HealthCare Services Inc	Bus	Segment Gen Counsel		-										
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		4999.80]	P/R Ded	uctio	on (\$192	2.30 Bi-W	'eekly)						
в.	Full Name of Individual (Last, First, Middle I SCHMUKER, ERIN, , ,	nitial) or Full C	organization Name		Date of	f Re	ceipt								
	Mailing Address 2575 TALL TIMBER COURT	SE			12 31 2022										
	City	State	Zip Code					PR25759		1					
	GRAND RAPIDS	MI	49546-6787	_	Amoun	t of	Each R	eceipt thi	is Period						
	FEC ID number of contributing federal political committee.	С			<u> </u>				38.	46					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt	Memo Item											
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		499.98] ^P	P/R Deduction (\$199.00 Bi-Weekly)										
<u>с.</u>	Full Name of Individual (Last, First, Middle I ALT, ROBERT, , ,	nitial) or Full C	organization Name		Date of	f Re	ceipt								
	Mailing Address 813 FERNWOOD ROAD				12 ^M		D D D 31		y y 2022						
	City	State NJ	Zip Code		Trans	sact	ion ID :	PR25759	0736739)1					
	MOORESTOWN	INJ	08057-1362		Amoun	t of	Each R	eceipt thi	is Period						
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	,	28.	08					
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emc	Item								
	United HealthCare Services Inc	Dir	Ntwk Prgms												
	Receipt For:	Aggregate													
	Other (specify)		365.04]	P/R Ded	lucti	on (\$14.	04 Bi-We	ekly)						
s	UBTOTAL of Receipts This Page (optional)			▶ _			y 1	,	451.	14					
Т	OTAL This Period (last page this line numbe	r only)		•			-								

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check onl	y one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12						
Any information copied from such Reports and or for commercial purposes, other than using th												
NAME OF COMMITTEE (In Full)				ntribution		n commu	ee.					
UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle Ir A. MARGHERIO, MICHAEL, , ,	nitial) or Full C	rganization Name	Date o	f Receipt	t							
Mailing Address 6412 JEFFERSON STREET			M M 12		31 / Y	y 2022	Ŷ					
City KANSAS CITY	State MO	Zip Code 64113-1542			D:PR2575		1					
FEC ID number of contributing federal political committee.	С			-		76.9	92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	м	emo Iten	n							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Ded	luction (\$	38.46 Bi-W	eekly)						
Full Name of Individual (Last, First, Middle Ir B. CZAJKA, DAVID, , ,	nitial) or Full C	rganization Name	Date o	f Receipt	t							
Mailing Address 8590 BIG MANGROVE DRI			12	12 / D D / Y Y Y Y 12 31 2022								
City FORT MYERS	State FL	Zip Code 33908-7694			D : PR2575							
FEC ID number of contributing federal political committee.	C				n Receipt th	38.4	6					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir People Team	м	emo Iten	n							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ir OLSON, TRUDY, , ,	nitial) or Full C	rganization Name	Date o	f Receipt	t							
Mailing Address 7208 WOODDALE AVE SO			12	JL	31	2022 Y						
City EDINA	State MN	Zip Code 55435-4156			D : PR2575 n Receipt th		1					
FEC ID number of contributing federal political committee.	С			,	,	76.9	92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) People Team		emo Iter	n							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Dec	luction (\$	38.46 Bi-W	eekly)						
SUBTOTAL of Receipts This Page (optional)						192.3	0					
TOTAL This Period (last page this line number	r only)	••••••		-								

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	Use separate schedule(s)	(check only	(check only one)								
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12	_				
Any information copied from such Reports and											
or for commercial purposes, other than using th	e name and a	ddress of any political committee	e to solicit con	itributions fro	om such	committe	e.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle Ir MCGOLDRICK, CHRISTOPHER, , ,	iitial) or Full C	rganization Name	Date of	Receipt							
Mailing Address 48 MOUNTAIN TERRACE R	OAD		M M 12								
City WEST HARTFORD	State CT	Zip Code 06107-1533		action ID : F of Each Re			<u> </u>				
FEC ID number of contributing federal political committee.	C			F	- 15-	384.6	0				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs & Bus Dev	Me	emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Dedu	uction (\$192.	.30 Bi-W	eekly)					
Full Name of Individual (Last, First, Middle Ir B. MATTERA, RICHARD, , ,	iitial) or Full C	rganization Name	Date of	Receipt							
Mailing Address 640 LOCUST HILLS DRIVE			M M 12	/ D D 31	/ Y	y y 2022	Y				
City WAYZATA	State MN	Zip Code 55391-1973		action ID : P							
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) G Chief Dev Officer	Me	emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Dedu	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ir c. RILEY, FELICITY, , ,	iitial) or Full C	rganization Name	Date of	Receipt							
Mailing Address 3330 EDMUND BLVD			12 ^M	/ D D 31	/ Y	y y 2022	Y				
City MINNEAPOLIS	State MN	Zip Code 55406-2348		action ID : F of Each Re			1				
FEC ID number of contributing federal political committee.	С			, , , , , , , , , , , , , , , , , , ,	9	392.3	0				
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP -	upation (for Individual) Fax	Me	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Dedu	uction (\$192	.30 Bi-W	/eekly)					
SUBTOTAL of Receipts This Page (optional)		•		, ,	,	1161.5	0				
TOTAL This Period (last page this line number	only)										

Use separate schedule(s)

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ITEMIZED RECEIPTS	Use separate schedule(s)	(cł	(check only one)														
11			for each category of the Detailed Summary Page		× 11a]11b	11c	12								
	y information copied from such Reports and S																
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	looress of any political committee	e to s	SOLICIT COL	ntric	outions	from sucr		ee.							
	UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	AC)													
Α.	DONAHUE, JEANINE, , ,	me of Individual (Last, First, Middle Initial) or Full Organization Name AHUE, JEANINE, , ,						Date of Receipt									
	Mailing Address 164 MORNINGSIDE DRIVE				12 / D D / Y Y Y Y 12 31 2022												
	City MANDEVILLE	State LA	Zip Code 70448-7571	_					95926739 iis Period	1							
	FEC ID number of contributing federal political committee.				<u> </u>				76.	92							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms		M	emo	tem										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96]	P/R Ded	ucti	on (\$38	.46 Bi-We	eekly)								
в.	Full Name of Individual (Last, First, Middle Ini SALVO, GIANCARLO, , ,	organization Name		Date of	f Re	eceipt											
	Mailing Address 1027 SW 149 LANE			M M / D D / Y Y Y Y 12 31 2022													
	City SUNRISE	State FL	Zip Code 33326-1957	-					96496739	1							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period													
	Name of Employer (for Individual) United HealthCare Services Inc	Occ GP		Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96]	P/R Deduction (\$38.46 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Ini LEMKE, HEATHER, , ,	tial) or Full C	organization Name		Date of	f Re	eceipt										
	Mailing Address 4135 TRILLIUM LANE EAST				^M 12		31		ү ү 2022								
	City MINNETRISTA	State MN	Zip Code 55364-7730						96586739 iis Period	1							
	FEC ID number of contributing federal political committee.	С			Ľ.		y	, ,	96.	14							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) People Team		M	emo	o Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.82	1	P/R Ded	lucti	on (\$19	8.00 Bi-V	Veekly)								
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,	. ,	249.9	98							
Т	OTAL This Period (last page this line number	only)		- •													

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
or for commerce	cial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
\	COMMITTEE (In Full) lealth Group Incorporate	d PAC (I	JnitedHealth Group PA	.C)										
Full Name of KISCH, D	of Individual (Last, First, Middle Init AVID, , ,	ial) or Full C	organization Name	Date of Receipt										
Mailing Add	ress 7715 GIBRALTER TERRACE													
City		State MN	Zip Code	Transaction ID : PR2575966067391										
APPLE VAL			55124-6124	Amount of Each Receipt this Period										
	nber of contributing ical committee.	С		30.00										
Name of En Optum Serv	nployer (for Individual) ices, Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For		Aggregate	Year-to-Date ▼											
Other	ry General (specify) ▼		390.00	P/R Deduction (\$15.00 Bi-Weekly)										
Full Name of B. FRANK ,	of Individual (Last, First, Middle Init DANIEL, , ,	ial) or Full C	rganization Name	Date of Receipt										
Mailing Add	ress 1373 PRAIRIE MEADOW RD			M M / D D / Y Y Y Y 12 31 2022										
City MINNETRIS	STA	State MN	Zip Code 55359-6701	Transaction ID : PR2575970467391 Amount of Each Receipt this Period										
	nber of contributing ical committee.	С		384.60										
Name of Er Optum Servi	nployer (for Individual) ces, Inc		upation (for Individual) ef Clin Off	Memo Item										
Receipt For Prima Other		Aggregate	P/R Deduction (\$192.30 Bi-Weekly)											
	of Individual (Last, First, Middle Init O, MARK, , ,	ial) or Full C	organization Name	Date of Receipt										
Mailing Add	ress 619 SAND CRANE CT			12 31 2022										
City		State FL	Zip Code	Transaction ID : PR2575977967391										
BRADENT	-		34212-5226	Amount of Each Receipt this Period										
	nber of contributing ical committee.	С		28.00										
	nployer (for Individual) thCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item										
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)										
SUBTOTAL o	f Receipts This Page (optional)			442.60										
TOTAL This F	Period (last page this line number of	only)	·····											

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II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. SIEBERT, GREGORY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 46 VIA BELLEZA			12 31 Y Y Y Y Y 12 31 2022						
City SAN CLEMENTE	State CA	Zip Code 92673-6910	Transaction ID : PR2575979667391 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) Ntwk Contrctng	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2600.00	P/R Deduction (\$100.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. RICHARDS, ALISON, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 257 WEST GRANTLEY			12 / D D / Y Y Y Y Y 12 31 2022						
City ELMHURST	State	Zip Code 60126-2237	Transaction ID : PR2575987967391 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) ision CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. GOLD, PAMELA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2821 E SWISS OAKS DR	State	Zin Oode	12 / D D / Y Y Y Y Y 31 2022						
City SANDY	UT	Zip Code 84093-6587	Transaction ID : PR2575988667391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)	,		612.60						
TOTAL This Period (last page this line numb	per only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	Use separate schedule(s)	(ch	(check only one)										
11			for each category of the Detailed Summary Page		4 11a		11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	(C)									
A.	Full Name of Individual (Last, First, Middle Initia SCHULTZ, STACY, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 4012 S XERXES AVENUE			12 31 2022									
	City MINNEAPOLIS	State MN	Zip Code 55410-1146						99096739 is Period				
United HealthCare Services Inc								-	76.	92			
			ipation (for Individual) Segment Gen Counsel		Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	F	P/R Dedu	uctio	on (\$38.	46 Bi-We	eekly)				
B.	Full Name of Individual (Last, First, Middle Initia CHAMBUNDABONGSE, KUNJORN,		rganization Name		Date of	Re	ceipt						
	Mailing Address 9730 46TH STREET	Chata	Zin Oode		^M 12	1	D D D 31	/ Y	2022	Y			
	City WATERTOWN	State MN	Zip Code 55388-9333	-					0026739 is Period				
	FEC ID number of contributing federal political committee.	C			384.60								
	Name of Employer (for Individual) Optum Services, Inc	Occu VP 1		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initia BRIGGS, MARC, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 13534 TUSCALEE HILL CIR				^M 12	/	31	JL	y y 2022				
	City DRAPER	State UT	Zip Code 84020-5653	-			-		00166739 is Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	,	384.	_			
Name of Employer (for Individual) United HealthCare Services Inc		Occu Hlth		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	F	P/R Ded	ucti	on (\$192	2.30 Bi-W	/eekly)				
s	UBTOTAL of Receipts This Page (optional)		••••••				, .		846.	12			
т	OTAL This Period (last page this line number on	ıly)	•••••	-	<u> </u>		-						

Use separate schedule(s)

FOR LINE NUMBER:

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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 (l	JnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initia SCHOENER, SHAUN, , ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 884 LAS PALOMAS DR			12 31 Y Y Y Y Y 12 31 2022							
	City	State NV	Zip Code	Transaction ID : PR2576012767391							
	LAS VEGAS		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 ▼								
	Primary General Other (specify) ▼		424.84	P/R Deduction (\$16.34 Bi-Weekly)							
В.	Full Name of Individual (Last, First, Middle Initia SONERHOLM, KIMBERLY, , ,	rganization Name	Date of Receipt								
	Mailing Address 3380 SHELBORNE WOODS PA	RKWAY		12 / D D / Y Y Y Y 12 31 2022							
	City	State	Zip Code	Transaction ID : PR2576033267391							
	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) Plan CEO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initia HOLZER SPARR, CYNTHIA, , ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 30 BRIDGHAM FARM ROAD			12 31 Y Y Y Y Y 12 31 2022							
	City	State	Zip Code	Transaction ID : PR2576034867391							
	RUMFORD	RI	02916-1304	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		28.08							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) led Dir	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•••••	445.36							
т	OTAL This Period (last page this line number on	ly)	••••••								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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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 e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group PA	łC)									
Full Name of Individual (Last, First, Middle BYRNES, CHRISTOPHER, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3920 GLENWOOD STRE			12 31 2022									
City DULUTH	State MN	Zip Code 55804-1403	Transaction ID : PR2576042867391									
FEC ID number of contributing federal political committee.	С	33004-1403	Amount of Each Receipt this Period 384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. KANDALAFT, KEVIN, , ,	Date of Receipt											
Mailing Address 4189 WINDSOR POINT P	PLACE		12 / D D / Y Y Y Y 12 31 2022									
City EL DORADO HILLS	State CA	Zip Code 95762-3797	Transaction ID : PR2576043667391 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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. STONE, LAURA, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1485 COUNTY RD 286			12 31 Y Y Y Y Y 12 31 2022									
City COLLINSVILLE	State TX	Zip Code 76233-2389	Transaction ID : PR2576045167391									
FEC ID number of contributing federal political committee.	C	10233-2389	Amount of Each Receipt this Period 76.92									
Name of Employer (for Individual)		upation (for Individual)	Memo Item									
United HealthCare Services Inc Receipt For:		Ntwk Contrctng	_									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		846.12									
TOTAL This Period (last page this line num	ber only)											

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 □	17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle GROENENDAAL, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 620 FOREST AVENUE			12 31 2022							
City RIVER FOREST	State IL	Zip Code 60305-1710	Transaction ID : PR2576046267391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Executive Compensation	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. NELSON, KRISTA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 18202 SHAVERS LAKE DF	RIVE		12 31 2022							
City	State	Zip Code	Transaction ID : PR2576047967391							
WAYZATA	MN	55391-3338	Amount of Each Receipt this Period	Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UHC Operations	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. CARTER, JEREMY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1081 LAKE SUSAN DR			12 / D D / Y Y Y Y Y 12 31 2022							
City CHANHASSEN	State MN	Zip Code 55317-9337	Transaction ID : PR2576049567391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		23.06							
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fax	Memo Item	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 299.78	P/R Deduction (\$11.53 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			435.66							
TOTAL This Period (last page this line numb	er only)									

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle MONICAL, KENT, , ,	e Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 9795 E PIEDRA DRIVE			12 31 Y Y Y Y Y Y 12 31 2022								
City SCOTTSDALE	State AZ	Zip Code 85255-9231	Transaction ID : PR2576051367391 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 CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. REED, BARTON, , ,	e Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 16716 MAYFIELD DRIVE			12 / D D / Y Y Y Y 2022								
City EDEN PRAIRIE	State MN	Zip Code 55347-2242	Transaction ID : PR2576059267391 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		28.08								
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 ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. HUANG, JAMES, , ,	e Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 6838 IDLEWOOD WAY			12 / D D / Y Y Y Y Y 2022								
City EDEN PRAIRIE	State MN	Zip Code 55346-3519	Transaction ID : PR2576059967391 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 ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optiona	l)		489.60								
TOTAL This Period (last page this line num	ber only)										

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12	□					
Any information copied from such Reports and									
or for commercial purposes, other than using th	ie name and a	uuress or any political committee	e to solicit contributions from such committee	-					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I REX, JOHN, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 503 HARRINGTON ROAD			12 31 / Y Y Y Y Y 12 31 2022]					
City WAYZATA	State MN	Zip Code 55391-1512	Transaction ID : PR2576060067391 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) G CFO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I MCEWAN, JOSHUA, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4916 ALDRICH AVE SOUTH			12 / D D / Y Y Y Y Y 12 31 2022						
City MINNEAPOLIS	State MN	Zip Code 55419-5353	Transaction ID : PR2576085767391 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) Tax	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I DUDA, MICHAEL, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5208 RICHWOOD DRIVE	Ctot-	Zin Code	12 31 2022						
City EDINA	State MN	Zip Code 55436-2322	Transaction ID : PR2576089967391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
United HealthCare Services Inc		upation (for Individual) Corp Dev	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			961.50						
TOTAL This Period (last page this line numbe	r only)			Л					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	EMIZED RECEIPIS			or each category of the Detailed Summary Page	×	11a 13		11	-	_	1c	12 16	17			
	y information copied from such Reports and State for commercial purposes, other than using the nar					or the		pos	se of a	soli	citing	contribu	tions			
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	itedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initial) FREIBERG, BRIAN, , ,	or Full O	rgar	nization Name		Date of Receipt										
	Mailing Address 9605 LEXINGTON CT	<u></u>			12 / D D / Y Y Y Y Y 12 31 2022											
	City WESTON	State WI		Zip Code 54476-6730	Transaction ID : PR2576093667391											
				5476 6736	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C	_			153.84										
	Name of Employer (for Individual)	Occi	upat	tion (for Individual)		М	emo	o Ite	em							
	United HealthCare Services Inc	VP	Cus	t Strategy												
		ggregate	Yea	ur-to-Date ▼												
	Primary General Other (specify) ▼		-	1999.92	P/	P/R Deduction (\$76.92 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initial) OLUJIC, TAMMY, , ,	nization Name		Date o	f Re	ecei	ipt									
	Mailing Address 36218 SE SAINT ANDREWS LAN	IE				12 31 2022										
	City SNOQUALMIE	State WA		Zip Code 98065-9094				-				9 736739 s Period				
	FEC ID number of contributing federal political committee.	C						30.76								
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Gen Mgmt						Memo Item								
	Receipt For: A Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						P/R Deduction (\$15.38 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial) PALMER, BRYAN, , ,	or Full O	rgar	nization Name		Date o	f Re	ecei	ipt							
	Mailing Address 346 COUNTRY CLUB DRIVE					^м 12	/	Γ	D D D 31	/	Y	y 2022	Y			
	,	State		Zip Code		Trans	sact	tion	ו ID : I	PR2	25760	9796739)1			
	TEQUESTA	FL		33469-1944	A	moun	t of	Ea	ach Re	ecei	ipt this	s Period				
	FEC ID number of contributing federal political committee.	С						y		_	,	384	60			
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) n CEO		M	emc	o Ite	em							
	Receipt For: A Primary General Other (specify) I	ur-to-Date ▼ 4999.80	P/	R Dec	lucti	ion	(\$192	2.30	Bi-W	eekly)						
s	UBTOTAL of Receipts This Page (optional)							1			,	569.	20			
т	OTAL This Period (last page this line number only	/)		·····				-			-					

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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 13 14 15 16 17						
			13 14 15 16 17 version for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)		, p	·····						
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. LESUEUR, REHN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 254 JASPERS CIR S			12 31 Y Y Y Y Y Y 12 31 2022						
City CHASKA	State MN	Zip Code 55318-3210	Transaction ID : PR2576098967391 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						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. DAHL, KEVIN, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 21 HOEFER ST			12 / D D / Y Y Y Y Y 2022						
City	State NY	Zip Code	Transaction ID : PR2576100267391						
		12110-4742	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle DIAMOND, TIFFANY, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 1801 SPANISH TRAIL			12 / D D / Y Y Y Y Y 2022						
City DELRAY BEACH	State FL	Zip Code 33483-4958	Transaction ID : PR2576105567391 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) Ops	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$198.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			181.92						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	12	<u> </u>				
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
<u> </u>	NAME OF COMMITTEE (In Full)									-				
\rangle	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initia KIEWEL, NATHAN, , ,	l) or Full Or	ganization Name		Date of Receipt									
	Mailing Address 1137 PRAIRIE VIEW DR SW				м м 12	/	D D 31	/ Y	y y 2022	Y				
	City HUTCHINSON	State MN	Zip Code 55350-6725		Transaction ID : PR2576117567391 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					т. I.	-	28.	00				
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) sipal Engineer, TLCP		Me	emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)										
в.	Full Name of Individual (Last, First, Middle Initia SANCHEZ, VINCENT, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 5025 BRANFORD COURT	Otata	7. 0.1.		^M 12	/	31	/ Y	2022	Y				
	City DUBLIN	State CA	Zip Code 94568-7241		Transaction ID : PR2576126967391 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) VP Gen Mgmt			28.08									
	Name of Employer (for Individual) United HealthCare Services Inc				Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	P/R Deduction (\$14.04 Bi-Weekly)											
C.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 9 WEST WOODLAWN DRIVE	State	Zip Code		12 12	'	31		2022					
	City DESTREHAN	LA	70047-2535						13896739 is Period	1				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, j	76.	92				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO		Me	emc	tem							
Receipt For: Aggregative Primary General Other (specify)			Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•			, .		133.0	00				
т	OTAL This Period (last page this line number on	ly)	•••••	 ►			_							

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 person for the purpose of soliciting contributions se to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle GROSSMAN, MICHAEL, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 15725 56TH AVE N			12 31 2022						
City PLYMOUTH	State MN	Zip Code 55446-2984	Transaction ID : PR2576145867391 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) sion COO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. FRIDNER, JOHN, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 782 PENFIELD DR			12 31 / Y Y Y Y 2022						
City	State	Zip Code	Transaction ID : PR2576147567391						
CAROL STREAM	IL	60188-4738	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		78.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) NA VP SIs/Gen	Memo Item						
Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)						
Other (specify) v		1014.00							
Full Name of Individual (Last, First, Middle KEPNER, SHELLY, , ,	,	organization Name	Date of Receipt						
Mailing Address 10165-222ND STREET EA	1		12 / D D / Y Y Y Y 12 31 2022						
City LAKEVILLE	State MN	Zip Code 55044-9752	Transaction ID : PR2576147867391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.06						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.78	P/R Deduction (\$14.03 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			490.66						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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TE			Use separate schedule(s)				/ on	ie)	(check only one)							
116	MIZED RECEIPTS		for each category of the Detailed Summary Page			4 11a		11b	11c	12						
	information copied from such Reports and Sta															
	or commercial purposes, other than using the n	ame and a	doress of an	y political committee	e to s	olicit cor	ULLIN	utions t	rom sucr	Committ	ee.					
\	JnitedHealth Group Incorporated	I PAC (L	JnitedHe	alth Group PA	AC)											
	ull Name of Individual (Last, First, Middle Initia SCOTT, GARLAND, , ,	l) or Full Oi	rganization N	lame		Date of	Re	ceipt								
N	lailing Address 111 CASTLE POND DRIVE					12 31 Y Y Y Y Y 2022										
	ity NINSTON SALEM	State NC	Zip Cod 27107							5106739 is Period	1					
	EC ID number of contributing ederal political committee.	С					.	y	38.4	46						
U	lame of Employer (for Individual) Inited HealthCare Services Inc		ipation (for li Plan CEO	ndividual)		Me	emo	Item								
R	eceipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$19.23 Bi-Weekly)													
	ull Name of Individual (Last, First, Middle Initia	l) or Full Oi	rganization N	lame		Date of	Re	ceipt								
_	failing Address 4004 FOREST GLEN DRIVE					^M ^M 12	1	31	/ Y	2022	Y					
	SREENSBURG	State PA	Zip Cod 15601-			Transaction ID : PR2576153567391 Amount of Each Receipt this Period					1					
			15001-	9002		Amount	OT	Each H	leceipt th	is Period	_					
	EC ID number of contributing ederal political committee.	C Occupation (for Individual) Exec Dir			115.38											
	lame of Employer (for Individual) nited HealthCare Services Inc				Memo Item											
R	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94				P/R Deduction (\$57.69 Bi-Weekly)										
	ull Name of Individual (Last, First, Middle Initia WARN, ROBERT, , ,	l) or Full Oi	rganization N	lame		Date of	Re	ceipt								
_	failing Address 2079 AUSTRIAN PINE LN					^M 12	/	31) / Y	2022	Y					
	ity MINNETONKA	State MN	Zip Cod 55305-							15786739 is Period	1					
	EC ID number of contributing ederal political committee.	С				<u> </u>		y :	. y	38.4	46					
C	lame of Employer (for Individual) Optum Services, Inc	Occu VP F	ipation (for li ïn	ndividual)		Me	emo	Item								
Receipt For: Aggregate Primary General Other (specify)			Year-to-Date	499.98	P/R Deduction (\$19.23 Bi-Weekly)											
SU	BTOTAL of Receipts This Page (optional)				•					192.3	30					
то	TAL This Period (last page this line number on	ly)			- •	Γ.		, , , , , , , , , , , , , , , , , , ,	7							

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IT.	TEMIZED RECEIPTS		Use separate schedule(s)	(check on	(check only one)							
11	IEIWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c	12		17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any p address of any political committe	erson for the e to solicit co	purpose of ntributions f	soliciting	g contrib	oution ittee.	s			
	NAME OF COMMITTEE (In Full)											
$ \rangle$	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group P/	AC)								
<u>/</u>	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Drganization Name									
Α.	BENSON, JEAN, , ,	,		Date of Receipt								
	Mailing Address 14951 HIGHLAND COURT NE	E		M N 12	12 / D D / Y Y Y Y 12 31 2022							
	City	State	Zip Code	Trans	saction ID :	PR2576	3109673	891				
	PRIOR LAKE	MN	55372-4109	Amoun	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			384.60							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	N	lemo Item							
	United HealthCare Services Inc	Reg	gn CEO									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		4000.00	P/R Dec	duction (\$19	2.30 Bi-V	/eekly)					
	Other (specify) v		4999.80									
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Drganization Name									
В.	SAINATO, KRISTIN, , ,	-	-	Date o	f Receipt							
	Mailing Address 7 CARLTON TER			12	/ D D	/ Y	2022	Y				
	City	State NY	Zip Code		saction ID :			-				
	STEWART MANOR		11530-3821	Amoun	it of Each R	leceipt th	is Perio	d	_			
	FEC ID number of contributing federal political committee.	C			28.06							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Clin Qlty	N	lemo Item							
	Receipt For:	Aggregate	Year-to-Date V	-								
	Primary General			P/R Dec	luction (\$14.	03 Bi-We	ekly)					
	Other (specify) v	L	364.78									
C.	Full Name of Individual (Last, First, Middle Init COMBS MORGAN, LAURIE, , ,	ial) or Full C	Organization Name	Date o	f Receipt							
	Mailing Address 513 RIVERVIEW DRIVE			M 12	/ D D) / Y	2022 Y	Y				
	City	State	Zip Code	Tran	saction ID :	PR2578	7198673	391	-			
	FRANKLIN	TN	37064-5512	Amoun	t of Each R	leceipt th	is Perio	d				
	FEC ID number of contributing federal political committee.	С				,	38	8.40				
	Name of Employer (for Individual)	Occ	cupation (for Individual)	N	lemo Item							
	United HealthCare Services Inc	Dir I	Ntwk Contrctng									
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)		499.20	P/R Dec	duction (\$19	.20 Bi-We	ekly)					
_			<u> 192 - 192 </u>									
s	UBTOTAL of Receipts This Page (optional))		, , , , , , , , , , , , , , , , , , ,	9	451	1.06				
т	OTAL This Period (last page this line number	only)										

Use separate schedule(s)

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		Use separate schedule(s)	(check	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11:		11b	11c	12			
Any information copied from such Reports and or for commercial purposes, other than using the				he pu						
NAME OF COMMITTEE (In Full)		adress of any pointed contribute		COILLI	5010115	nom such	- commut			
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle I EGELAND, DANIEL, , ,	nitial) or Full C	rganization Name	Date	e of R	eceipt					
Mailing Address 2659 E LAKE OF THE ISLE	S PKWY		M 1	2 ^M	/ 31	D / Y	y y 2022	Y		
City MINNEAPOLIS	State MN	Zip Code 55408-1052					7 4106739 iis Period	1		
FEC ID number of contributing federal political committee.	С						384.6	60		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Dev		Mem	io Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R D)educ	tion (\$19	2.30 Bi-W	/eekly)			
Full Name of Individual (Last, First, Middle I DUFFEY, KRISTY, , ,	nitial) or Full C	rganization Name	Date	e of R	leceipt					
Mailing Address 42095 N 109TH PLACE							y y 2022	Y		
City	State AZ	Zip Code					32326739 [.]	1		
SCOTTSDALE	AZ	85262-3293	Amo	unt o	f Each F	Receipt th	is Period			
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc	Occ Chi	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General Other (specify) ▼		4999.80	P/R D	educt	ion (\$19	2.30 Bi-W	/eekly)			
Full Name of Individual (Last, First, Middle I CIAVOLA, LAURA, , ,	nitial) or Full C	rganization Name	Date	e of R	leceipt					
Mailing Address 6958 DELOACH COURT			_	2	/ 31	」∟	үүү 2022			
City FRISCO	State TX	Zip Code 75034-7436					82436739 iis Period	1		
FEC ID number of contributing federal political committee.	С				y		384.6	60		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ops		Merr	no Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R [Deduc	tion (\$19	92.30 Bi-W	Veekly)			
SUBTOTAL of Receipts This Page (optional)					, .		1153.8	30		
TOTAL This Period (last page this line numbe	r only)									

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
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 (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle I BUSBEE, NATHANAEL, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 122 ROSEWOOD AVE			12 31 Y Y Y Y Y 12 31 2022							
City CATONSVILLE	State MD	Zip Code 21228-4938	Transaction ID : PR2578826767391							
FEC ID number of contributing			Amount of Each Receipt this Period							
federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item							
Receipt For:		Year-to-Date ▼	—							
Primary General	, iggi ogulo		P/R Deduction (\$38.46 Bi-Weekly)							
Other (specify) v		999.96								
Full Name of Individual (Last, First, Middle I B. MILLER, TRACI, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 729 PINE TRAIL			12 31 2022							
City	State	Zip Code	Transaction ID : PR2578829967391							
ARNOLD	MD	21012-1628	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		115.38							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For:		Year-to-Date ▼	—							
Primary General Other (specify) ▼		1499.94	P/R Deduction (\$57.69 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I C. ELLIS, DENNIS, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6001 DRIPPING SPRINGS			M = M / D = D / Y = Y = Y							
City	State	Zip Code	12 31 2022 Transaction ID : PR2595209167391							
FRISCO	TX	75034-4039	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		32.76							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item							
Receipt For:		Year-to-Date V	_							
Primary General Other (specify)	Aggregate	425.88	P/R Deduction (\$16.38 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			225.06							
TOTAL This Period (last page this line numbe	r only)									

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IT.			Use separate schedule(s)	(ch	(check only one)								
11	TEWIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and S												
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	ddress of any political committee	e to s	olicit cor	ntric	outions t	rom sucr	1 committ	ee.			
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Ini HAREWOOD, JUNIOR, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 223 MOUNT VERNON COVE				^M 12	/	31) / Y	y y 2022	Y			
	City SANDY SPRINGS	State GA	Zip Code 30328-4130						23156739 is Period	1			
	FEC ID number of contributing federal political committee.	С	C						384.0	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 ▼ 4999.80]	P/R Ded	ucti	on (\$19:	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Ini OLDHAM, LORA, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 20039 E BRIGHTWAY				M M 12	/	31		y y 2022	Y			
	City MOKENA	State IL	Zip Code 60448-1404										
	FEC ID number of contributing		00446-1404		Amount	tot	Each H	leceipt th	is Period	_			
	federal political committee.	С	19.24										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Reg Dir Brkr SIs	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12	P/R Deduction (\$9.62 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Ini MCBRIEN, ROBERT, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 305 HONEYBEE DRIVE				12 ^M	/	31) / Y	y y 2022	Y			
	City WEXFORD	State PA	Zip Code 15090-8699						1 4896739 is Period	1			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	28.0	08			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Iktg Cnslt		M	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, .	,	431.9	92			
Т	OTAL This Period (last page this line number	only)		•			-						

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	I ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle A. LESTER, SHAUNA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 20550 PARKVIEW LANE			12 31 2022							
City SHOREWOOD	State MN	Zip Code 55331-4529	Transaction ID : PR2601154767391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. FRIAS, LORRAINE, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2116 STANFORD AVENU			12 / D D / Y Y Y Y 2022							
City SAINT PAUL	State MN	Zip Code 55105-1219	Transaction ID : PR2601159067391 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) Comm	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. KIMES, CARRIE, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1917 SW 27TH STREET			12 / D D / Y Y Y Y Y 12 31 2022							
City TOPEKA	State KS	Zip Code 66611-1643	Transaction ID : PR2601162067391 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	P/R Deduction (\$19.23 Bi-Weekly)							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98								
SUBTOTAL of Receipts This Page (optional			143.46							
TOTAL This Period (last page this line num	per only)									

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12							
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		duress of any political committee								
UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middl A. PERERA, SUSAN, , ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 1201 UNITY AVE N			12 31 Y Y Y Y Y 12 31 2022							
City GOLDEN VALLEY	State MN	Zip Code 55422-4735	Transaction ID : PR2601168867391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middl B. ESCHER JR, DELBERT, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name _ ESCHER JR, DELBERT, , ,									
Mailing Address 885 SUGAR HILL DRIVE			12 31 2022							
City MANCHESTER	State MO	Zip Code 63021-6665	Transaction ID : PR2601171067391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.06							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.78	P/R Deduction (\$14.03 Bi-Weekly)							
Full Name of Individual (Last, First, Middl C. HUDSON, JEFFREY, , ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 1536 BREWSTER DRIV	E		12 / D D / Y Y Y Y 12 31 2022							
City CARROLLTON	State TX	Zip Code 75010-6444	Transaction ID : PR2605703067391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optiona	l)		132.98							
TOTAL This Period (last page this line num	ber 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						
or for commercial purposes, other than us			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	orated PAC (L	InitedHealth Group PA	NC)						
Full Name of Individual (Last, First, Mid A. MCBEATH, ROBERT, , ,	ddle Initial) or Full Or	ganization Name	Date of Receipt						
Mailing Address 2537 RED ARROW D	RIVE		12 31 2022						
City	State NV	Zip Code	Transaction ID : PR2605708967391						
LAS VEGAS		89135-1628	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Seg Chief Med Off	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	1						
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mid B. ANDERSONHUTCHINS, LEIC		ganization Name	Date of Receipt						
Mailing Address 16786 RAINY VALE A	/E		12 31 2022						
City	State	Zip Code	Transaction ID : PR2605717867391						
RIVERSIDE	CA	92503-6535	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		pation (for Individual) Med Grp Non Physn	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Mid C. DAVIS, KELLY, , ,	ddle Initial) or Full Or	ganization Name	Date of Receipt						
Mailing Address 2285 N POWHATAN S	ST		12 31 Y Y Y Y Y 12 31 2022						
City	State	Zip Code	Transaction ID : PR2605734267391						
ARLINGTON	VA	22205-2113	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		192.30						
Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) omm	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optic	nal)	····· •	653.82						
TOTAL This Period (last page this line n	umber only)	••••••							

Use separate schedule(s)

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(check only one)

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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 usir	and Statements may not be sold or used by any ng the name and address of any political commit	/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (UnitedHealth Group I	PAC)							
Full Name of Individual (Last, First, Mido A. LEIGHPITSTICK, EMILY, , ,	dle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 70 SNOW CREEK LN		12 / D D / Y Y Y Y Y 12 31 2022							
City LEAVENWORTH	State Zip Code WA 98826-7802	Transaction ID : PR2605735267391							
	90020-7002	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) Dir Ntwk Contrctng	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼								
Other (specify) ▼	999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Midc B. MALONE, TRACY, , ,	dle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 900 S 22ND ST		12 31 2022							
City	State Zip Code	Transaction ID : PR2605736967391							
ARLINGTON	VA 22202-2625	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	Occupation (for Individual) SVP External Affs	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Midc C. PETERSON, ERIC, , ,	dle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 7757 BECK LN		12 31 2022							
City	State Zip Code	Transaction ID : PR2605750467391							
ZIONSVILLE	IN 46077-9060	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	Occupation (for Individual) VP Mktg	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)	538.44							
TOTAL This Period (last page this line num	mber only)								

Use separate schedule(s)

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		Use separate schedule(s)	(check or	(check only one)							
		for each category of the Detailed Summary Page	X 11a		11b	11c	12	<u> </u>			
Any information copied from such Reports and											
or for commercial purposes, other than using th	he name and a	louress of any political committee		ontrib	utions f	rom such		ee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle I SONSTEGARD, NATHAN, , ,	nitial) or Full C	organization Name	Date of	of Re	ceipt						
Mailing Address 4216 ZENITH AVE S			M 12	12 12 1 2022							
City MINNEAPOLIS	State MN	Zip Code 55410-1413		Transaction ID : PR2606844467391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С						28.0)8			
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin		/lemo	Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R De	ductio	on (\$514	4.04 Bi-W	/eekly)				
Full Name of Individual (Last, First, Middle I RAWLINSON, DORIEN, , ,	nitial) or Full C	organization Name	Date of	of Re	ceipt						
Mailing Address 4795 W RED ROCK DRIVE	01-1	12	Л /	31	/ Y	2022	Ŷ				
City LARKSPUR	State CO	Zip Code 80118-8413					5466739				
FEC ID number of contributing federal political committee.	FEC ID number of contributing				Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Ntwk Contrctng			Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		365.04	P/R Dec	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I FICKER, MARK, , ,		rganization Name	Date of	of Re	ceipt						
Mailing Address 945 MINERS RIDGE COUR	State	Zip Code	12 Tran		31		2022 30676739				
	NV	89451-8801					is Period	•			
FEC ID number of contributing federal political committee.	С				y .		76.9	92			
Name of Employer (for Individual) Optum Services, Inc	Occ VP 0	upation (for Individual) Ops		/lemo	tem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)					y .	9	133.0)8			
TOTAL This Period (last page this line numbe	r only)										

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 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 Inco	rporated PAC (I	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, A. WELDON, BRIAN, , ,	Middle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 1155 MOERS DRIV	E		12 31 2022					
City CHASKA	State MN	Zip Code 55318-4629	Transaction ID : PR2608055567391 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		76.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, I B. LANDO, LISA, , ,	Middle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 60 PINEAPPLE STR APT 3J	Mailing Address 60 PINEAPPLE STREET APT 3J City State Zip Code							
BROOKLYN	NY	11201-6839	Transaction ID : PR2608059567391 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) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, I C. WRIGHT, NORMAN, , ,	Middle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 26335 N 104TH WA	Y		12 31 2022					
City SCOTTSDALE	State AZ	Zip Code 85255-8009	Transaction ID : PR2609812367391 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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (op	tional)		538.44					
TOTAL This Period (last page this line	number only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)							
			for each category of the Detailed Summary Page		1 1a		11b	11c	12	-		
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
		ame and a	uuress of any political committee			and	utions t	IOIII SUCI	i comm	nuee		
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia PATEL, KETAN, , ,	ll) or Full Oi	rganization Name		Date of Receipt							
	Mailing Address 1811 PITCAIRN DRIVE				^M 12	1	D D D 31	/ Y	ү ү 2022	Y		
City State COSTA MESA CA			Zip Code 92626-4702		Transaction ID : PR2612523367391 Amount of Each Receipt this Period							
					[.		т. I.		7	6.92		
			upation (for Individual) Pharm Ops		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96]	P/R Ded	uctio	on (\$38.	46 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initia STEVENS, J, , ,	l) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 93 CONSERVATION ROAD				^M 12	/	31	/ Y	y y 2022	Y		
	City	State CT	Zip Code					PR26125				
	SUFFIELD		06078-2442		Amount	t of	Each R	eceipt th	is Peric	bd	_	
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Sr Dir Tech Prod Mgmt			76.92							
	Name of Employer (for Individual) Optum Services, Inc				Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initia BAKER, MICHAEL, , ,	ll) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 2383 HIGHOVER TRAIL				^M 12	/	31		2022			
	City CHANHASSEN	State MN	Zip Code 55317-4744					PR2612				
	FEC ID number of contributing federal political committee.	С					,			4.60		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO		M	emc	tem					
Receipt For: Aggregate Primary General Other (specify)			Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			•			, .		538	8.44		
т	OTAL This Period (last page this line number or	וy)		•			-			-		

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PAGE 147 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. SHILTS, MATTHEW, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 10 WOODLAND ROAD			M M / D D / Y Y Y Y 12 31 2022						
City EDINA	State MN	Zip Code 55424-1631	Transaction ID : PR2612533267391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		92.30						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Tech Off	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1199.90	P/R Deduction (\$46.15 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. RIVERS, CAROLINE, , ,									
Mailing Address 6368 TIMBER TRACE		12 31 2022							
City	State	Zip Code	Transaction ID : PR2612533767391						
BROWNSBURG	IN	46112-8641	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.02						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir	Memo Item						
Receipt For:	Aggregate	Year-to-Date V	7						
Other (specify) ▼		364.26	P/R Deduction (\$14.01 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. KIECKHAFER, REGINA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 28 BINNACLE LANE			12 / D D / Y Y Y Y Y 12 31 2022						
City KENNEBUNKPORT	State ME	Zip Code 04046-5434	Transaction ID : PR2612536267391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc	tum Services, Inc VP Ger		Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			148.40						
TOTAL This Period (last page this line number	er only)								

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FOR LINE NUMBER:

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		Use separate schedule(s)	(ch	(check only one)								
111			for each category of the Detailed Summary Page	×	1 1a		11b	11c	12			
	y information copied from such Reports and Sta											
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	to so	Dicit con	trib	utions fi	rom sucr	i committe	ee.		
\rangle	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initia HANSEN, KIMBERLY, , ,	al) or Full O	rganization Name		Date of Receipt							
	Mailing Address 6227 UPLAND LN N				^M ^M 12	/	D D D 31	/ Y	y y 2022	Y		
	City MAPLE GROVE	State MN	Zip Code 55311-4003	_					88326739 is Period	1		
	FEC ID number of contributing federal political committee.	С					,		28.0	08		
Optum Services, Inc D			upation (for Individual) Ntwk Prgms		Me	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	F	P/R Dedu	uctic	on (\$14.)	04 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initia KREJCI, ANDREW, , ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 19880 LAKEVIEW AVENUE						D D 31	/ Y	2022	Y		
	City EXCELSIOR	State MN	Zip Code 55331-9352				-		1076739	1		
	FEC ID number of contributing		С			Amount of Each Receipt this Period						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.08	P/R Deduction (\$28.08 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Initia RHODES, JOHN, , ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 12439 GLENLIVET LOWLAND	AVE			12 ^M	/	D D D 31	/ Y	2022	Y		
	City LAS VEGAS	State NV	Zip Code 89138-6244	_					07516739 is Period	1		
	FEC ID number of contributing federal political committee.	С					, .	. ,	38.4	46		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir/CMO	Memo Item								
Receipt For: Aggre Primary General Other (specify) Image: Constraint of the specify in the specify in the specify in the specific of the speci			Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)						,	,	122.7	70		
т	OTAL This Period (last page this line number or	וy)	••••••	-			,	-				

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			13 14 15 16 17				
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpo	rated PAC (JnitedHealth Group PA	4C)				
Full Name of Individual (Last, First, Midd SOLOMON, RANDALL, , ,	le Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 760 HAIGHT STREET			12 31 2022				
City	State CA	Zip Code	Transaction ID : PR2615671567391				
SAN FRANCISCO	CA	94117-3317	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) Behvrl Med Dir	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	-				
Primary General Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)				
Full Name of Individual (Last, First, Midd B. BIRNBAUM, MICHAEL, , ,	organization Name	Date of Receipt					
Mailing Address 55 DEAN STREET	Mailing Address 55 DEAN STREET						
City	State	Zip Code	Transaction ID : PR2615671667391				
BROOKLYN	NY	11201-6245	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) HIthcare Econ	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Midd) C. SCALLY, MICHAEL, , ,	le Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 601 PLYMOUTH RD			12 31 2022				
City	State	Zip Code	Transaction ID : PR2615929167391				
BALTIMORE	MD	21229-2213	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		28.08				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
United HealthCare Services Inc		Gen Mgmt					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,	r	489.60				

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Statific for commercial purposes, other than using the n			erson for the purpose of soliciting contributions						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)						
A.	Full Name of Individual (Last, First, Middle Initia KIRBY, WESLEY, , ,	l) or Full Or	rganization Name	Date of Receipt						
	Mailing Address 414616 E 1069 RD	12 31 2022								
City State COUNCIL HILL OK			Zip Code 74428-5000	Transaction ID : PR2615957067391 Amount of Each Receipt this Period						
				28.08						
			ipation (for Individual) ager, Advisory Svcs	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia OSTRANDER, ROBERT, , ,	l) or Full Or	rganization Name	Date of Receipt						
	Mailing Address 18 BARTON COURT	12 / D D / Y Y Y Y Y 12 31 2022								
	City PLEASANT HILL	State CA	Zip Code 94523-2029	Transaction ID : PR2615960667391						
FEC ID number of contributing federal political committee.			94323-2029	Amount of Each Receipt this Period						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
С.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name	Date of Receipt						
	Mailing Address 906 BLUEBIRD			12 / D D / Y Y Y Y 2022						
	City MANCHACA	State TX	Zip Code 78652-4154	Transaction ID : PR2617361167391 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		28.08						
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Aggregat Primary General Other (specify)			Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			133.08						
т	OTAL This Period (last page this line number on	ly)	••••••							

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	Use separate schedule(s)	(check o	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	_	
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)	io name anu a			JULI	500015	nom auci	- commu		
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I TRAW, KEVIN, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt				
Mailing Address 518 13TH ST			M 12		31	D / Y	y y 2022	Y	
City HUNTINGTON BEACH	State CA	Zip Code 92648-4038				PR26173 Receipt th	36566739 is Period	1	
FEC ID number of contributing federal political committee.				-y 1		76.9	92		
Name of Employer (for Individual) Optum Services, Inc	upation (for Individual) Gen Mgmt		Memo	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R De	educti	ion (\$38	.46 Bi-We	ekly)		
Full Name of Individual (Last, First, Middle I BAUBLIT, MICHAEL, , ,	rganization Name	Date	of Re	eceipt					
Mailing Address 2201 RIDGEWIND WAY	Zip Code	M 12		31) / Y	y y 2022	Y		
City WINDERMERE	State FL					2716739			
FEC ID number of contributing federal political committee.	С	34786-5823	Amount of Each Receipt this Period						
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP Cust Strategy			o Item				
Receipt For:	Aggregate	Year-to-Date ▼		-					
Other (specify) ▼		365.04	P/R De	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I MIKICH, MICHAEL, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt				
Mailing Address 10004 CHARLEMONT	01-1-	7. 0.4	12	2	31	J L	2022		
City LAS VEGAS	State NV	Zip Code 89134-6703				R2617	32876739 is Period	1	
FEC ID number of contributing federal political committee.	С				y .	. ,	19.2	22	
Optum Services, Inc VF		upation (for Individual) Gen Mgmt		Memo	o Item				
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 249.86	P/R Deduction (\$9.61 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		•			, ,	. ,	124.2	22	
TOTAL This Period (last page this line numbe	r only)					1 45			

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
			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 Incorpo	rated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middl GARNER, JOHN, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1725 YATES DRIVE			12 31 2022						
City MERRITT ISLAND	State FL	Zip Code 32952-5937	Transaction ID : PR2617933467391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.46						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Architecture	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.98	P/R Deduction (\$7.73 Bi-Weekly)						
Full Name of Individual (Last, First, Middl B. MISKELL-CLOUTIER, DOMINIC		rganization Name	Date of Receipt						
Mailing Address 12101 STRETFORD FOR	1		12 / D D / Y Y Y Y 12 31 2022						
City	State VA	Zip Code	Transaction ID : PR2618984967391						
BRISTOW	VA	20136-2078	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻	7						
Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middl C. DOMB, JULIET, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 116 CHURCH ST			12 / D D / Y Y Y Y 31 2022						
City WATERTOWN	State MA	Zip Code 02472-4721	Transaction ID : PR2618988767391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optiona	l)		235.84						
TOTAL This Period (last page this line nun	ber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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		Use separate schedule(s)	(ch	(check only one)										
			for each category of the Detailed Summary Page		K 11a		11b	11c	12	1 47				
	y information copied from such Reports and Star for commercial purposes, other than using the n													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initia CONNOR, MARSHA, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 3845 WEST 143RD TERRACE					12 31 2022								
	City LEAWOOD	State KS	Zip Code 66224-3911					PR26189 Receipt th		1				
									28.	08				
			ipation (for Individual) n Exec Dir		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04]	P/R Dedi	uctio	on (\$14.	.04 Bi-We	eekly)					
B.	Full Name of Individual (Last, First, Middle Initia BROWN, ROGER, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 512 EAST STATE AVE City State Zip Code						D D D 31		2022	Y				
	PHOENIX	AZ	85020-4940					PR26225 leceipt th		1				
			C			384.60								
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Mktg Bus Dev			Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initia OLSON, MARK, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 848 S CORONA ST				^M 12	/	31		y y 2022					
	City DENVER	State CO	Zip Code 80209-4410					PR2622		1				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	76.	92				
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) 'P SIs Acct Mgmt		Memo Item									
Receipt For: Ag Primary General Other (specify) Image: Construction of the specify of the specific			Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•			, .		489.	60				
т	OTAL This Period (last page this line number on	ly)		•			, ,							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	★ 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			son for the purpose of soliciting contributions								
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initia TROCINSKI, CAROL, , ,	l) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 1030 ROBIN COURT	Otata	70.004									
	City WEST SALEM	State WI	Zip Code 54669-1919	Transaction ID : PR2623691067391								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Regl Affs	Memo Item								
	Receipt For:		e Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia MOURAS, DENNIS, , ,	Date of Receipt										
	Mailing Address 5942 BRIARWOOD COURT	Zip Code	12 / ^D D / ^Y Y Y Y Y 12 31 2022									
	CLARKSTON	State MI	48346-3176	Transaction ID : PR2623702967391 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) h Plan CEO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia CAMP, MELISSA, , ,	l) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 124 WOODFIELD BLVD			12 / D D / Y Y Y Y Y 12 31 2022								
	City MECHANICVILLE	State NY	Zip Code 12118-3038	Transaction ID : PR2624436867391 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) sc Dir Ntwk Contrctng	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		•	440.76								
Т	OTAL This Period (last page this line number on	ly)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(ch	(check only one)								
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12	1 47			
	nformation copied from such Reports and Stat commercial purposes, other than using the n												
	ME OF COMMITTEE (In Full)			\sim									
	nitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	C)									
	II Name of Individual (Last, First, Middle Initial IULES, REBECCA, , ,) or Full Or	rganization Name		Date of	Re	ceipt						
Ma	Mailing Address 1136 BATTERY AVENUE				12 31 2022								
Cit B/	y ALTIMORE	State MD	Zip Code 21230-4112					PR26244 Receipt th					
								1.95	384.	60			
			ipation (for Individual) Govt Affs		Me	emo	Item						
Re	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4999.80	F	P/R Dedi	uctio	on (\$19	2.30 Bi-W	/eekly)				
в. <u>S</u>	II Name of Individual (Last, First, Middle Initial INGH, KANWAR, , ,) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 10422 VERDI COURT						31		2022				
		MD	21042-2586				-	PR26244 Receipt th					
	FEC ID number of contributing federal political committee.		C			28.08							
	ame of Employer (for Individual) tum Services, Inc	Occupation (for Individual) Dir Gen Mgmt			Memo Item								
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
	II Name of Individual (Last, First, Middle Initial) or Full Or	rganization Name		Date of	Re	ceipt						
	iling Address 4842 JUNIPER DR				^M 12	1	31		2022 Y				
Cit P	y ALM HARBOR	State FL	Zip Code 34685-2688					PR26254 leceipt th					
	C ID number of contributing leral political committee.	C			<u> </u>		y .	,	384.	60			
Ur	me of Employer (for Individual) hited HealthCare Services Inc		ipation (for Individual) Cust Svs		Memo Item								
Re	Ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Week				/eekly)					
SUB	TOTAL of Receipts This Page (optional)		•				,	. ,	797.	28			
тот	AL This Period (last page this line number on	ly)	•	-			, .						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	EMIZED RECEIPTS		Detailed Summary Page	✗ 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										
\setminus	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initial COLLETTE, CHRISTOPHER, , ,) or Full O	Organization Name	Date of Receipt							
	Mailing Address 4776 MANITOU ROAD			M M / D D / Y Y Y Y 12 31 2022							
	City	State	Zip Code	Transaction ID : PR2625499567391							
	EXCELSIOR	MN	55331-9400	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 UnitedHlth Grp	Memo Item							
	Poppint For:		Year-to-Date V	-							
	Primary General Other (specify) ▼	, yyreyale	4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initial SMITH, LISA, , ,) or Full O	Organization Name	Date of Receipt							
	Mailing Address 5040 INTERLACHEN BLUFF			12 31 2022							
	City	State	Zip Code	Transaction ID : PR2625503767391							
	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) P Gen Mgmt	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initial LIVERS, JEFFREY, , ,) or Full O	Irganization Name	Date of Receipt							
	Mailing Address 402 DERBY COURT			12 / 12 / Y Y Y Y 12 / 31 / 2022							
	City	State	Zip Code	Transaction ID : PR2626346067391							
	MEBANE	NC	27302-9452	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		28.08							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$14.04 Bi-Weekly)							
	Other (specify)	L	365.04								
s	UBTOTAL of Receipts This Page (optional)			797.28							
т	OTAL This Period (last page this line number on	ly)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		X	11a	а [11b		110	; [12			
			Detail				13			14		15		16		1
or	y information copied from such Reports and Stat for commercial purposes, other than using the n															
\setminus	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated	I PAC (l	Jnited	Health Group	PA(C)										
۹.	Full Name of Individual (Last, First, Middle Initia TERRAL, RECCA, , ,	l) or Full O	organizati	on Name		Date of Receipt										
	Mailing Address 6828 SIMMONS RD						[™] 1:		/		31	1	Y	y y 2022		
		State TX		Code		Transaction ID : PR2626359667391										
	NORTH RICHLAND HILLS		76	182-4259		_	Amo	unt	of I	Eac	ר Re	eceipt	this	Peric	bd	
	FEC ID number of contributing federal political committee.	С				28.08										
	Name of Employer (for Individual) Optum Services, Inc		upation (Gen Mgm	for Individual) nt				Me	mo	lter	n					
	Paggint For:	Aggregate				-										
	Primary General Other (specify) ▼		F	P/R D	edu	ictic	on (\$;14.(04 Bi-	Wee	kly)					
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BONAR, BRUCE, , ,						Date of Receipt									
	Mailing Address 1362 DOS HERMANOS GLEN					12 31 2022										
	City	State Zip Code					Tra	nsa	ictio	on I	D : I	PR262	2690	68673	391	
	ESCONDIDO	CA	92	027-1270	-1270					Eacl	n Re	eceipt	this	Peric	bd	
	FEC ID number of contributing federal political committee.						Ē			,	<u> </u>			2	8.08	3
	Name of Employer (for Individual) Optum Services, Inc		•	for Individual) Engineering				Me	mo	lter	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I	Date ▼ 365.04		P/R Deduction (\$14.04 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initia SCHENCK, ERIK, , ,	l) or Full O	Irganizati	on Name			Date	of	Ree	ceip	t					
	Mailing Address 18236 DOE TRAIL						M 1:		/	D	31	1		y 2022		
	City	State	· · ·	Code			Tra	insa	acti	on I	D :	PR26	2773	0467	391	
	BRAINERD	MN	56	401-7987		_	Amo	unt	of I	Eacl	n Re	eceipt	this	Peric	bd	
	FEC ID number of contributing federal political committee.	С					С			y	<u> </u>	. ,	_	2	8.08	3
	Name of Employer (for Individual) Optum Services, Inc		upation(Med Clin	for Individual) Ops				Me	emo	Iter	n					
	Dessint For:	1		-		-										
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.04						P/R Deduction (\$14.04 Bi-Weekly)								
	JBTOTAL of Receipts This Page (optional)									,	-		-	84	4.24	1

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
or	y information copied from such Reports and Statem for commercial purposes, other than using the nam			rson for the purpose of soliciting contributions					
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (L	JnitedHealth Group PA	C)					
Α.	Full Name of Individual (Last, First, Middle Initial) c	or Full Or	rganization Name	Date of Receipt					
	Mailing Address 29039 HOBBLEBUSH			12 / D D / Y Y Y Y 12 31 2022					
	5	State TX	Zip Code 78260-2249	Transaction ID : PR2627731967391					
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs	Memo Item					
	Receipt For: Ag Primary General Other (specify) ▼	igregate `	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
	Full Name of Individual (Last, First, Middle Initial) c	rganization Name	Date of Receipt						
	Mailing Address 1045 SWEET GUM WAY			12 31 2022					
	,	State NC	Zip Code 27302-6511	Transaction ID : PR2627735567391 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			28.08					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	Memo Item					
	Receipt For: Ag Primary General Other (specify) ▼	igregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
	Full Name of Individual (Last, First, Middle Initial) c LINDLEY, SHEILA, , ,	or Full Or	rganization Name	Date of Receipt					
	Mailing Address 3656 WINDING WOOD LANE			12 31 Y Y Y Y Y 12 31 2022					
		State KY	Zip Code 40515-1283	Transaction ID : PR2627739867391 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			27.80					
	Name of Employer (for Individual) Optum Services, Inc	Occu Med	upation (for Individual) Dir	Memo Item					
	Receipt For: Ag Primary General Other (specify) Image: Constraint of the second	gregate `	Year-to-Date ▼ 361.40	P/R Deduction (\$13.90 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			83.96					
	OTAL This Period (last page this line number only)								

Use separate schedule(s)

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					
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle DUKART, JENNIFER, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 2541 DRESDEN LANE			12 31 Y Y Y Y 2022					
City	State MN	Zip Code	Transaction ID : PR2627749167391					
GOLDEN VALLEY		55422-3617	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					
United HealthCare Services Inc	Bus	Segment Gen Counsel						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. NAKAJIMA, KENICHI, , ,	Date of Receipt							
Mailing Address 15822 BELFAST LANE			12 31 2022					
City	State	Zip Code	Transaction ID : PR2628319067391					
HUNTINGTON BEACH	CA	92647-3104	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		7.16					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Act Svs	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.98	P/R Deduction (\$9.61 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. PARIS, KATHERINE, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 17365 62ND AVE N			12 31 Y Y Y Y 2022					
City	State	Zip Code	Transaction ID : PR2628320667391					
MAPLE GROVE	MN	55311-6405	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		226.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item					
Receipt For:	Aggregate	Year-to-Date V						
Other (specify)		2499.96	P/R Deduction (\$96.15 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional))		618.68					
TOTAL This Period (last page this line numb	per only)							

Use separate schedule(s)

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		Use separate schedule(s)	(cheo	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	·	
Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)			0 10 301					IT COMMIN		
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle I SHJERVE, NICHOLAS, , ,	nitial) or Full C	rganization Name	D	ate of	Re	ceipt				
Mailing Address 12126 94TH AVE N				^M 12	/	31) / Y	ү ү 2022	Y	
City MAPLE GROVE	State MN							32986739 nis Period	1	
FEC ID number of contributing federal political committee.	С							80.	12	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.90	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I B. MANNING, KIM, , ,	nitial) or Full C	rganization Name	D	ate of	Re	ceipt				
Mailing Address 12703 DEER CREEK DRIVE	Mailing Address 12703 DEER CREEK DRIVE					31) / Y	y y 2022	Y	
City OMAHA	State NE	Zip Code 68142-1762						33146739	1	
	_	A	mount	OT	Each F	leceipt tr	nis Period	_		
FEC ID number of contributing federal political committee.						-	-	76.	92	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg		Me	emo	Item				
Receipt For:	Aggregate	pregate Year-to-Date ▼								
Other (specify) ▼		999.96	P/F	≀ Dedu	uctic	on (\$38.	.46 Bi-We	eekly)		
Full Name of Individual (Last, First, Middle I c. VANDERWALDE, LAMBERT, , ,		rganization Name	D	ate of	Re	ceipt				
Mailing Address 45 AUDUBON CAUSEWAY				^M 12	/	31		2022	Y	
City LANTANA	State FL	Zip Code 33462-4756						33236739 nis Period	1	
FEC ID number of contributing federal political committee.	С					y	.,	384.	60	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 UHG Research-Corp Affairs		Me	emo	Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/I	२ Dedu	uctio	on (\$19	2.30 Bi-V	Veekly)		
SUBTOTAL of Receipts This Page (optional)						,		541.	64	
TOTAL This Period (last page this line numbe	r only)						-			

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle A. PIAZZA, ELIZABETH, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 117 HILLSIDE LN			12 31 Y Y Y Y Y 12 31 2022						
City POTTSTOWN	State PA	Zip Code 19465-8583	Transaction ID : PR2628334167391 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) Med Clin Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. KORNHAUSER, MICHAEL, , ,									
Mailing Address 180 SUMMIT LANE		12 / D D / Y Y Y Y Y 2022							
City BALA CYNWYD	State PA	Zip Code 19004-2931	Transaction ID : PR2628335767391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ned Dir	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1506.96	P/R Deduction (\$57.96 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. MILLER, DEBRA, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 443 FARLEY DR	State	Zip Code	12 31 2022						
INDIANAPOLIS	IN	46214-3572	Transaction ID : PR2628791367391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ir Product	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)		220.92						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	47	
	n copied from such Reports and Sta cial purposes, other than using the i				for the	purp	ose of s		contribu		
	COMMITTEE (In Full)										
	lealth Group Incorporated	d PAC (L	InitedHealth Group PA	AC)							
	of Individual (Last, First, Middle Initia DN, ALYSSA, , ,	al) or Full Or	ganization Name		Date of	Rec	ceipt				
Mailing Add	ress 6430 POLARIS LANE N				12 31 2022						
City MAPLE GR	OVE	StateZip CodeMN55311-4320							79896739 is Perioc	-	
	nber of contributing ical committee.	C							192	.30	
	nployer (for Individual) thCare Services Inc	Occu Dir F		Me	emo	Item					
Receipt For Prima Other		Aggregate	P	P/R Ded	uctio	n (\$96.1	15 Bi-We	ekly)			
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name THOMPSON, BRUCE, , ,					Rec	ceipt				
	City					/	31	/ Y	y y 2022	Ý	
City DALLAS		State TX	Zip Code 75235-7590						33366739 is Perioc		
FEC ID nur	nber of contributing ical committee.	C				384.60					
	nployer (for Individual) hCare Services Inc		pation (for Individual) Gen Mgmt	_	Me	emo	ltem				
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
	of Individual (Last, First, Middle Initia MIN, GEORGANNE, , ,	al) or Full Or	ganization Name		Date of	Rec	eipt				
	ress 3439 S MILLSPUR WAY				12 31 2022						
City BOISE		State ID	Zip Code 83716-8648						5541673 is Perioc		
	nber of contributing ical committee.	С						,		.00	
Optum Serv	-		pation (for Individual) en Mgmt		Me	emo	ltem				
Receipt For Prima Other		Aggregate Year-to-Date ▼ 390.00				P/R Deduction (\$15.00 Bi-Weekly)					
SUBTOTAL o	f Receipts This Page (optional)			•					606	.90	
TOTAL This F	Period (last page this line number o	nly)	· · · · · · · · · · · · · · · · · · ·	•			,				

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			Use separate schedule(s)			(check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12		
	y information copied from such Reports and Stat for commercial purposes, other than using the n										
\	NAME OF COMMITTEE (In Full)		,					5401			
\rangle	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initial SAYEED, OMER, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
Mailing Address 2239 HOLLISTON AVE				12 31 2022							
	City ALTADENA	StateZip CodeCA91001-3213			Transaction ID : PR2632078267391 Amount of Each Receipt this Period						
							,	-	76.9	92	
			Occupation (for Individual) VP Gen Mgmt				Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	F	P/R Dedu	uctio	on (\$38.	46 Bi-We	ekly)		
в.	Full Name of Individual (Last, First, Middle Initial DREFAHL, JASON, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 6104 FOX MEADOW LN					/	D D D 31	/ Y	y y 2022	Y	
	City	State MN	Zip Code				-		7896739	1	
	EDINA		55436-1217		Amount	of	Each R	eceipt th	is Period		
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Division COO			384.60						
	Name of Employer (for Individual) Optum Services, Inc				Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initial NAPOLITANO, DIANE, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 9 CHESTNUT COURT				12 ^M	/	31	JL	2022 Y	_	
	City BASKING RIDGE	State NJ	Zip Code 07920-3100				-		08776739 is Period	1	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	,	28.0	08	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ir Capability		Me	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	F	P/R Dedu	uctio	on (\$14.	04 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)		••••••				9		489.6	60	
т	OTAL This Period (last page this line number on	ly)	•••••	-			,				

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	-	Use separate schedule(s)	(check only one)						
		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 a to collicit contributions						
or for commercial purposes, other than using	ine name and a	louress of any political committe	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle GORSUCH, KIRSTEN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 2780 COUNTRYSIDE DRI	VE WEST		12 31 2022						
City ORONO	State MN	Zip Code 55356-9676	Transaction ID : PR2632087867391 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) P Comm	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 961.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. TUFFIN, MICHAEL, , ,									
	Aailing Address 5904 ASHBY MANOR PLACE								
City ALEXANDRIA	State VA	Zip Code 22310-2267	Transaction ID : PR2632087967391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	FEC ID number of contributing								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Govt Affs	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		4999.80	P/R Deduction (\$0.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle MEENTS, BENJAMIN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 6531 BIG WOODS DRIVE	01-1-		M M / D D / Y Y Y Y 12 31 2022						
City MINNETRISTA	State MN	Zip Code 55331-2026	Transaction ID : PR2632088167391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			846.12						
TOTAL This Period (last page this line numb	er only)								

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			Use separate schedule(s)	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12						
	y information copied from such Reports and Sta		ay not be sold or used by any po							
or	for commercial purposes, other than using the r	name and a	ddress of any political committee	to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	NC)						
A.	Full Name of Individual (Last, First, Middle Initia BARTEN, TIMOTHY, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 2294 164TH AVE NW			12 31 Y Y Y Y Y 12 31 2022						
	City ANDOVER	State MN	Zip Code 55304-2156	Transaction ID : PR2632854967391 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		0.00						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Iir Bus Systems Analysis	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Deduction (\$0.00 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia ORRICK, VERONICA, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 2960 CLAREMORE LANE			12 / D D / Y Y Y Y 12 31 2022						
	City LONG BEACH	State CA	Zip Code 90815-1642	Transaction ID : PR2632858567391 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	28.08								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Prov Data	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
С.	Full Name of Individual (Last, First, Middle Initia WALTHOUR, JOHN, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 5049 COLFAX AVE S			12 31 2022						
	City MINNEAPOLIS	State MN	Zip Code 55419-1145	Transaction ID : PR2632877067391 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	Occu VP N	upation (for Individual) /ktg	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			412.68						
т	OTAL This Period (last page this line number or	nly)	•••••							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	WIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
or fo	r commercial purposes, other than using the n			erson for the purpose of soliciting contributions						
\	AME OF COMMITTEE (In Full) InitedHealth Group Incorporated	PAC (I	JnitedHealth Group PA	.C)						
	III Name of Individual (Last, First, Middle Initia RADEL, TRAVIS, , ,) or Full C	rganization Name	Date of Receipt						
M	ailing Address 1890 SANDBAR CIRCLE			12 31 Y Y Y Y Y 12 31 2022						
	ty /ACONIA	State MN	Zip Code 55387-1072	Transaction ID : PR2632878867391						
			55567-1072	Amount of Each Receipt this Period						
	EC ID number of contributing deral political committee.	С		19.23						
	ame of Employer (for Individual) nited HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
R	eceipt For:		Year-to-Date ▼							
	Primary General Other (specify) ▼		480.75	P/R Deduction (\$19.23 Bi-Weekly)						
	ull Name of Individual (Last, First, Middle Initial) or Full C	rganization Name	Date of Receipt						
	ailing Address 2625 LEROY LANE			12 31 2022						
	ty /EST BLOOMFIELD	State MI	Zip Code 48324-2237	Transaction ID : PR2632883567391 Amount of Each Receipt this Period						
	EC ID number of contributing deral political committee.	С		28.08						
	ame of Employer (for Individual) hited HealthCare Services Inc	Memo Item								
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
	III Name of Individual (Last, First, Middle Initia SARGENT, GLORIA, , ,) or Full C	rganization Name	Date of Receipt						
	ailing Address 3750 CANAL STREET			12 31 2022						
	ty	State	Zip Code	Transaction ID : PR2634119367391						
	AINT CHARLES	MO	63301-8510	Amount of Each Receipt this Period						
	EC ID number of contributing deral political committee.	С		28.08						
	ame of Employer (for Individual) nited HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUE	BTOTAL of Receipts This Page (optional)			75.39						
тот	AL This Period (last page this line number on	ly)	·····							

Use separate schedule(s)

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						
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 (L	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Mide A. HAPGOOD, WADE, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 330 NW 82ND	Otata	Zin Oode	12 / D D / Y Y Y Y 2022						
City TOPEKA	State KS	Zip Code 66617-2223	Transaction ID : PR2634167067391						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)						
Full Name of Individual (Last, First, Mide ROALDI, MICHAEL, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4720 HARRIET AVENU									
City MINNEAPOLIS	State MN	Zip Code 55419-5434	Transaction ID : PR2634169567391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		77.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Prd	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1001.00	P/R Deduction (\$38.50 Bi-Weekly)						
Full Name of Individual (Last, First, Mide C. HACKNEY, JOHN, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 425 N 15TH ST			12 / D D / Y Y Y Y Y 12 31 2022						
City NASHVILLE	State TN	Zip Code 37206-2774	Transaction ID : PR2634170367391 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		ipation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	al)		269.30						
TOTAL This Period (last page this line nu	mber only)	•••••							

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and									
or for commercial purposes, other than using the	ne name and a	louress of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I A. PRIBLE, JOHN, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1923 SHIVER DR			12 31 2022						
City ALEXANDRIA	State VA	Zip Code 22307-1629	Transaction ID : PR2634656667391 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) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I B. WOJCIK, ADAM, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 11424 BOULDER DRIVE									
City ORLAND PARK	State IL	Zip Code 60467-7419	Transaction ID : PR2634886567391 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	s l								
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) ▼		364.78	P/R Deduction (\$199.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I PESCATELLO, SARA, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1311 HAMLIN STREET NE			12 31 2022						
City WASHINGTON	State DC	Zip Code 20017-2451	Transaction ID : PR2634888567391 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		upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			604.96						
TOTAL This Period (last page this line numbe	er only)								

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		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)	AIZED RECEIPTS br each category of the breaked summary Page											
	ated PAC (I	JnitedHealth Group P	AC)									
A. POWER, ROBERT, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 20 SMITH LANE												
City SAINT JAMES		· ·	Transaction ID : PR2634892867391 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individual) Optum Services, Inc		, , ,	Memo Item									
Primary General	Aggregate		P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. GILREATH, BRIAN, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 236 JERRY ROAD			12 31 2022									
City EAST HARTEORD			Transaction ID : PR2635426867391									
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period									
Name of Employer (for Individual) United HealthCare Services Inc			Memo Item									
	Aggregate		P/R Deduction (\$9.62 Bi-Weekly)									
Full Name of Individual (Last, First, Middle PAYET, KEITH, , ,	Initial) or Full C	rganization Name	Date of Receipt									
			12 31 2022									
City NASHVILLE			Transaction ID : PR2635440067391 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		1 ()	Memo Item									
	Aggregate	4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			480.76									
TOTAL This Period (last page this line numb	er only)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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				or each category of the Detailed Summary Page	×	11a 13		-	11b 14		11c 15	12	17		
	y information copied from such Reports and Stater for commercial purposes, other than using the nar					or the		rpo	ose		oliciting	g contrib	utions		
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (l	Jni	tedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initial) MANN, MELISSA, , ,	or Full O	rgar	nization Name	[Date	of R	ec	eipt						
	Mailing Address 15526 ELM RD				12 31 Y Y Y Y Y 12 31 2022										
	5	State		Zip Code		Trar	sac	tic	on ID) : P	R2635	4421673	91		
	MAPLE GROVE	MN		55311-3941	A	mou	nt of	fΕ	Each	Re	ceipt th	nis Perioo	ł		
	FEC ID number of contributing federal political committee.	C			38.46										
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ble Team		ſ	/lem	0	Item	1					
	Peopint For:			r-to-Date ▼	-										
	Primary General Other (specify) ▼	ggregale	100	499.98	P/	R De	duct	io	n (\$1	19.2	3 Bi-We	eekly)			
В.	Full Name of Individual (Last, First, Middle Initial) MIRAU, ANTHONY, , ,	or Full O	rgar	nization Name		Date	of R	ec	ceipt						
	Mailing Address 770 HAWKCREST CIR				12 31 2022										
	City	State		Zip Code		Transaction ID : PR2635444267391 Amount of Each Receipt this Period									
	CHANHASSEN	MN		55317-4860	A										
	FEC ID number of contributing federal political committee.	C		192.30											
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP (Memo Item												
	Receipt For: A(Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Date	of R	ec	ceipt						
	Mailing Address 28108 N 17TH DR					[™] 12		/	D	р 31	/ Y	y y 2022	Y		
		State		Zip Code		Trar	sac	tic	on ID) : P	R2635	4451673	91		
	PHOENIX	AZ		85085-5352	A	mou	nt of	fE	Each	Re	ceipt th	nis Perioo	ł		
	FEC ID number of contributing federal political committee.	C				_		,	7		y	28	.08		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Exec	•	ion (for Individual)		1	Nem	0	Item	I					
	Receipt For: Ag Primary General Other (specify)	ggregate	Yea	r-to-Date ▼ 365.04	P/	ſR De	duct	tio	n (\$1	14.0	4 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)											258	.84		
	OTAL This Period (last page this line number only)				Ī				,		7				

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		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
	me name and a	uuress or any political committee	r each category of the etailed Summary Page Tia 11a 11b 11c 12 13 14 15 16 11c 12 13 14 15 16 11c 12 13 14 15 16 11c 12 13 14 15 16 11c 12 12 12 12 12 12 12 12 12 12								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle ROOS, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3199 KAGEN AVE NE											
City SAINT MICHAEL	State MN	Zip Code 55376-3416	Transaction ID : PR2635451267391								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Chief Acctng Off	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle NELSON, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2048 STAGHORN DRIVE			12 31 2022								
City SHAKOPEE	State MN										
	_	00019-0412	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ople Business Partner									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle MADONDO, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 147 BLUEBELL WAY											
City FRANKLIN	State TN	Zip Code 37064-6784									
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate		P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			489.60								
TOTAL This Period (last page this line number	er only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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IT.			Use separate schedule(s)	(ch	neck only	/ or	ne)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
$\overline{\langle}$	NAME OF COMMITTEE (In Full)			5 10 3										
\rangle	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia DEMPSEY, MICHAEL, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 6614 PARKWOOD LANE				12 / D D / Y Y Y Y 12 2022									
	City EDINA	State MN	Zip Code 55436-1734	Transaction ID : PR2636726367391 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	Occu VP F	pation (for Individual) ïn		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
в.	Full Name of Individual (Last, First, Middle Initia HILL, DAVID, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 1800 RIDGE AVENUE UNIT 303			12 / 12 / 2022 Transaction ID : PR2636726567391										
	City EVANSTON	State	Zip Code 60201-5980							1				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 76.92										
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dep	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96] F	P/R Dedu	uctio	on (\$38	46 Bi-We	ekly)					
C.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 20840 SAWMILL ROAD				^M 12	/	31	JL	2022 Y					
	City JORDAN	State MN	Zip Code 55352-9633	-			-		72756739 is Period	1				
	FEC ID number of contributing federal political committee.	С					,	,	192.:	30				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) een Mgmt		Me	emo	tem							
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 2499.90											
s	UBTOTAL of Receipts This Page (optional)			•			, ,		346.1	14				
т	OTAL This Period (last page this line number or	ıly)		- •			. .							

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ITEMIZED RECE			(ch	(check only one)										
	1713	for each category of the Detailed Summary Page			11a		11b	11c	12	<u> </u>				
Any information copied fu	rom such Reports and Sta	tements ma	ay not be sold or used by any	person	13 for the plicit core	purpo	14 ose of	15 soliciting	16 contribut	17 ions				
	-	name and a	address of any political committe	e to so	DIICIT CON	itribu	tions fr	om suci		e.				
		I PAC (I	UnitedHealth Group P	AC)	AC)									
A. QUICK, JAMES, ,			Drganization Name		Date of Receipt									
	MOUNTAIN RIDGE DRIVE				M M / D D / Y Y Y Y 12 31 2022									
City JONESBOROUGH		State TN	Zip Code 37659-6382		Transaction ID : PR2637679567391 Amount of Each Receipt this Period									
FEC ID number of co federal political comm		С			28.08									
Name of Employer (fo United HealthCare Ser	,		cupation (for Individual) Cust Service		Me	emo	Item							
Receipt For: Primary Other (specify)	General	Aggregate	e Year-to-Date ▼ 365.04] F	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individua B. PEDERSEN, NIC	al (Last, First, Middle Initia	ll) or Full C	Drganization Name	Date of Receipt										
Mailing Address 1862	CLOVER MEADOW DR			12 ^M	1	D D D 31	/ Y	y y 2022	Y					
City CHASKA		State MN	Zip Code 55318-5400						5 84767391 iis Period					
FEC ID number of co federal political comm	0	С	28.08											
Name of Employer (fo United HealthCare Ser		Occ Sr I		Memo Item										
Receipt For: Primary Other (specify)	General	Aggregate	e Year-to-Date ▼ 365.04] P	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individua c. LARSON, CHR	al (Last, First, Middle Initia	ll) or Full C	Drganization Name		Date of	Rec	eipt							
Mailing Address 3360	VISTA COURT	State	Zip Code		12 T	/	31		2022					
City HASTINGS		MN	55033-3347						68876739 iis Period	I				
FEC ID number of co federal political comm	0	С			<u> </u>	, ,		y	28.0	18				
Name of Employer (fo Optum Services, Inc	r Individual)	Occ Dir (Me	emo	ltem								
Receipt For: Primary Other (specify)	General	Aggregate Year-to-Date ▼ 365.04				P/R Deduction (\$14.04 Bi-Weekly)								
SUBTOTAL of Receipts	This Page (optional)			•					84.2	.4				
TOTAL This Period (las	t page this line number or	ıly)		•										

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b		11c	12	<u> </u>		
	y information copied from such Reports and State for commercial purposes, other than using the na												
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) SIVLEYIII, HARRY, , ,	or Full C	Organization Name	C	Date of Receipt								
	Mailing Address 3560 GOLDENROD DRIVE			12 / D D / Y Y Y Y 12 31 2022									
	City ALPHARETTA	State GA	Zip Code 30005-4280		Transaction ID : PR2638106667391								
		04	30003-4280	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		38.46									
	Name of Employer (for Individual)	Occ	upation (for Individual)	1 [Me	emo	Item						
	United HealthCare Services Inc	Ass	c Gen Counsel										
	Receipt For:	ggregate	Year-to-Date ▼						_				
	Primary General Other (specify) ▼		499.98	P/	R Dedi	uctio	on (\$1	9.23	3 Bi-We	∍ekly)			
B.	Full Name of Individual (Last, First, Middle Initial) CALABRESE, DAVID, , ,	or Full C	Organization Name		Date of	Re	ceipt						
	Mailing Address 85 LITTLE POND RD			12 31 / Y Y Y Y 12 31 2022									
	City NORTHBOROUGH	State MA	Zip Code 01532-1686		Transaction ID : PR2639708367391 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) ef Clin Off	1	Memo Item								
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) MESSING, KEITH, , ,	or Full C	Organization Name		Date of	Re	ceipt						
	Mailing Address 9 BUTTERFIELD DR				^M 12	/	D 3		/ Y	y y 2022	Y		
	5	State	Zip Code							7349673			
	GREENLAWN	NY	11740-2001	A	mount	of	Each	Red	ceipt th	nis Perioo	d		
	FEC ID number of contributing federal political committee.	С			_		9		9	28	.08		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Software Engineering		Me	emo	ltem						
	Receipt For:			_									
	Primary General Other (specify)	ggregate	Year-to-Date ▼ 365.04	P/	R Ded	uctio	on (\$1	4.04	4 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)			- [451	.14		
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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports an or for commercial purposes, other than using			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 Incorport	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle SMITH, ANTHONY, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1 ROCKAWAY AVE			M M / D D / Y Y Y Y 12 31 2022								
City MARBLEHEAD	State MA	Zip Code 01945-1726	Transaction ID : PR2639746267391 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) CInt Svc Acct Mgt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle WIGGIN, MATTHEW, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 6 MIDDLEBROOK RD			12 / 31 / 2022								
City WEST HARTFORD	State CT	Zip Code 06119-1014	Transaction ID : PR2639759367391 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		115.38								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		1499.94	P/R Deduction (\$57.69 Bi-Weekly)								
Full Name of Individual (Last, First, Middle ZUCCO, BETHANY, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2608 CROMWELL COUR	T State	Zip Code	12 31 2022								
MINNEAPOLIS	MN	55410-2519	Transaction ID : PR2639760067391 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 I	upation (for Individual) Viktg	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional))		576.90								
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11	CIVILLED REVEIPIO		for each category of the Detailed Summary Page		× 11a		11b	11c	12	,			
	y information copied from such Reports and S												
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	olicit cor	ntrib	outions f	rom such	n committ	ee.			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Ini DUTTA, SUMIT, , ,		rganization Name	Date of Receipt									
	Mailing Address 1112 W WRIGHTWOOD AVE	: 			12 31 2022 Transaction ID : PR2639773867391 Amount of Each Receipt this Period								
	City CHICAGO	State IL	Zip Code 60614-1315										
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg Chief Med Off		Me	əmc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80		P/R Ded	ucti	on (\$192	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Ini SMITH, DELYLE, , ,	itial) or Full O	rganization Name	Date of Receipt									
	Mailing Address PO BOX 447				^M 12	1	31	/ Y	2022	Y			
	City	State IL	Zip Code						0156739				
	MT PROSPECT		60056-0447	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C	Memo Item										
	Name of Employer (for Individual) Optum Services, Inc	Occi Sr E											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96]	P/R Deduction (\$38.46 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Ini GALLOWAY, MERCEDEIS, , ,	itial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 6737 LANCER DRIVE				^M 12	/	D D 31	/ Y	2022	Y			
	City CHARLOTTE	State NC	Zip Code 28226-7729				-		15206739 is Period	1			
	FEC ID number of contributing federal political committee.	С			<u> </u>		, :	y	28.0)8			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) lient Executive		M	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	ggregate Year-to-Date ▼ 365.04				P/R Deduction (\$14.04 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			•			, .	,	489.6	60			
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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 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 Incorpora	ated PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle A. WEBER, ALISSA, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 10633 NW 74TH PLACE			12 31 2022 Transaction ID : PR2640461067391 Amount of Each Receipt this Period									
City JOHNSTON	State IA	Zip Code 50131-2342										
FEC ID number of contributing federal political committee.	C		115.38									
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. STOW, CHRISTINA, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 5505 30TH ST NW			M M / D D / Y									
City WASHINGTON	State DC	Zip Code 20015-1249	Transaction ID : PR2640466467391 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 Public Affairs	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle WILJANEN HATHAWAY, AMY		rganization Name	Date of Receipt									
Mailing Address 369 135TH AVE			12 / D D / Y Y Y Y 12 31 2022									
City WAYLAND	State MI	Zip Code 49348-9402	Transaction ID : PR2640835267391 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) Dvlp Cons	Memo Item									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			528.06									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a]11b		11c	12			
	y information copied from such Reports and State for commercial purposes, other than using the nar												
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated												
A.	Full Name of Individual (Last, First, Middle Initial) SHARKEY, S PAUL, , ,	or Full C	Drganization Name	Date of Receipt									
	Mailing Address 8607 ELLISTON DRIVE			12 / D D / Y Y Y Y Y 12 31 2022									
	City WYNDMOOR	State PA	Zip Code 19038-7957							3454673			
		17	19030-7937	_ A	mount	of	Each	h Rec	eipt th	is Period	1		
	FEC ID number of contributing federal political committee.	С			57.70								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) KA VP SIs	[Me	emo	tten	n					
		ggregate	Year-to-Date V										
	Primary General Other (specify) ▼		750.10	P/I	R Dedi	uctio	on (\$	28.85	5 Bi-We	ekly)			
B.	Full Name of Individual (Last, First, Middle Initial) BRISSON, SAMUEL, , ,	or Full C	Drganization Name	D	ate of	Re	eceipt	t					
	Mailing Address 2454 GETTYSBURG AVE S				/ D D / Y Y Y Y 31 2022								
	City ST LOUIS PARK	State MN	Zip Code 55426-2345		Transaction ID : PR2640854567391 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					- T		-1-	28	.00		
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Director Technology	1	Memo Item								
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ , 364.00	P/R Deduction (\$14.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) PIERCE-HARRIS, PHELISHA, , ,	or Full C	Drganization Name	D	ate of	Re	eceipt	t					
	Mailing Address 3041 DEE ANN DRIVE				[™] 12	/		31	/ Y	2022 Y	Y		
	City MEMPHIS	State TN	Zip Code							8663673			
			38119-9132	A	mount	of	Each	h Rec	eipt th	is Period	ł		
	FEC ID number of contributing federal political committee.	С					y		9	28	.08		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) oc Dir Clin Pract Perf		Me	emo	o Iten	n					
	Receipt For: A Primary General Other (specify)	ggregate	Year-to-Date ▼ 365.04	P/	R Ded	uctio	on (\$	\$14.04	1 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)			ſ				_		113	.78		
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c		2	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				r the		ose of a	soliciting	cont	ributio	ons	
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia WITT, JULIE, , ,	al) or Full O	rganization Name	D	Date of Receipt							
	Mailing Address 155 TALBERT TOWN LOOP			M M / D J Y								
	City MOORESVILLE	State NC	Zip Code 28117-8069									
	FEC ID number of contributing federal political committee.	С								28.0	8	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director, Actuarial		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia ESTESS, SHARON, , ,	al) or Full O	rganization Name	D	ate of	Re	ceipt					
	Mailing Address 128 ASHBROOKE TRAIL			12 / 31 / 2022 Transaction ID : PR2640876567391								
	City MADISON	State MS	Zip Code 39110-6855									
	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: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/F	R Dedu	ıctio	on (\$38.4	l6 Bi-W€	ekly)			
С.	Full Name of Individual (Last, First, Middle Initia METKO, SARA, , ,	al) or Full O	rganization Name	D	ate of	Re	ceipt					
	Mailing Address 23665 HIGHVIEW LANE	-			^M 12	/	D D D 31	/ Y	202		Ŷ	
	City LAKEVILLE	State MN	Zip Code 55044-6025				on ID : I Each Re					
	FEC ID number of contributing federal political committee.	С					,	,		76.92	2	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP T	upation (for Individual) Fax		Me	emo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/I	R Dedi	uctio	on (\$38.4	46 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)		•				7	7	1	181.92	2	
Т	OTAL This Period (last page this line number o	nly)						-		-		

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	v information copied from such Reports and Stat or commercial purposes, other than using the n			erson for t	he pi	irpose		oliciting	contribu	itions			
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	.C)									
	Full Name of Individual (Last, First, Middle Initia ADVANI, PROTIMA, , ,) or Full Oi	rganization Name	Date	e of F	Receipt	t						
	Mailing Address 7618 BRITTANY PARC CT			12 31 2022									
	City FALLS CHURCH	State VA	Zip Code 22043-2907		Transaction ID : PR2642024167391								
-			22043-2907	Amo	Amount of Each Receipt this Period								
	FEC ID number of contributing rederal political committee.	С				-			384	60			
Ī	Name of Employer (for Individual)	Occi	upation (for Individual)		Men	no Iten	n						
	United HealthCare Services Inc	VP F	Rsch										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		4999.80	P/R D)educ	tion (\$	192.	30 Bi-W	/eekly)				
	Full Name of Individual (Last, First, Middle Initia STRAND, UTE, , ,) or Full Oi	rganization Name	Date	e of F	Receipt	t						
l	Mailing Address 2323 SPRINGDALE DRIVE			12 / D D / Y Y Y Y Y 12 31 2022									
	City	State	Zip Code	Tra	insac	tion II	D : P	R26420	2556739)1			
-	NASHVILLE	TN	37215-1134	Amo	unt c	of Each	n Re	ceipt th	is Perioc				
	FEC ID number of contributing rederal political committee.	С	38.46 Memo Item										
I	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occu Hlth											
Ī	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General			P/R D	educ	tion (\$	19.2	3 Bi-We	ekly)				
	Other (specify)		499.98										
	Full Name of Individual (Last, First, Middle Initia BRUECKMAN, BRIAN, , ,) or Full Oi	rganization Name	Date	e of F	Receipt	t						
	Mailing Address 6445 HAWKS POINTE LANE				2		31	/ Y	y y 2022	Y			
(State MN	Zip Code						0294673				
-	EXCELSIOR	IVIIN	55331-2612	Amo	unt c	of Each	n Re	ceipt th	is Perioc				
	FEC ID number of contributing rederal political committee.	С				<u> </u>	_	y	384	60			
	Name of Employer (for Individual)		upation (for Individual)		Men	no Iter	n						
	Optum Services, Inc Receipt For:	SVP	Year-to-Date ▼										
	Primary General	Aggregate	rear-to-Date ▼	P/R D	Deduc	tion (\$	5192.	30 Bi-W	/eekly)				
	Other (specify)		4999.80						.,				
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		any political committe	S Souch Contributions from Such Committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle JENSEN, GINA, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 6287 JUNEAU LANE N			M M / D D / Y Y Y Y 12 31 2022
City MAPLE GROVE	State MN	Zip Code 55311-4166	Transaction ID : PR2642031467391 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) outy Gen Counsel	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)
Full Name of Individual (Last, First, Middle MARTIN, STEPHANIE, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 7002 N VIA DE MANANA			12 / D D / Y Y Y Y Y 12 31 2022
City	State AZ	Zip Code	Transaction ID : PR2642818067391
SCOTTSDALE	AZ	85258-3951	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) Market VP SIs AM	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1999.92	P/R Deduction (\$76.92 Bi-Weekly)
Full Name of Individual (Last, First, Middle KIRK, ARETHUSA, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 16 OTHORIDGE ROAD			M M / D D / Y Y Y Y 12 31 2022
City LUTHERVILLE	State MD	Zip Code 21093-5413	Transaction ID : PR2642830267391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.06
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.78	P/R Deduction (\$14.03 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			220.36
TOTAL This Period (last page this line number	er 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 Incorpo	rated PAC (I	JnitedHealth Group PA	\С)
Full Name of Individual (Last, First, Middl LONG, RICHARD, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4825 PENN AVE S	Otata	7.0.0	12 31 2022
City MINNEAPOLIS	State MN	Zip Code 55419-5258	Transaction ID : PR2642831267391
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP	upation (for Individual) Gen Mgmt	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middl B. FOX, ELIZABETH, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 611 SECOND STREET			12 31 Y Y Y Y Y 12 31 2022
City ALEXANDRIA	State VA	Zip Code 22314-1416	Transaction ID : PR2642832067391 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) Govt Affs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middl C. KEISERJENKINS, KAREN, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9325 MARTINS LAKE D	RIVE		12 / D D / Y Y Y Y 12 31 2022
City ROSWELL	State GA	Zip Code 30076-2865	Transaction ID : PR2642834467391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Iktg Bus Dev	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	l)		489.60
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	y information copied from such Reports and State for commercial purposes, other than using the na					or th		Jrp	oose		soli	citing	contrib	utions
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	Uni	itedHealth Group PA	NC)									
Α.	Full Name of Individual (Last, First, Middle Initial KUSSIE, TIMOTHY, , ,		Drgar	nization Name		Date	of F	Rec	ceip	ot				
	Mailing Address 8445 NE NEW BROOKLYN ROA	AD State		Zip Code		[™] 12	2	/	L	31 31			2022 388673	_
	BAINBRIDGE ISLAND	WA		98110-3611									s Perio	
	FEC ID number of contributing federal political committee.	С							,			je un		.46
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) SIs Acct Mgmt			Men	no	lte	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 499.98	P	/R D	educ	tio	on (\$19.2	23 E	Bi-We	ekly)	
B.	Full Name of Individual (Last, First, Middle Initial RUDOLPH, CLAYTON, , ,		Drgai	nization Name		Date	of F	Rec	ceip	ot				
	Mailing Address 4937 RUSSELL AVENUE SOUT					[™] 12		/	D	а 31	/	Y	y y 2022	Y
	City MINNEAPOLIS	State MN		Zip Code 55410-1916					-				993673 s Perio	
	FEC ID number of contributing federal political committee.	С						_	,			-g=-	192	.30
	Name of Employer (for Individual) Optum Services, Inc		cupat Fin	tion (for Individual)		Ц	Men	no	lte	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 2499.90	P	/R De	educ	tio	on (S	\$96.1	15 E	3i-Wee	əkly)	
	Full Name of Individual (Last, First, Middle Initial CRAGLE, STEVE, , ,) or Full C	Drgai	nization Name		Date	of F	Rec	ceip	ot				
	Mailing Address 6604 MOHAWK TRAIL	1				[™] 12		/	D	31	1	Y	y y 2022	Y
	City EDINA	State MN		Zip Code 55439-1030									006673	
	FEC ID number of contributing federal political committee.	C	i			4moi	int o	ot E	⊢ac	n Re	ecei	ipt thi	s Perioo 384	_
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) gment CMO			Men	no	Ite	m				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 4999.80	P	/R D	educ	ctic	on (\$192	2.30) Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)			••••••	.				,			9	615	.36
т	OTAL This Period (last page this line number onl	ly)		••••••					,			-		

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	ED 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.
	OF COMMITTEE (In Full) edHealth Group Incorporated	PAC (L	JnitedHealth Group PA	.C)
	ame of Individual (Last, First, Middle Initial LY, MARC, , ,	l) or Full O	rganization Name	Date of Receipt
Mailin	g Address 1159 BUFFALO RIDGE RD	1		M M / D D / Y Y Y Y 12 31 2022
City		State	Zip Code	Transaction ID : PR2643203167391
	LE PINES	со	80108-8190	Amount of Each Receipt this Period
	D number of contributing I political committee.	С		384.60
	of Employer (for Individual) I HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full N	ame of Individual (Last, First, Middle Initial	I) or Full O		
	NEROSKI, KEVIN, , ,			Date of Receipt
	g Address 5100 ABBOTT AVE S			12 / D D / Y Y Y Y 12 31 2022
City	EAPOLIS	State MN	Zip Code	Transaction ID : PR2644647167391
			55410-2143	Amount of Each Receipt this Period
	D number of contributing I political committee.	С		28.08
	of Employer (for Individual) Services, Inc	Occu Dir I	upation (for Individual) Mktg	Memo Item
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
	ame of Individual (Last, First, Middle Initial	l) or Full O	rganization Name	Date of Receipt
	g Address 927 LINCOLN AVE			12 31 Y Y Y Y
City		State	Zip Code	Transaction ID : PR2644651667391
SAIN	T PAUL	MN	55105-3149	Amount of Each Receipt this Period
	D number of contributing I political committee.	С		384.60
	of Employer (for Individual) n Services, Inc		upation (for Individual) Grp CIO	Memo Item
	ot For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTO	TAL of Receipts This Page (optional)		▶	797.28
TOTAL	This Period (last page this line number on	ly)	••••••	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 185 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for co	mmercial purposes, other than using the n			rson for the purpose of soliciting contributions to solicit contributions from such committee.
	E OF COMMITTEE (In Full) tedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	C)
	lame of Individual (Last, First, Middle Initia ARIAN, WENDY, , ,	l) or Full C	Drganization Name	Date of Receipt
	g Address 5251 HUMBOLDT AVE S			12 31 Y Y Y Y Y 2022
City		State MN	Zip Code	Transaction ID : PR2644659667391
	NEAPOLIS		55419-1121	Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		38.46
	e of Employer (for Individual) d HealthCare Services Inc		cupation (for Individual) Mktg Rsch Cnslt	Memo Item
	int For:		Year-to-Date V	-
	Primary General Other (specify) v		499.98	P/R Deduction (\$19.23 Bi-Weekly)
	lame of Individual (Last, First, Middle Initia	l) or Full C	Drganization Name	Date of Receipt
	g Address 1724 SECOND STREET			12 31 2022
City NEW	ORLEANS	State LA	Zip Code 70113-1632	Transaction ID : PR2645103067391 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		100.00
	e of Employer (for Individual) d HealthCare Services Inc		cupation (for Individual) Acct Mgmt SB KA	Memo Item
Rece	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1300.00	P/R Deduction (\$50.00 Bi-Weekly)
	lame of Individual (Last, First, Middle Initia HRT, JONATHAN, , ,	l) or Full C	Drganization Name	Date of Receipt
Mailin	g Address 117 VIA DI MELLO			12 31 2022
City		State	Zip Code	Transaction ID : PR2645176967391
HEN	DERSON	NV	89011-0110	Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		384.60
	e of Employer (for Individual) n Services, Inc		supation (for Individual)	Memo Item
Rece	pt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTO	TAL of Receipts This Page (optional)			523.06
TOTAL	This Period (last page this line number on	ly)		

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	<u> </u>										
UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Midd PRICE, CASSANDRA, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 7903 S 193 AVENUE			M M / D D / Y Y Y Y Y 12 31 2022								
City GRETNA	State NE	Zip Code 68028-5017	Transaction ID : PR2646263667391 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Midd B. KELLNER, KYLE, , ,		rganization Name	Date of Receipt								
Mailing Address 1641 WHITE PINE WAY		Zip Code	12 / D D / Y Y Y Y Y 2022								
City CARVER	State MN	Zip Code 55315-4563	Transaction ID : PR2646268367391 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.76								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 399.88	P/R Deduction (\$15.38 Bi-Weekly)								
Full Name of Individual (Last, First, Midd C. HOFFMAN, SHERRI, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3409 DEEP WILLOW AV	1		M M / D D / Y Y Y Y Y 12 31 2022								
City PIKESVILLE	State MD	Zip Code 21208-3116	Transaction ID : PR2646294667391 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) CInt Svc Acct Mgt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional	al)		184.60								
TOTAL This Period (last page this line nur	nber only)										

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c		12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the		pose of	soliciting	g cont	tributio	ons	
<u>.</u>	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	NC)							
Α.		al) or Full O	Organization Name	Date	of Re	eceipt					
	Mailing Address 17761 WEAVER LAKE DRIVE			12		D D 31	/ Y	y 202	22	Ý	
	City MAPLE GROVE	State MN	Zip Code 55311-1328			t ion ID : Each R					
	FEC ID number of contributing federal political committee.	С			_			3	384.60	0	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Auditor		Memo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R De	ducti	ion (\$192	2.30 Bi-V	Veekly	/)		
в.	Full Name of Individual (Last, First, Middle Initi WELSH, MARY, , ,	al) or Full O	Organization Name	Date	of R	eceipt					
	Mailing Address 140 BROWN ROAD SOUTH			12		31	/ Y	, 202	22	Y	
	City	State	Zip Code			ion ID :					
	ORONO	MN	55356-9134	Amou	nt of	Each R	eceipt th	is Pe	riod		
	FEC ID number of contributing federal political committee.	С			_	-ge-		_	38.46	6	
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Corporate Security		Memo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R De	ducti	on (\$19.:	23 Bi-We	∍ekly)			
с.	Full Name of Individual (Last, First, Middle Initi SWENSSON, CHARLES, , ,	al) or Full O	Organization Name	Date	of Re	eceipt					
	Mailing Address 6312 MERRIMAC LANE NOR	ГН		M 12		31	/ Y	202	22	Ŷ	
	City MAPLE GROVE	State MN	Zip Code 55311-3835			tion ID : Each R					
	FEC ID number of contributing federal political committee.	С			_	, ,	, y	ŝ	384.60	0	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CMO		Mem	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R De	educt	ion (\$192	2.30 Bi-V	Veekly	¥)		
s	UBTOTAL of Receipts This Page (optional)					9	. ,	Ę	807.66	3	
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		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle In ROSENHAUS, MORGANNE, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 724 FARRAGUT STREET N	N		12 31 Y Y Y Y 12 31 2022
City WASHINGTON	State DC	Zip Code 20011-4012	Transaction ID : PR2698409867391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.38
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)
Full Name of Individual (Last, First, Middle In B. ZENICK, GEOFFREY, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 7714 TWISTED OAKS CIRCL	_E		12 31 Y Y Y Y 12 31 2022
City DALLAS	State TX	Zip Code 75231-4711	Transaction ID : PR2698410867391 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) P Sales	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name	4
C. RODDIS, SARAH ELIZABETH, ,	,		Date of Receipt
Mailing Address 4512 BRUCE AVENUE	State	Zin Code	12 31 2022
City EDINA	MN	Zip Code 55424-1121	Transaction ID : PR2698413567391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.22
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Jser Experience	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.86	P/R Deduction (\$9.61 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			211.52
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	EIVIIZED RECEIPIS			Detailed Summary Page	[3	K 11a			11b	1	1c		12	
			'	Jelaneu Summary Faye		13		-	14	_	15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the													
\setminus	NAME OF COMMITTEE (In Full)													
\geq	UnitedHealth Group Incorporate	ed PAC (l	Un	itedHealth Group PA	(C)									
Α.	Full Name of Individual (Last, First, Middle Init TAYLOR, JOSHUA, , ,	ial) or Full O	Orga	nization Name		Date	of R	Rec	ceipt					
	Mailing Address 7 CARRIAGE HILL RD					[™] 12		/	D 31) /	Y		022 022	Y
	City	State		Zip Code		Tra	nsac	tic	on ID :	PR2	26984	167	76739	1
	WOODBRIDGE	СТ		06525-1037	_	Amou	nt o	of E	Each F	Recei	ipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С						4	_		7		38.4	46
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) -Prgm Mgmt			Mem	10	ltem					
	Receipt For:	Aggregate	Ye:	ur-to-Date ▼										
	Primary General Other (specify) ▼			499.98	'	P/R De	educ	tio	n (\$19	.23 E	Bi-We	ekly	y)	
В.	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Orga	nization Name		Date	of R	Rec	ceipt					
	Mailing Address 14205 INDEPENDENCE COU	RT				[™] 12		/	31) /	Y)22	Y
	City	State		Zip Code		Trar	isac	tio	on ID :	PR2	26991	825	56739 [.]	1
	BASEHOR	KS		66007-5203		Amou	nt o	of E	Each F	Recei	ipt thi	is P	Period	
	FEC ID number of contributing federal political committee.	С				<u> </u>		4	,		- J -		76.9	92
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) I Clin Ops			Merr	10	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 999.96	F	P/R De	duct	tio	n (\$38.	.46 E	3i-We	ekly	/)	
			,											
C.	Full Name of Individual (Last, First, Middle Init AHLSTROM, ALEXIS, , ,	ial) or Full O	Orga	nization Name		Date	of R	lec	ceipt					
	Mailing Address 3421 OAKWOOD TERRACE					[™] 12		/	31			20)22	
	City WASHINGTON	State DC		Zip Code 20010-1819	\vdash				on ID :					1
				20010-1013	-	Amou	nt o	of E	Each F	{ecei	ipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С				Ē			7		9		384.	50
	Name of Employer (for Individual)	Occi	upa	tion (for Individual)		Ш.	Merr	no	ltem					
	United HealthCare Services Inc	VP	Gov	t Affs										
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻										
	Primary General Other (specify)		-9-	4999.80		P/R De	educ	tio	n (\$19	2.30	Bi-W	/eek	dy)	
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	\vdash	1b	11c	12] .	
	ny information copied from such Reports and Sta for commercial purposes, other than using the r						se of s				17 S	
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group P/	AC)								
/	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	Organization Name									
Α.	ZHOU, JINGXIN, , ,				Date of	Rece	eipt					
	Mailing Address 12011 FAIRVIEW CT				12 ^M	/	D D D 31	/ Y	2022	Y		
	City	State	Zip Code		Trans	actior	n ID : P	R26991	878673	91		
	MINNETONKA	MN	55343-4516		Amount	of Ea	ach Red	ceipt thi	is Perio	d	_	
	FEC ID number of contributing federal political committee.	С							76	6.92		
	Name of Employer (for Individual)	Occu	upation (for Individual)		Me	emo li	tem					
	Optum Services, Inc	VP F	Fin									
	Receipt For:	Aggregate	Year-to-Date ▼	_ _		uction	1000 11					
	Other (specify) ▼		999.96		P/R Ded	uction	(\$30.40	o DI-VVE	ekiy)			
				_								
B.	Full Name of Individual (Last, First, Middle Initia HECK, DARRYL, , ,	l) or Full Or	organization Name		Date of	Rece	eipt					
	Mailing Address 202 CALLAWAY CHASE LN				12 M	/	31	/ Y	y y 2022	Y		
	City	State	Zip Code		Trans	actior	ID : P	R27008	319673	91		
	PANAMA CITY	FL	32404-6188		Amount	of Ea	ach Reo	ceipt thi	is Perio	d		
	FEC ID number of contributing federal political committee.	С						-7-	28	8.08		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Anlys Cnslt		Me	emo It	tem					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼	· · · ·	365.04	F	P/R Dedu	uction	(\$14.04	4 Bi-We	ekly)			
			<u>, , , , , , , , , , , , , , , , , , , </u>									
с.	Full Name of Individual (Last, First, Middle Initia GOMEZ, REYNALDO, , ,	l) or Full Or	organization Name		Date of	Rece	eipt					
	Mailing Address 2633 SOUTH WEST 31 AVENU	JE			M M	1		/ Y	Y Y	Y		
	City	State	Zip Code		12 Trans	actio	31 n ID : P	R27008	2022 3339673	91		
	COCONUT GROVE	FL	33133-2905		Amount							
	FEC ID number of contributing federal political committee.	С				,		<i>y</i>	28	8.06		
	Name of Employer (for Individual)	Occu	upation (for Individual)	_	M	emo li	tem					
	United HealthCare Services Inc	GP N	Mkt Sls Mgr Field									
	Receipt For:	Aggregate	Year-to-Date ▼	_ _	P/R Ded	uction	(\$14.0)	3 Bi-\//c	okly)			
	Other (specify)		364.78] '	/IX Ded		(ψ1 - 4.0		, uniy)			
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116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	
۸	u information panied from such Deposite and Old	omonto			13		14	15	16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n									
$\overline{\}$	NAME OF COMMITTEE (In Full)									
$\left \right $	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)						
/	Full Name of Individual (Last, First, Middle Initia) or Full O	rganization Name							
Α.	OFFIELD, MIRANDA, , ,			_	Date of	Re	ceipt			
	Mailing Address 1906 N MEYERS RD				M M	/	31) / Y	Y Y 2022	Y
	City	State	Zip Code		Trans	acti		PR27008	35756739	1
	LIBERTY LAKE	WA	99016-5049		Amount	of	Each R	leceipt th	is Period	
	FEC ID number of contributing	С							30.	76
	federal political committee.	0					,	7		
	Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item			
	United HealthCare Services Inc Receipt For:		Anager Data Analytics	_						
	Primary General	Aggregate	Year-to-Date ▼	1	P/R Dedu	uctic	on (\$15.	.38 Bi-We	eklv)	
	Other (specify) V	L	399.88				(+ -		,	
	Toll Manage of Individual (Last Fired Middle Individual		New Stratters Niews							
	Full Name of Individual (Last, First, Middle Initia STEARNS, SALLIE, , ,) or full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 211 COLONIAL HOMES DRIVE	NW			M M	/	D D	/ Y	YY	Y
	#1505 City	State	Zip Code	_	12		31		2022	
	ATLANTA	GA	30309-1293	\vdash					6176739 is Period	1
	FEC ID number of contributing				- Income					
	federal political committee.	С					y		28.0	08
	Name of Employer (for Individual)	Оссі	upation (for Individual)		Me	emo	Item			
	Optum Services, Inc	Acc	t Mgt Cons CInt Svc							
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify) V	· · ·	365.04	11	P/R Dedu	ictic	on (\$14.	04 Bi-We	ekly)	
				<u> </u>						
	Full Name of Individual (Last, First, Middle Initia FULBRIGHT, JOHN, , ,) or Full O	rganization Name		Date of	Po	opint			
	Mailing Address 47-645 UAKEA PLACE								YY	Y
					12	Ľ	31		2022	_
	City KANEOHE	State HI	Zip Code 96744-5427				-		36586739	1
	FEC ID number of contributing		30144 3421		Amount	of	Each H	leceipt th	is Period	_
	federal political committee.	С					9		24.	56
	Name of Employer (for Individual)	Occi	upation (for Individual)	_	Me	emo	Item			
	United HealthCare Services Inc		Mkt Sls Mgr Field							
		Aggregate	Year-to-Date 🔻							
	Primary General Other (specify)	· · · ·	319.28	11	P/R Dedu	uctio	on (\$12	.28 Bi-We	ekly)	
	l.					_				10
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т	OTAL This Period (last page this line number on	ly)								

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee
NAME OF COMMITTEE (In Full)	and name diff a	any pointar committe	
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle WARNER, JONATHAN, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 258 CAMBRIDGE DRIVE			12 31 Y Y Y Y 2022
City RAMSEY	State NJ	Zip Code 07446-1260	Transaction ID : PR2700873567391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.08
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle WAYLAND, CHARLES, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5601 MATOAKA RD			12 / D D / Y Y Y Y Y 12 31 2022
City RICHMOND	State VA	Zip Code 23226-2329	Transaction ID : PR2700924667391
	_	23220-2329	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:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle MCSWEENEY, ERIN, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1128 EDINGTON PLACE			12 / D D / Y Y Y Y 12 31 2022
City MARCO ISLAND	State FL	Zip Code 34145-2006	Transaction ID : PR2701818067391 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) Chief People Officer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			797.28
TOTAL This Period (last page this line numb	er only)		

Use separate schedule(s)

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the	× 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	orated PAC (I	JnitedHealth Group PA	4C)
Full Name of Individual (Last, First, Mid A. OCONNELL, DANIEL, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3325 W 18TH AVENU	E		M M / D D / Y Y Y Y 12 31 2022
City DENVER	State CO	Zip Code 80204-1681	Transaction ID : PR2701819667391
		00204 1001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		230.76
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
Receipt For:		Year-to-Date ▼	—
Primary General Other (specify) ▼		2884.50	P/R Deduction (\$115.38 Bi-Weekly)
Full Name of Individual (Last, First, Mid B. BRUCE, JAMIE, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1433 POWDER DRIVE			12 31 2022
City	State	Zip Code	Transaction ID : PR2701823067391
O FALLON	MO	63366-1398	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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mic C. SPARKS, KEVIN, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 10681 S CEDAR NILE	S BLVD		M M / D D / Y Y Y Y 12 31 2022
City	State	Zip Code	Transaction ID : PR2701825567391
OLATHE	KS	66061-7415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)
SUBTOTAL of Receipts This Page (optio	nal)		807.66
TOTAL This Period (last page this line n	umber only)	······	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	4C)
Full Name of Individual (Last, First, Middle A. KRAMER, NANCY, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 4672 BITTERN LANE			12 31 Y Y Y Y Y Y 12 31 2022
City LEBANON	State OH	Zip Code 45036-7562	Transaction ID : PR2702501467391
FEC ID number of contributing federal political committee.	С	43030-7302	Amount of Each Receipt this Period
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clin Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle MERZLICKER, CAREY, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 950 BENTLEY PARK CIRC			12 31 Y Y Y Y Y 2022
City O FALLON	State MO	Zip Code 63368-8022	Transaction ID : PR2703246967391 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	Occ Dir	upation (for Individual) Fin	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. BROWN, DIANE, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 502 BERRYMANS LANE			12 31 Y Y Y Y Y 12 31 2022
City REISTERSTOWN	State MD	Zip Code 21136-6003	Transaction ID : PR2703250867391
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Pract Perf	Memo Item
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			181.92
TOTAL This Period (last page this line numb	per only)	•••••	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				Detailed Summary Page		X 11a		111	o [11c		12	_	
				, ,		13		14		15		16	17	
or f	information copied from such Reports and St or commercial purposes, other than using the													
	IAME OF COMMITTEE (In Full)													
/	JnitedHealth Group Incorporate				4C)									
	ull Name of Individual (Last, First, Middle Init CRIPPIN, TODD, , ,	ial) or Full O	Orga	nization Name		Date of	Re	eceij	ot					
N	Aailing Address 11328 W 142ND STREET					M M 12	/		31	/	2	, 022	Y	
	Dity	State		Zip Code		Trans	acti	ion	ID : F	PR2703	3639	56739	1	
_	OVERLAND PARK	KS		66221-8060	_	Amount	of	Ead	ch Re	ceipt t	his F	Period		
	EC ID number of contributing ederal political committee.	С					_	-				28.	28	
	lame of Employer (for Individual) Inited HealthCare Services Inc		•	tion (for Individual) k Prgms		Me	emo) Ite	m					
F	Receipt For:	Aggregate	Yea	ar-to-Date V										
	Primary General	33 - 3	-		11	P/R Dedu	uctio	on (\$14.0	4 Bi-W	/eekl	y)		
	Other (specify)		-9-	365.04	4									
	ull Name of Individual (Last, First, Middle Init WESTRA, ROBERT, , ,	ial) or Full O	Drga	nization Name		Date of	Re	eceij	ot					
N	Aailing Address 4042 E ROBIN LANE					M M 12	1		31	/	2() 22	Y	
C	Dity	State		Zip Code		Transa	acti	ion	ID : F	R2704	1434	46739	1	
_	PHOENIX	AZ		85050-6875		Amount	of	Ead	ch Re	ceipt t	his F	Period		
	EC ID number of contributing ederal political committee.	С						-				28.	06	
	Jame of Employer (for Individual) Inited HealthCare Services Inc		•	tion (for Individual) P SIs Acct Mgmt		Me	emo) Ite	m					
F	Receipt For:	Aggregate	Yea	ar-to-Date 🔻										
	Other (specify)		,	364.78		P/R Dedu	uctio	on (\$14.0	3 Bi-W	eekl	y)		
	ull Name of Individual (Last, First, Middle Init	ial) or Full O	Orga	nization Name		Date of	Re	ecei	ot					
Ν	Aailing Address 7808 PALMILLA COURT			-		^M 12	/		31	/		022 [°]	Y	
	Dity	State		Zip Code		Trans	act	ion	ID : F	PR2704	4194	66739	1	
-	REUNION	FL		34747-6417		Amount	of	Ead	ch Re	ceipt t	his F	Period		
	EC ID number of contributing ederal political committee.	С						y		,		384.	60	
1	lame of Employer (for Individual)	Occ	upa	tion (for Individual)		Me	emc	o Ite	m					
	Dptum Services, Inc	Bus	Seg	gment CEO		_								
F	Receipt For:	Aggregate	Yea	ar-to-Date 🔻	-									
	Primary General		-			P/R Ded	ucti	on (\$192	.30 Bi-	Wee	kly)		
	Other (specify)		-	4999.80	11									

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c	12
Any information copied from such Reports and				
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	he name and a	ddress of any political committee	to solicit contributions from such c	ommittee.
UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	NC)	
Full Name of Individual (Last, First, Middle In DELANY, ANDREW, , ,	nitial) or Full C	rganization Name	Date of Receipt	
Mailing Address 209 GARLAND AVENUE				2022
City DECATUR	State GA	Zip Code 30030-4940	Transaction ID : PR2704196 Amount of Each Receipt this	
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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Wee	kly)
Full Name of Individual (Last, First, Middle In B. JOHAR, RAVI, , ,	nitial) or Full C	rganization Name	Date of Receipt	
Mailing Address 405 ARGUS MANOR CT	04-44	7. 0.4		2022
City CHESTERFIELD	State MO	Zip Code 63017-2469	Transaction ID : PR2705065 Amount of Each Receipt this	
FEC ID number of contributing federal political committee.	С			28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Week	ly)
Full Name of Individual (Last, First, Middle In C. DAUN, JESSICA, , ,	nitial) or Full C	rganization Name	Date of Receipt	
Mailing Address W273N6194 BASHAM LAN	·			2022
City SUSSEX	State WI	Zip Code 53089-4702	Transaction ID : PR2705960 Amount of Each Receipt this	
FEC ID number of contributing federal political committee.	С			28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP, Key Accts-Spec Ben	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weel	:ly)
SUBTOTAL of Receipts This Page (optional)			· · · · · · ·	440.76
TOTAL This Period (last page this line numbe	r only)			

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middl AZELLER, TRISHA, , ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 290 PRESERVE CT			M M / D D / Y Y Y Y 12 31 2022
City CHANHASSEN	State MN	Zip Code 55317-8716	Transaction ID : PR2705971467391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middl B. SPADE, NATHAN, , ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1060 ELLIOTT LANE			12 / D D / Y Y Y Y Y 2022
City YORK	State PA	Zip Code 17403-3421	Transaction ID : PR2705987067391 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 ▼ 1999.92	P/R Deduction (\$76.92 Bi-Weekly)
Full Name of Individual (Last, First, Middl C. BARBARO, PHILIP, , ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 670 ARBUTUS STREET	·		12 31 / Y Y Y Y Y 12 31 2022
City MIDDLETOWN	State CT	Zip Code 06457-7106	Transaction ID : PR2705988267391 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) National Sales	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	al)		566.52
TOTAL This Period (last page this line num	nber only)		

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ı ب	EMIZED RECEIPTS		Use separate schedule(s)	(check	only	one)				
11			for each category of the Detailed Summary Page		1a 3	11b	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for	the p	urpose	of solicit		ontribut	ions
	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)						
Α.	Full Name of Individual (Last, First, Middle Init KMIEC, ADAM, , ,	tial) or Full O	rganization Name	Dat	e of	Receipt				
	Mailing Address 4736 PRAIRIE DUNES WAY				м 12		D / 31		2022	Y
	City EAGAN	State MN	Zip Code 55123-2352				D : PR27			1
	FEC ID number of contributing federal political committee.	С				-			384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Mer	no Item	ı			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R	Dedu	ction (\$*	192.30 B	-Wee	ekly)	
в.	Full Name of Individual (Last, First, Middle Inite PETRONE, DAMIAN, , ,	tial) or Full O	rganization Name	Dat	e of	Receipt				
	Mailing Address 703 DEAN CT	1-			[™] 12		D / 31		2022	Y
	City	State PA	Zip Code): PR27(
	WEST CHESTER	FA	19382-2100	Am	ount	of Each	Receipt	this	Period	_
	FEC ID number of contributing federal political committee.	C				7			38.4	16
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Mgt Cons CInt Svc		Mei	no Item	1			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R	Deduc	tion (\$1	19.23 Bi-\	Neek	lv)	
	Other (specify) V	L	499.98			μ	0.20 2.			
с.	Full Name of Individual (Last, First, Middle Inite BARTHOLET, DANIEL, , ,	tial) or Full O	rganization Name	Dat	e of	Receipt				
	Mailing Address 5918 VALEWOOD DRIVE				12 ^M		D / 31		2022	Y
	City MINNETONKA	State MN	Zip Code 55345-6545				D : PR27			1
	FEC ID number of contributing federal political committee.	С				y	. ,		384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP 1	upation (for Individual) Fax		Me	mo Iterr	ו			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R	Dedu	ction (\$	192.30 B	i-Wee	ekly)	
s	UBTOTAL of Receipts This Page (optional)					y	,		807.6	6
Т	OTAL This Period (last page this line number	only)		. [-				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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••			Detailed Summary Page	×	-		11b	11c		12			
۵۲	y information copied from such Reports and S	tatemente m	av not be sold or used by any n	erson	13 for the	DU.	14 nose of	15 soliciting		16 ntributi	17 ions		
	for commercial purposes, other than using the												
\setminus	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Init MULDOON, ALLISON, , ,	tial) or Full C	organization Name		Date of	f Re	eceipt						
	Mailing Address 519 E LURAY AVENUE				12 ^M	/	31) / Y	Y 2(022	Y		
	City	State	Zip Code		Trans	act	ion ID :	PR2706	4527	7 6739 1			
	ALEXANDRIA	VA	22301-1605		Amount	t of	Each R	leceipt th	is P	'eriod			
	FEC ID number of contributing federal political committee.	С					- J -	1 - 3F	_	192.3	80		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) <i>r</i> t Affs Dir		M	emo	b Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	33 3-40		р Р	P/R Ded	ucti	on (\$96	.15 Bi-We	ekly	y)			
	Other (specify) v		2499.90	4									
— B.	Full Name of Individual (Last, First, Middle Init MOORE, KEVIN, , ,	tial) or Full C	Organization Name		Date of	f Re	eceipt						
	Mailing Address 9405 EAGLE NEST LANE				M M	/	D D	/ Y	Y	Y	Y		
	<u></u>	State	Zin Codo	_	12	ι.	31		20)22			
	City MIDDLETON	WI	Zip Code 53562-5647	-				PR27064					
			33302-3047	-	Amoun	t of	Each H	leceipt th	IS P	erioa	_		
	FEC ID number of contributing federal political committee.	С			Ľ.	_	-		_	384.6	60		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO		M	emo	o Item						
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		, 4999.80	P	/R Ded	uctio	on (\$192	2.30 Bi-W	/eek	ly)			
с.	Full Name of Individual (Last, First, Middle Init MCMAHON, ANDREW, , ,	tial) or Full C	Organization Name		Date of	f Re	eceipt						
	Mailing Address 4125 DREW AVENUE SOUTH	4			12 ^M	1	31) / Y)22	Y		
	City	State	Zip Code					PR2740			1		
	MINNEAPOLIS	MN	55410-1018		Amount	t of	Each R	leceipt th	is P	'eriod			
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y	. ,	_	28.0	6		
	Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	o Item						
	United HealthCare Services Inc	Dir I	Regl Affs										
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify)		364.78] ^F	P/R Ded	lucti	on (\$14	.03 Bi-We	3ekly	¥)			
H	UBTOTAL of Receipts This Page (optional)			► _			g :	- y	-	604.9	6		
Т	OTAL This Period (last page this line number of	only)	••••••	•		1	-		-		_		

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City State Zip Code Transaction ID : PR274051401 FEC ID number of contributing C Transaction ID : PR274051401 Name of Employer (for Individual) Occupation (for Individual) Memo It Each Receipt this Pereipt For: Primary General Off Gen Mgmt B. WEINBERG, EDWARD, Memo It employer (for Individual) (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. WEINBERG, EDWARD, Mailing Address 8625 APPLETON COURT Date of Receipt City State Zip Code Transaction ID : PR274051404 Name of Employer (for Individual) Occupation (for Individual) Date of Receipt PEC ID number of contributing federal political committee. C Transaction ID : PR274051404 Name of Employer (for Individual) Occupation (for Individual) P/R Deduction (\$38.46 Bi-Weekly) Optum Services, Inc Aggregate Year-to-Date ▼ P/R Deduction (\$38.46 Bi-Weekly) Other (specify) ▼ General Occupation (for Individual) Optum Services, Inc Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 5301 CLINTON AVENUE State Zip Code City Mailing Address 5301 CLINTON A	12 16 17		for each category of the Detailed Summary Page	TEMIZED RECEIPTS
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HUNT, TIMOTHY, , , , Mailing Address 5594 MARSHALL HOUSE CT City BURKE VA PEC ID number of contributing federal political committee. Optum Services, Inc Primary General WEINBERG, EDWARD, , Mailing Address 5301 CLINTON AVENUE City Burke VA Z2015/2141 Amount of Each Receipt this Perimary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General City State ANNANDALE YA Primary General Other (specify) ▼ Occupation (for Individual) Optum Services, Inc Aggregate Year-to-Date ▼ Pirmary General Other (specify) ▼	g contributions			
A. HUNT, TIMOTHY, , , Date of Receipt Mailing Address 5594 MARSHALL HOUSE CT 12 / 31 / 200 City State Zip Code BURKE VA 22015-2141 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Pe Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dr Gen Mgmt P/R Deduction (\$38.46 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name P/R Deduction (\$38.46 Bi-Weekly) Bulker VA 22003-3806 FEC ID number of contributing federal political committee. C Mailing Address 8625 APPLETON COURT C City State Zip Code Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt Date of Receipt Receipt For: Optum Services, Inc Aggregate Year-to-Date ▼ P/R Deduction (\$38.46 Bi-Weekly) P/R Deduction (\$38.46 Bi-Weekly) P/R Deduction (\$38.46 Bi-Weekly) Obter (Specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$38.46 Bi-Weekly) P/R Deduction (\$38.46 Bi-Weekly) P/R Deduction (\$38.46 Bi-Weekly) P/R Deduction (\$38.46 Bi-Weekly) P/R Deduction (\$38.4		C)	JnitedHealth Group PAC	
City State Zip Code Transaction ID : PR274051404 BURKE VA Z2015-2141 Amount of Each Receipt this Pe FEC ID number of contributing tederal political committee. C Image: Committee Committe		Date of Receipt	rganization Name	
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Primary General Other (specify) ▼ P/R Deduction (\$38.46 Bi-Weekly) P/R Deduction (\$38.46 Bi-Weekly) P/R Deduction (\$38.46 Bi-Weekly) B. WEINBERG, EDWARD, , , , Mailing Address 8625 APPLETON COURT Date of Receipt City State Zip Code ANNANDALE VA 22003-3806 FEC ID number of contributing C Transaction ID : PR274051486 Amount of Employer (for Individual) Occupation (for Individual) Memo Item Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$38.46 Bi-Weekly) City Aggregate Year-to-Date ▼ P/R Deduction (\$38.46 Bi-Weekly) Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$38.46 Bi-Weekly) City Mailing Address 5301 CLINTON AVENUE Transaction ID : PR27405161 City Mailing Address 5301 CLINTON AVENUE State Zip Code MiNNEAPOLIS MN 55419-1427 Amount of Each Receipt this Pe FEC ID number of contributing C Image of Employer (for Individual) C Optum Services, Inc C State Zip Code Memo Item Name of Employer (for		Memo Item		
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federal political committee. C Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt Memo Item Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$38.46 Bi-Weekly) Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$38.46 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. ERICKSON, ELIZABETH, , , Mailing Address 5301 CLINTON AVENUE Date of Receipt City State Zip Code MINNEAPOLIS MN 55419-1427 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP, Industry & Ntwk Rel Memo Item Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Weekly)		Transaction ID : PR274051486739 Amount of Each Receipt this Period		
Optime Services, Inc VP Gen Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 999.96 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. ERICKSON, ELIZABETH, , , Mailing Address 5301 CLINTON AVENUE Zip Code MINNEAPOLIS MN FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Optum Services, Inc SVP, Industry & Ntwk Rel Receipt For: Aggregate Year-to-Date ▼ Primary General	76.92	76		ş
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FEC ID number of contributing federal political committee. C Mane of Employer (for Individual) Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP, Industry & Ntwk Rel Memo Item Optum Services, Inc Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Week!		Transaction ID : PR274051616739	· ·	,
Optum Services, Inc SVP, Industry & Ntwk Rel Receipt For: Aggregate Year-to-Date ▼ Primary General	384.60			Ŭ
Primary General P/R Deduction (\$192.30 Bi-Weekl		Memo Item		Optum Services, Inc SVF
	Veekly)	P/R Deduction (\$192.30 Bi-Weekly)		Primary General
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)			5 10 30						
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle DELANEY, KEVIN, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 2876 GENEVA ST				^M ^M 12	/	D 31	/ Y	ү ү 2022	Y
City DENVER	State CO	Zip Code 80238-3035						75926739 iis Period	1
FEC ID number of contributing federal political committee.	C					,		76.	92
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P	/R Dedu	uctic	on (\$38.	46 Bi-We	eekly)	
Full Name of Individual (Last, First, Middle B. PONS, NATALIE, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 3209 GALLERIA UNIT 803 City	State	Zip Code		^M 12	/	D D D 31		y y 2022	
EDINA	MN	55435-2547						7 6196739 iis Period	1
FEC ID number of contributing federal political committee.	С					,		384.0	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Compli Off/SD Gen Cnsl		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80] P/	/R Dedu	ıctio	on (\$192	2.30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middle C. ALTIERI, DOMINIQUE, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 6611 HIGHWAY 100				^M 12	/	D D D 31	/ Y	y 2022	Y
City NASHVILLE	State TN	Zip Code 37205-4226						76256739 iis Period	1
FEC ID number of contributing federal political committee.	С					y .	, y	28.	06
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	ltem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.78	P	/R Dedu	uctio	on (\$14.	.03 Bi-We	eekly)	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and State for commercial purposes, other than using the na													s
\backslash	NAME OF COMMITTEE (In Full)				_ .									
$\Big)$	UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	.C)									
Α.	Full Name of Individual (Last, First, Middle Initial) FEHR, STEPHANIE, , ,) or Full O	rgar	nization Name	[Date of	Re	ecei	ipt					
	Mailing Address 6601 BLACKFOOT PASS					^M 12	/		D D 31	/	Y	y y 2022	Ŷ	
	City	State		Zip Code		Trans	acti	ion	ID : I	PR2	74802	205673	91	
	EDINA	MN		55439-1103	/	Amount	of	Ea	ch Re	ecei	pt this	s Perio	d	
	FEC ID number of contributing federal political committee.	С				_		,			-	384	.60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) tt Grp Chief People Off		Me	emo) Ite	em					
	Receipt For:	Aggregate	Yea	ir-to-Date ▼										
	Primary General Other (specify) ▼	.99.09410	,	4999.80	P/	'R Dedi	uctic	on ((\$192	.30	Bi-We	∍ekly)		
В.	Full Name of Individual (Last, First, Middle Initial) PROCHNO, MICHAEL, , ,) or Full O	rgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 4640 ST JAMES GATE					м м 12	/		31	/	Y	y y 2022	Y	
	City	State		Zip Code		Trans	acti	on	ID : F	PR2	74802	219673	91	
	EXCELSIOR	MN		55331-9397	/	Amount	of	Ea	ch Re	ecei	pt this	s Perio	d	
	FEC ID number of contributing federal political committee.	С				_		-			-	76	6.92	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) VP SIs Acct Mgt		Me	emo) Ite	em					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		,	999.96	P/	R Dedu	uctic	on ((\$38.4	16 B	i-Wee	∍kly)		
С.	Full Name of Individual (Last, First, Middle Initial) WARD, BRIAN, , ,) or Full O	rgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 22461 ARCADIA BLUFFS	1				м м 12	1	Ľ	31	/	Y	y y 2022	Y	
	City	State		Zip Code								241673		
	SOUTH LYON	MI		48178-8735	/	Amount	of	Ea	ch Re	ecei	pt this	s Perio	d	
	FEC ID number of contributing federal political committee.	С				_		y			y	28	8.06	
	Name of Employer (for Individual)	Оссі	upat	ion (for Individual)		Me	emo	o Ite	em					
	United HealthCare Services Inc	Dir N	Ntwk	Contrctng										
		Aggregate	Yea	r-to-Date ▼										
	Other (specify)		7	364.78	P.	/R Ded	uctio	on	(\$14.0	03 E	3i-Wee	əkly)		
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ıт.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)
11			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	AC)
Α.		tial) or Full O	organization Name	Date of Receipt
	Mailing Address 2160 N MARION ST			12 31 2022
	City DENVER	State CO	Zip Code 80205-5245	Transaction ID : PR2750288167391 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) d Dir	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Init TAIT, ROBYN, , ,	tial) or Full O	organization Name	Date of Receipt
	Mailing Address 31 LIPTON LANE			12 31 2022
	City	State PA	Zip Code	Transaction ID : PR2754215967391
	EANGHORNE FEC ID number of contributing	C	19047-5782	Amount of Each Receipt this Period
	federal political committee.		upation (for Individual)	
	United HealthCare Services Inc		upation (for Individual) Product	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Init ORIE, TIMOTHY, , ,	tial) or Full O	organization Name	Date of Receipt
	Mailing Address 23 BISHOP LANE			12 / D D / Y Y Y Y 12 31 2022
	City SUDBURY	State MA	Zip Code 01776-1701	Transaction ID : PR2754244167391 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) People Team	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12	Г	
	y information copied from such Reports and Sta for commercial purposes, other than using the n									ibutio	
<u>.</u>	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 PAGET, JAMIE, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 15268 LOUISIANA AVE				^M 12	/	D D 31	/ Y	y 2022	ү ү 2	1
	City SAVAGE	State MN	Zip Code 55378-5654	_			-	PR27542 leceipt th			
	FEC ID number of contributing federal political committee.	С			[.		т. I.		Ī	76.92	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir Gen Mgmt		M	emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96]	P/R Ded	uctio	on (\$38.	46 Bi-We	eekly)		
B.	Full Name of Individual (Last, First, Middle Initia KONTOR, JOHN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 123A SPA VIEW AVE	1			^M 12	1	31	/ Y	2022		1
	City ANNAPOLIS	State MD	Zip Code 21401-3542	_				PR27546			
	FEC ID number of contributing federal political committee.	С						eceipt th		92.30	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Advisory Svc		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	F	P/R Ded	uctio	on (\$96.	15 Bi-We	ekly)		
C.	Full Name of Individual (Last, First, Middle Initia BOTHRA, SIDDHARTH, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 17200 SE 45TH STREET	1 -			^M 12	/	31		2022	2	
	City BELLEVUE	State WA	Zip Code 98006-6510					PR2754			
	FEC ID number of contributing federal political committee.	С					y :	,		84.60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO		М	emc	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80]	P/R Ded	ucti	on (\$19:	2.30 Bi-V	Veekly))	
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 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 Incorpora	ated PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle ASEVILLE, KATHERINE, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 333 ADAMS ST			12 31 2022									
City DECATUR	State GA	Zip Code 30030-5205	Transaction ID : PR2755317267391 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) Product Manager	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 499.98	P/R Deduction (\$19.23 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. WEILER, KATHY, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 1250 CANTON AVENUE			12 31 Y Y Y Y Y 12 31 2022									
City MILTON	State MA	Zip Code 02186-2414	Transaction ID : PR2755347667391 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) ef Customer Officer	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. WILSON, DANIEL, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 15619 SWANSCOMBE LC			12 d b b / Y Y Y Y Y 2022									
City UPPER MARLBORO	State MD	Zip Code 20774-8412	Transaction ID : PR2755347867391 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		38.40									
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Dir I	upation (for Individual) Mktg	Memo Item									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.20	P/R Deduction (\$19.20 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			461.46									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 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			rson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) ABRAHAM, SANTIAGO, , , Mailing Address 4320 COTTONWOOD LN	or Full O	rganization Name	Date of Receipt									
	City	State	Zip Code	12 31 2022 Transaction ID : PR2755652167391									
	EXCELSIOR	MN	55331-9328	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg CIO	Memo Item									
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
B.	Full Name of Individual (Last, First, Middle Initial) KRAUTKRAMER, MITCHELL, , ,	or Full O	rganization Name	Date of Receipt									
	Mailing Address 8729 COTTONWOOD LANE			12 31 2022									
	City EDEN PRAIRIE	State MN	Zip Code 55347-2216	Transaction ID : PR2755995767391 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	Occu M A	upation (for Individual) VP	Memo Item									
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name	Date of Receipt									
	Mailing Address 865 BRINSMERE DRIVE			12 / D D / Y Y Y Y 12 31 2022									
	City ELM GROVE	State WI	Zip Code 53122-2102	Transaction ID : PR2756173667391									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item									
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•	576.90									
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NAME OF COMMITTEE (In Full)		indress of any pullical continue		Jonuli		TOTT SUCI	Committee						
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle I MASONER, AUDREY, , ,	nitial) or Full C	organization Name	Date	of Re	eceipt								
Mailing Address 15400 MAPLE STREET			M 12		31) / Y	ү ү 2022	Ŷ					
City OVERLAND PARK	State KS	Zip Code 66223-3262	Transaction ID : PR2756359867391 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		Ē		-		76.9	2					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations		Memo	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R De	educti	ion (\$38.	.46 Bi-We	eekly)						
Full Name of Individual (Last, First, Middle I HERMELING III, THEODORE, , ,	nitial) or Full C	organization Name	Date	of Re	eceipt								
Mailing Address 117 5TH STREET			M 12		31	/ Y	y y 2022	Y					
City WILMETTE	State IL	Zip Code 60091-3405				PR27565 leceipt th	21667391 is Period						
FEC ID number of contributing federal political committee.	С					-	384.6	60					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg Bus Dev		Memo	o Item								
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		4999.80	P/R De	educti	on (\$192	2.30 Bi-W	'eekly)						
Full Name of Individual (Last, First, Middle I SATTERWHITE, ERIN, , ,	nitial) or Full C	organization Name	Date	of Re	eceipt								
Mailing Address 1722 MONUMENT STREET	1		12	2	31		y y 2022						
City CONCORD	State MA	Zip Code 01742-5310				PR27574 Receipt th	43576739 is Period	1					
FEC ID number of contributing federal political committee.	С				y 1	, y	76.9	2					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Gen Mgmt		Memo	o Item								
Receipt For: Primary General Other (specify)	mary General Aggregate Tear-to-Date V						/eekly)						
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	ercial purposes, other than using the	name and a	ddress of any political committee	to s	olicit con	itrib	utions f	rom such	n committ	ee.				
	Health Group Incorporated	d PAC (l	JnitedHealth Group PA	C)										
	e of Individual (Last, First, Middle Initia Y, KENNETH, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
Mailing A	ddress 764 WEST SADDLE RIVER RC	DAD			^M 12	/	D 31) / Y	y y 2022	Y				
City HO HO K	KUS	State NJ	Zip Code 07423-1645	Transaction ID : PR2757436667391 Amount of Each Receipt this Period										
	number of contributing plitical committee.	С		384.60										
Optum Se	Employer (for Individual) ervices, Inc		upation (for Individual) Gen Mgmt		Me	emo	Item							
	For: mary General ler (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	F	P/R Dedu	uctio	on (\$0.0	0 Bi-Wee	ekly)					
	e of Individual (Last, First, Middle Initia _ES, SARA, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
	ddress 25263 RODEO LANE				^M 12	/	D D D 31	/ Y	2022	Ŷ				
City PARMA		State ID	Zip Code 83660-7107	-					4336739	1				
FEC ID n	number of contributing plitical committee.	С		Amount of Each Receipt this Period										
	Employer (for Individual) rrvices, Inc		upation (for Individual) c Dir Gen Mgmt	_	Me	emo	Item							
	For: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ , 322.69	F	P/R Dedu	uctic	on (\$14.	03 Bi-We	ekly)					
	e of Individual (Last, First, Middle Initia I, MISHAEL, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
	ddress 629 JEFFERSON AVENUE	1			^M 12	/	31) / Y	2022 Y	Y				
City CHERRY	/ HILL	State NJ	Zip Code 08002-3704						34386739 is Period	1				
	number of contributing plitical committee.	С			<u> </u>		y	, ,	77.(00				
United He	Employer (for Individual) ealthCare Services Inc		upation (for Individual) Sovt Affs		Me	emo	Item							
	For: nary General ler (specify)	Year-to-Date ▼ 1001.00		P/R Dedu	uctio	on (\$38.	.50 Bi-We	ekly)						
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	AME OF COMMITTEE (In Full) InitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)												
	II Name of Individual (Last, First, Middle Initial) IUNT, BRITTNEY, , ,	or Full O	rgar	nization Name		Date of	Re	eceip	ot								
M	ailing Address 7287 WINTERCREEK LANE				12 / D D / Y Y Y Y 12 31 2022												
Ci	,	State		Zip Code	_	Trans	acti	ion	ID : P	R27597	75646739	1					
	ALLAHASSEE	FL		32309-7401	Amount of Each Receipt this Period												
	EC ID number of contributing deral political committee.	С				_		-		-	76.	92					
	ame of Employer (for Individual) nited HealthCare Services Inc		•	ion (for Individual) t Affs		Me	emo) Ite	m								
Re	eceipt For:	Agregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼		-	999.96	P/	'R Ded	uctio	on (\$38.4	6 Bi-We	eekly)						
	III Name of Individual (Last, First, Middle Initial) CHLAIFER, MARISSA, , ,	or Full O	rgar	nization Name		Date of	Re	eceip	ot								
M	ailing Address 1050 N STUART ST #400					м м 12	/	D	31	/ Y	y y 2022	Y					
Ci	ty	State		Zip Code		Trans	acti	on l	ID : P	R27597	5686739	1					
A	RLINGTON	VA		22201-5727	A	mount	of	Eac	h Re	ceipt th	is Period						
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Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P/	P/R Deduction (\$192.30 Bi-Weekly)											
	III Name of Individual (Last, First, Middle Initial) DIFRONZO, CHRISTINE, , ,	or Full O	rgar	nization Name		Date of	Re	eceip	ot								
M	ailing Address 6 CRAIG LN	1				м м 12	/	D	31	/ Y	2022 Y	Y					
Ci		State		Zip Code		Trans	acti	ion	ID : P	R2759	97816739)1					
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	ptum Services, Inc	VP <i>i</i>	Anal	ytics	_												
He T	Primary General	Aggregate	Yea	r-to-Date ▼				,	.								
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		for each category of the Detailed Summary Page	X 11a		11b	11c	12						
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or for commercial purposes, other than using th	ie name and a	uuress or any political committee	e lo solicit (contril	outions 1	ITOTA SUCK	i committe	.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle I KELLOGG, PETER, , ,	nitial) or Full C	rganization Name	Date	of R	eceipt								
Mailing Address 1515 JEFFERSON AVENUE			M 12		31	D / Y	y y 2022	Ŷ					
City NEW ORLEANS	State LA	Zip Code 70115-4120	Transaction ID : PR2759984167391 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С				ар. I		76.9	2					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel		Mem	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R D	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I ROBERT, MICHAEL, , ,	nitial) or Full C	rganization Name	Date	of R	eceipt								
Mailing Address 79373 FITZGERALD CHURCH ROAD	01-1-	7. 0.4	1:		31		2022	Y					
City COVINGTON	State LA	Zip Code 70435-7809											
FEC ID number of contributing federal political committee.	С			Transaction ID : PR2759986067: Amount of Each Receipt this Perio									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		Mem	o Item								
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		999.96	P/R D	educti	ion (\$38.	.46 Bi-We	ekly)						
Full Name of Individual (Last, First, Middle In DECKER, WYATT, , ,	nitial) or Full C	rganization Name	Date	of R	eceipt								
Mailing Address 1482 HUNTER DRIVE	01-1-		1:	2	31	┘└	2022						
City WAYZATA	State MN	Zip Code 55391-9658				Receipt th	3406739 is Period	1					
FEC ID number of contributing federal political committee.	С		Ē		, ,	. ,	384.6	60					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO		Mem	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R D	educt	ion (\$19	02.30 Bi-W	/eekly)						
SUBTOTAL of Receipts This Page (optional)		•			,	. ,	538.4	4					
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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			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	\C)										
Full Name of Individual (Last, First, Middle In BARR, CHRISTY M, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 6348 CARRIAGE OAK WAY			12 ^D ^D ¹ ^Y										
City LIBERTY TWP	State OH	Zip Code 45011-2763	Transaction ID : PR2760819667391										
		45011-2705	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) Pharm Ops	Memo Item										
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Middle In B. CRAWFORD, KEVIN, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 744 SHELLEY LANE			12 31 2022										
City	State	Zip Code	Transaction ID : PR2760825167391										
FRANKLIN	TN	37064-1621	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 ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)										
Full Name of Individual (Last, First, Middle In C. VELASCO, JOEL, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 6352 31 PLACE NW ST			12 / D D / Y Y Y Y 12 31 2022										
City	State	Zip Code	Transaction ID : PR2760938567391										
WASHINGTON	DC	20015-2358	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
United HealthCare Services Inc	SVF	P Intl Relations	_										
Receipt For:	Aggregate	Year-to-Date 🔻											
Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			692.28										
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	y information copied from such Reports and St for commercial purposes, other than using the																			
\backslash	NAME OF COMMITTEE (In Full)			_																
$\Big/$	UnitedHealth Group Incorporate	d PAC (I	Jnited	lealth Group PA	AC)															
Α.	Full Name of Individual (Last, First, Middle Initi WINN, JOSEPH, , ,	al) or Full C	I) or Full Organization Name							Date of Receipt										
	Mailing Address 4401 GREGG ROAD				12 31 2022															
	City	State								Transaction ID : PR2760940267391										
	BROOKEVILLE	MD	208	333-1033	_	Ar	moun	t of	Eac	ch R	eceipt th	nis P	eriod							
	FEC ID number of contributing federal political committee.	С									384.6	60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (fo Govt Affs	or Individual)		l	М	emo) Ite	m										
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	Primary General Other (specify) ▼			4999.80		P/F	R Ded	uctio	on (\$192	2.30 Bi-V	Veek	ly)							
В.	Full Name of Individual (Last, First, Middle Initi MILLER, CORINNA, , ,	al) or Full C	rganizatio	n Name		Di	ate o	f Re	ceir	ot										
	Mailing Address 6083 OLD BRICKSTORE ROA	D							12 31 2022											
	City	State	Zip C	Code		5	Frans	acti	ion	יחו	PR 2761		-							
	GREENSBORO	NC	Amount of Each Receipt this Period																	
	FEC ID number of contributing federal political committee.	С				38.46							46							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (fo Gen Mgmt	or Individual)		Memo Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	ate ▼ 499.98	F	P/R	2 Ded	uctio	on (S	\$19.:	23 Bi-W	eekly	')							
С.	Full Name of Individual (Last, First, Middle Initi OBRIEN, MICHAEL, , ,	al) or Full C	rganizatio	n Name		Da	ate o	f Re	eceip	ot										
	Mailing Address 11017 CAVELL CIR					Γ	12	1	D	31	/ Y		22	Y						
	City	State MN	Zip C								PR2761			1						
	BLOOMINGTON	IVIIN	554	38-2284	_	Ar	moun	t of	Eac	h R	eceipt th	nis P	eriod							
	FEC ID number of contributing federal political committee.	С				Ę	_		,	_	7		96.	4						
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir ⁻	•	or Individual)			М	emc	b Ite	m										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Da	ate ▼ 1249.82								eekly	/)							
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mide A. ZITO, MOLLIE, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2445 WEST LOGAN BL UNIT 3E	VD		12 31 2022							
City CHICAGO	State IL	Zip Code 60647-2043	Transaction ID : PR2762092867391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		19.22							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.86	P/R Deduction (\$9.61 Bi-Weekly)							
Full Name of Individual (Last, First, Mide B. ARYA, RAJIV, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4 GALWAY ROAD			12 31 2022							
City SKILLMAN	State NJ	Zip Code 08558-1731	Transaction ID : PR2762648767391 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 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Mide C. SONNIER, SUSAN, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 301 DEMONBREUN ST	UNIT 1805		12 / D D / Y Y Y Y 12 31 2022							
City NASHVILLE	State TN	Zip Code 37201-2248	Transaction ID : PR2762649967391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		230.76							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /ktg Bus Dev	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		326.90							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b		11c 15	12	17					
Any information copied from such Reports or for commercial purposes, other than usi			erson for th		rpose		oliciting	contribu	tions					
NAME OF COMMITTEE (In Full)	orated PAC (I	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Mid CLAYTON, JUSTIN, , ,		rganization Name	Date of Receipt											
Mailing Address 163 BRIER RIDGE DR														
City DURHAM	State NC	Zip Code 27703-0339	Transaction ID : PR2762749967391 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С			int of	TEaci	n Red	ceipt th	153.						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Mem	o Iter	m								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	P/R D	educt	ion (\$	\$76.92	2 Bi-We	ekly)						
Full Name of Individual (Last, First, Mid B. TARVESTAD, KATHERINE, , ,		rganization Name	Date	of Re	eceip	ot								
Mailing Address 5095 KELSEY TERR			M 12			31	/ Y	y y 2022	Y					
City EDINA	State MN	Zip Code 55436-2717						5596739 is Period						
FEC ID number of contributing federal political committee.	С				-		-9	384.	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R De	educti	ion (\$	\$192.3	30 Bi-W	eekly)						
Full Name of Individual (Last, First, Mid C. BIDINGER, DANIEL, , ,	dle Initial) or Full C	rganization Name	Date	of Re	eceip	ot								
Mailing Address 3757 INDEPENDENCE			12			31	/ Y	y y 2022	Y					
City MAPLE PLAIN	State MN	Zip Code 55359-9759						95756739						
FEC ID number of contributing federal political committee.	C				J		, seipt th	is Period 40.	00					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef of Staff		Mem	o Iter	m								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	P/R D	eekly)										
SUBTOTAL of Receipts This Page (option	nal)				,			578.	44					
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NAME OF COMMITTEE (In Full)		duress of any pointear commute	5 10 30101	contin	outions		r commu						
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle A. DAVIS, JENNIFER, , ,	Initial) or Full C	rganization Name	Date	of R	eceipt								
Mailing Address 4330 CROWN POINT DR			M 1.		31	D / Y	y y 2022	Y					
City COLUMBUS	State OH	Zip Code 43220-4424	Transaction ID : PR2763180367391 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С				-gr. 1		96.7	4					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Mem	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1249.82	P/R D	P/R Deduction (\$48.07 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. LAUSCH, KERSTEN, , ,	Initial) or Full C	rganization Name	Date	of R	eceipt								
Mailing Address 236 E NEWELL STREET			M 1		31) / Y	2022	Y					
City WINTER GARDEN	State FL	Zip Code 34787-2800					4776739						
		34787-2800	Amo	unt of	Each F	Receipt th	is Period	_					
FEC ID number of contributing federal political committee.	C						28.0	06					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Mem	o Item								
Receipt For:	Aggregate	Year-to-Date 🔻											
Other (specify)		364.78	P/R D	educt	ion (\$14	.03 Bi-We	ekly)						
Full Name of Individual (Last, First, Middle LEFF, ERIN, , ,	Initial) or Full C	rganization Name	Date	of R	eceipt								
Mailing Address 2633 WEST VIEWMONT W				2	31		2022						
City SEATTLE	State WA	Zip Code 98199-3018				Receipt th	36686739 is Period	1					
FEC ID number of contributing federal political committee.	С				, .	, ,	192.3	30					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clin Ops		Mem	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4807.50	P/R D	educt	ion (\$19	2.30 Bi-W	/eekly)						
SUBTOTAL of Receipts This Page (optional).					,	. ,	316.5	50					
TOTAL This Period (last page this line number	er only)				-								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	for commercial purposes, other than using the															
\backslash	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated		`		·(C)											
١.	Full Name of Individual (Last, First, Middle Initia FOLEY, BARBARA, , ,	al) or Full	Orga	nization Name		Date of Receipt										
۹.	Mailing Address 6260 BLACK FOX WAY					Dale				,	V	Y	Y V			
						12		,	31		Ľ	2022				
	City	State		Zip Code		Trar	nsa	cti	on ID :	PR2	276923	89267	391	_		
	TALLAHASSEE	FL		32312-4504	— :	Amou	nt c	of	Each R	ece	ipt this	Peri	od			
	FEC ID number of contributing federal political committee.	С							y		-	ç	92.30			
	Name of Employer (for Individual)	Oc	cupa	tion (for Individual)			Mer	no	Item							
	United HealthCare Services Inc	Dii	r Mk	g Bus Dev												
	Receipt For: Primary General	Aggregate	e Ye	ar-to-Date ▼					(* 40		D' 14/	11.5				
	Other (specify) V			1199.90	1 ^P	VK De	auc	CTIC	on (\$46.	15 E	⊐I-vvee	кіу)				
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3.	Full Name of Individual (Last, First, Middle Initia OBARSKI, DANIEL, , ,	al) or Full	Orga	nization Name		Date	of F	Re	ceipt							
	Mailing Address 2035 S CLARKSON ST					[™] 12		/	D D 31	/	Ŷ	2022		1		
	City	State		Zip Code					on ID :							
	DENVER	CO		80210-4105		Amou	nt c	of	Each R	ece	ipt this	Peri	od			
	FEC ID number of contributing federal political committee.	С			30.76											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ation (for Individual) vk Contrctng			Men	no	Item							
	Receipt For:	Aggregate	e Ye	ar-to-Date 🔻												
	Primary General Other (specify)			399.88	P	/R De	duc	ctio	on (\$15.:	38 E	Bi-Wee	kly)				
		<u> </u>	,													
—).	Full Name of Individual (Last, First, Middle Initia KEDZUF, LINDSAY, , ,	al) or Full	Orga	nization Name		Date	of F	Re	ceipt							
	Mailing Address 15540 56TH AVE N					[™] 12		/	31	/	Y	2022		1		
	City	State		Zip Code		Tra	ısa	cti	on ID :	PR	276924	14067	391			
	PLYMOUTH	MN		55446-2982	·	Amou	nt c	of	Each R	ece	ipt this	e Peri	od			
	FEC ID number of contributing federal political committee.	С							y .		9	3	38.46			
	Name of Employer (for Individual)	Oc	cupa	tion (for Individual)			Mer	mo	Item							
	United HealthCare Services Inc	Dir	Fou	nd/Social Resp												
	Receipt For: Primary General	Aggregate	e Ye	ar-to-Date ▼					10.5	oc -						
	Other (specify)		-7] ^F	γ/R De	eduo	ctic	on (\$19.	23 E	BI-Mee	екіу)					
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	y information copied from such Reports and Stat for commercial purposes, other than using the n			rson for	the p	urpose	of solicitin	g con	tributi	ons				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	UnitedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initial MOORE, MALVIN, , ,) or Full Or	Organization Name	Da	te of I	Receipt								
	Mailing Address 4520 SUNSET RIDGE			M	[™] 12	/ D	D / Y 81	202	ү 22	Y				
	City MINNEAPOLIS	State MN	Zip Code 55416-3333		Transaction ID : PR2769866467391 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				-9-	-	_	28.0	6				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp		Mer	no Item	I							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.78	P/R	Dedu	ction (\$1	14.03 Bi-W	eekly))					
в.	Full Name of Individual (Last, First, Middle Initial HAUSMAN, ERIC, , ,) or Full Or	Organization Name	Da	te of I	Receipt								
	Mailing Address 1617 WEST 25TH STREET			M	[™] 12	/ D	D / Y	202	22	Y				
	City MINNEAPOLIS	State MN	Zip Code 55405-2466				: PR2778 Receipt ti							
	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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initial BAKER, OMAR, , ,) or Full Or	Organization Name	Da	te of I	Receipt								
	Mailing Address 8100 SPRING HILL FARM DR	1		4 L	12 ^M	3	31	202	22					
	City MCLEAN	State VA	Zip Code 22102-2330				D: PR2778 Receipt tl							
	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) D/SVP Strat Intv	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R	Dedu	ction (\$ ⁻	192.30 Bi-\	Veekl	y)					
s	UBTOTAL of Receipts This Page (optional)		••••••			,			797.20	6				
т	OTAL This Period (last page this line number on	ly)	••••••	Ē										

SCHEDULE A (FEC Form 3X) _ _ _ _ _ _ _ _ _

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions are to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Midd A. PIERINI, RYAN, , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3761 SAN YSIDRO WA	Y		12 31 2022							
City SACRAMENTO	State CA	Zip Code 95864-2866	Transaction ID : PR2778987367391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. TROTTI, MEGAN, , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 18910 9TH AVE N			12 31 Y Y Y Y Y 12 31 2022							
City PLYMOUTH	State MN	Zip Code 55447-3323	Transaction ID : PR2779272967391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.06							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.78	P/R Deduction (\$14.03 Bi-Weekly)							
Full Name of Individual (Last, First, Midd C. GHAZANFARIANTALEGHAN		rganization Name	Date of Receipt							
Mailing Address 1039 MOUNTAIN AVE			12 / D D / Y Y Y Y 12 31 2022							
City BERKELEY HEIGHTS	State NJ	Zip Code 07922-2343	Transaction ID : PR2782602167391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum Care, Inc.		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		181.90							
TOTAL This Period (last page this line nur	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							
or for commercial purposes, other than usi	and Statements may not be sold or used by any p ing the name and address of any political committee	erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)	orated PAC (UnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Mid A. ROMANOW, KATHLEEN, , ,	dle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 6804 MARBURY ROAD		12 31 Y Y Y Y Y 12 31 2022							
City BETHESDA	State Zip Code MD 20817-6052	Transaction ID : PR2782733067391							
	1010 20017-0032	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	192.30							
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Govt Affs	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	2499.90	P/R Deduction (\$96.15 Bi-Weekly)							
Full Name of Individual (Last, First, Mid B. SABAL, PETER, , ,	dle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 6151 WILLOW ROCK S	ST	12 31 2022							
City	State Zip Code	Transaction ID : PR2783559967391							
LAS VEGAS	NV 89135-1482	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	Occupation (for Individual) VP Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Mid C. MOYER, CASEY, , ,	dle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 7568 W SNOWBERRY		M M / D D / Y Y Y Y 12 31 2022							
City	State Zip Code	Transaction ID : PR2783746867391							
BOISE	ID 83709-1674	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	30.76							
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Dir, Software Engineering	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date V 399.88	P/R Deduction (\$15.38 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	nal)	299.98							
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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions from such committee							
NAME OF COMMITTEE (In Full)		adress of any political contribute								
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle BRADY, NICOLE, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address N7623 OLSON RD			12 31 / Y Y Y Y 12 31 2022							
City ONEIDA	State WI	Zip Code 54155-9619	Transaction ID : PR2786671267391 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.06							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /led Dir	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.78	P/R Deduction (\$14.03 Bi-Weekly)							
Full Name of Individual (Last, First, Middle OWEN, CHRISTOPHER, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9011 LESLIES GATE			12 / D D / Y Y Y Y Y 12 31 2022							
City BOERNE	State TX	Zip Code 78015-4779	Transaction ID : PR2786908667391							
		10010-4/19	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) 9 Mktg	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle CONWAY, PATRICK, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 190 WINDING RIVER RD			12 / D D / Y Y Y Y 12 31 2022							
City WELLESLEY	State MA	Zip Code 02482-7320	Transaction ID : PR2787875567391 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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			797.26							
TOTAL This Period (last page this line numb	er only)									

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		1c	12	1 7					
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NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	C)									
Full Name of Individual (Last, First, Middle CLARKE, LACEY, , ,	Initial) or Full C	rganization Name	Date of F	Receipt								
Mailing Address 15 MILO STREET			M M M 12	/ D D / 31		2022	Y					
City HUDSON	State NY	Zip Code 12534-2722		ction ID : PR2 of Each Recei								
FEC ID number of contributing federal political committee.	С					153.8	4					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Men	no Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	P/R Deduc	tion (\$76.92 E	3i-Week	ly)						
Full Name of Individual (Last, First, Middle BILLS, MATTHEW, , ,	Initial) or Full C	rganization Name	Date of F	Receipt								
Mailing Address 18961 DEVONSHIRE ST	1		M M 12	/ D D / 31		022	Y					
City BEVERLY HILLS	State MI	Zip Code 48025-4031		tion ID : PR2								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 92.30 Memo Item									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt										
Receipt For:	Aggregate	Year-to-Date ▼	_									
Primary General Other (specify) ▼		, 1199.90	P/R Deduc	tion (\$46.15 E	3i-Week	ly)						
Full Name of Individual (Last, First, Middle] C. SEGERMAN, ANDREW, , ,	Initial) or Full C	rganization Name	Date of F	Receipt								
Mailing Address 7306 REDBRIDGE CT			^M 12	/ D D / 31	2	2022						
City SPRINGFIELD	State VA	Zip Code 22153-1511		ction ID : PR2 of Each Recei								
FEC ID number of contributing federal political committee.	С			,	y	38.4	6					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Men	no Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduc	tion (\$19.23 E	3i-Week	kly)						
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	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	NC)								
А.		al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 1605 PARK AVE			12 31 Y Y Y Y Y 12 31 2022								
	City RICHMOND	State VA	Zip Code 23220-2908				: PR2791 Receipt t					
	FEC ID number of contributing federal political committee.	С			_	4			384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Mei	mo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R	Dedu	ction (\$1	92.30 Bi-\	Neek	ly)			
в.	Full Name of Individual (Last, First, Middle Initi SMITH, CHRISTOPHER, , ,	al) or Full O	rganization Name	Da	te of	Receipt						
	Mailing Address 2915 E MIGRATORY DR				[™] 12	/ D 3		20	22 22	Y		
	City	State	Zip Code				: PR2793					
	BOISE	ID	83706-6935	Am	ount	of Each	Receipt t	his P	eriod			
	FEC ID number of contributing federal political committee.	С		28.06 Memo Item								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir Comm									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.78	P/R Deduction (\$14.03 Bi-Weekly)								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi MORSE, SARA, , ,	al) or Full O	rganization Name	Da	te of	Receipt						
	Mailing Address 6398 VALE STREET				[™]	- 1	1	20	1			
	City ALEXANDRIA	State VA	Zip Code 22312-1435				Receipt t					
	FEC ID number of contributing federal political committee.	С				, . ,			384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	mo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R	Dedu	ction (\$1	92.30 Bi-\	Week	ly)			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the n															
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	Uni	itedHealth Group PA	NC)											
A.	Full Name of Individual (Last, First, Middle Initia ALBERT, MATTHEW, , ,	l) or Full O	Orgar	nization Name		Date of	Re	ece	eipt							
	Mailing Address 5365 CEDAR POINT RD					12 ^D ^D ^J ^Y										
	City	State MN		Zip Code 55364-9394						PR280						
	FEC ID number of contributing federal political committee.	C		55504-5554	"	Amount	of	Ea	ach Re	eceipt t	his F	eriod 500.0	0			
	Name of Employer (for Individual)		•	tion (for Individual)	_	Me	emo	o It	tem	7						
	United HealthCare Services Inc Receipt For: Primary General		Audi Yea	it ır-to-Date ▼	 P	/R Ded	uctio	on	(\$192	.30 Bi-	Weel	dy)				
	Other (specify)	L	-7-	500.00								,,				
в.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Orgar	nization Name		Date of	Re	ece	eipt							
	Mailing Address					M = M	/	l	D D		Ý	Y	Y			
	City	State		Zip Code		Amount	of	Ea	ach Re	eceipt t	his F	Period				
	FEC ID number of contributing federal political committee.	С						,		-		1.40				
	Name of Employer (for Individual)	Occ	upat	tion (for Individual)		Me	emo	o It	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼												
C.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Drgar	nization Name		Date of	Re	ece	eipt							
	Mailing Address	1				M	/	l	D D		Y Y	Y	Y			
	City	State		Zip Code		Amount	of	Ea	ach Re	eceipt t	his F	Period				
	FEC ID number of contributing federal political committee.	С						,		9						
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)		M	emo	o It	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼												
s	UBTOTAL of Receipts This Page (optional)			•••••				,		9		500.0	0			
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		Use separate schedule(s) for each category of the	(check only one)							
		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17							
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathematic mathematical statements of the statement of the statement of the statement of the statements of	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle Friends of Gayle Harrell	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 8489 Cabin Hill Road			M M / D D / Y Y Y Y 12 12 2022							
City Tallahassee	State FL	Zip Code 32311	Transaction ID : 48358943 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		1000.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	Refund of PAC Contribution made on 12/19/20							
Full Name of Individual (Last, First, Middle B.	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address										
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]							
Full Name of Individual (Last, First, Middle C.	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address										
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V]							
SUBTOTAL of Receipts This Page (optional).			1000.00							
TOTAL This Period (last page this line numb	er only)		1000.00							

SCHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)	FOR LINE I							
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
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NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporated	PAC (Ur	utedHealth G	iroup PAC)						
Full Name (Last, First, Middle Initial) A. New Jersey Democratic State Co	mmittee -	Federal		Date of Disbursement						
Mailing Address 196 West State Street	1			12 21 2022						
City Trenton	State NJ	Zip Code 08608		FEC Identification Number						
Purpose of Disbursement Contribution		00000	011							
Candidate Name			Category/ Type	Transaction ID : 48282419 Amount of Each Disbursement this Period						
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item						
State: District:										
Full Name (Last, First, Middle Initial) B.				Date of Disbursement						
Mailing Address		1								
City	State	Zip Code		FEC Identification Number						
Purpose of Disbursement				C						
Candidate Name			Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburs	ement For: Primary	General								
State: District:	Other (spe			Memo Item						
Full Name (Last, First, Middle Initial)				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						
Office Sought: House Disburs	ement For: Primary	General								
State: District:	Other (spe	cify) 🔻		Memo Item						
SUBTOTAL of Disbursements This Page (optional)			····· ►	5000.00						
TOTAL This Period (last page this line number on	y)		••••••	5000.00						

S	CHEDULE B (FEC Form 3X)			FOR I	NE NUMBER: PAGE 227 OF 229
	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	only one)
			Summary Page		21b 22 23 26 27 28a 28b 28c x 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na			d by any j	person for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			_	
Ĺ	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	iroup P	AC)
Α.	Full Name (Last, First, Middle Initial) Friends of Joe Pittman				Date of Disbursement
	Mailing Address 119 South 3rd Street PO Box 382		1		12 07 2022
	City Indiana	State PA	Zip Code 15701		FEC Identification Number
	Purpose of Disbursement Contribution			011	С
	Candidate Name		I	Category	Transaction ID : 48263615 Amount of Each Disbursement this Period
	Pittman, Joe, , PA Sen.,			Туре	
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item
	State: District:	L			
В.	Full Name (Last, First, Middle Initial) Friends of Tina Kotek				Date of Disbursement
	Mailing Address PO Box 42307		1		12 07 2022
	City Portland	State OR	Zip Code 97242		FEC Identification Number
	Portand Purpose of Disbursement Contribution	011			C
	Candidate Name			Category	Transaction ID : 48263616 Amount of Each Disbursement this Period
	Kotek, Tina, , ,	mont Far		Туре	4000.00
	Office Sought: House Disburse Senate	ement For: Primary	General		Contribution
	State: District:	Other (spe	cify)		Memo Item
<u>с.</u>	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address 6592 Juliet Way				12 / D D / Y Y Y Y 12 21 2022
	City Cottonwood Heights	State UT	Zip Code 84121		FEC Identification Number
	Purpose of Disbursement Contribution			011	C Transaction ID : 48282418
	Candidate Name Reyes, Sean, , UT Aty Gen,			Category Type	
		ement For:			5000.00
	State: District:	Primary Other (spe	General cify) ▼		Contribution Memo Item
Г					
S	UBTOTAL of Disbursements This Page (optional).				14000.00
Т	OTAL This Period (last page this line number only	/)			•

SCHEDULE B (F	FEC Form 3X)			FC	OR L	NE N	UMBER:	:		P	AGE	228 OF 229				
ITEMIZED DISBU	RSEMENTS	Use separate schedule(s) for each category of the				only 21b	y one)									
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NAME OF COMMITTE	. ,															
	roup Incorporated	PAC (Un	itedHealth G	Brou	p P	AC)										
Full Name (Last, First, A. Jay Costa Jr. fo	,						Date of	f Disb	oursei		V	YYY				
Mailing Address 314 N	ewport Road					12	,	21			022					
City		State PA	Zip Code 15221				FEC Identification Number									
Pittsburgh Purpose of Disburseme Contribution	ent	FA	011													
Candidate Name				-	egory	/				ID : 482 Disburs		0 t this Period				
Costa, Jay, , PA					ype				aon	Blobalo						
Office Sought:	House Disburse Senate President	ement For: Primary Other (spec	General cify) ▼				Contribution Memo Item									
State: Dist																
B. Friends of Scot	,						Date of		oursei	_	YYY	Y Y				
Mailing Address 802 L	ightfoot Drive	State Zip Code PA 17602					12		2′	1	2	022				
City Lancaster							FEC Id	entific	ation	Numb	er					
Purpose of Disburseme Contribution	ent)11	1	Transaction ID : 48282467									
Candidate Name		Cate				/	Amount of Each Disbursement this P									
Martin, Scott, , Office Sought:					ype		3000.00									
	Senate	Primary	General				Contribution									
State: Dist	President rict:	Other (spec	cify)				Ме	emo It								
Full Name (Last, First, C. Friends of Joan	,						Date of	f Disb	oursei	ment						
Mailing Address PO Bo	ox 16668						M M 12	/	D 21			022				
City Philadelphia		State PA	Zip Code 19139				FEC Id	entific	cation	Numb	er					
Purpose of Disburseme Contribution	ent			0)11]	C Transaction ID : 48282468									
Candidate Name McClinton, Joa	nna, E., PA Rep.,				egory ype	/	Amount	t of E	ach	Disburs	emen	t this Period				
Office Sought:		ement For:					L.					3000.00				
Ctoto: Diat	Senate President	Primary Other (spec	General cify) ▼	Contribution Memo Item												
State: Dist	not.							_			_					
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TOTAL This Period (last	page this line number only	y)						,		,						

	E B (FEC Form 3X)		arate schedule(s)			NUMBER: PAGE 229 OF 229
ITEMIZED	DISBURSEMENTS	for each	category of the Summary Page	(ch	neck only 21b 28a	7 one) 22 23 26 27 28b 28c x 29 30b
or for comme	rcial purposes, other than using the n					on for the purpose of soliciting contributions o solicit contributions from such committee.
	COMMITTEE (In Full)			_		,
/	Health Group Incorporated	I PAC (Ur	nitedHealth G	Srou		
	ull Name (Last, First, Middle Initial) Friends to Elect Christine Tartaglione					Date of Disbursement
Mailing Address PO Box 28566						12 21 2022
City Philadelphi	a	State PA	Zip Code 19149			FEC Identification Number
	Purpose of Disbursement 011					
	andidate Name Cattaglione, Christine, , PA Sen., Typ					Transaction ID : 48282469 Amount of Each Disbursement this Period
	Office Sought: House Disbursement For: Senate Primary General			i y	pe	1000.00
State:	District:		Other (specify) V			Contribution Memo Item
Full Name	Full Name (Last, First, Middle Initial)					
B					Date of Disbursement	
Mailing Address						
City		State	Zip Code			FEC Identification Number
Purpose of	Purpose of Disbursement					С
Candidate Name Category/ Type						Amount of Each Disbursement this Period
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State:	President District:	Other (spe				Memo Item
Full Name (Last, First, Middle Initial)						Data of Diskursement
C						Date of Disbursement
Mailing Address						
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Purpose of Disbursement					C	
Candidate Name Category/ Type					Amount of Each Disbursement this Period	
Office Sou	output House Disbursement For: Senate Primary General					
State: District: Other (specify)					Memo Item	
)				1000.00
	of Disbursements This Page (optional	-				23500.00
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