Image# 202308189596672748		PAGE 1 / 253
FEC AI	EPORT OF RECEIPTS ND DISBURSEMENTS Other Than An Authorized Committee	Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼ Example: If typing, type over the lines.	FE4M5
	rporated PAC (UnitedHealth Group PAC)	
ADDRESS (number and street)	701 Pennsylvania Ave, NW	
Check if different than previously	Suite 600 Washington	
2. FEC IDENTIFICATION NUME	BER ▼ CITY ▲ STAT	
C C00274431	3. IS THIS REPORT X (N) OR	AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Monthly Report Due On: Feb 20 (M2) May 20 (M5) May 20 (M5) Mar 20 (M3) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Ion 21 (VE)
 April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) 	(c) 12-Day PRE-Election	Oct 20 (M10)Jan 31 (YE)General (12G)Runoff (12R)Special (12S)
January 31 Year-End Report (YE) July 31 Mid-Year	Election on Election on (d) 30-Day	in the State of
Report (Non-election Year Only) (MY)		Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 07		D D / Y Y Y Y 31 2023
•	Report and to the best of my knowledge and belief it is true, co Muldoon, Allison, , ,	prrect and complete.
Signature of Treasurer	Allison, , , Date	M M / D D / Y
	s, or incomplete information may subject the person signing this Re	port to the penalties of 52 U.S.C. § 30109
Office Use Only		FEC FORM 3X Rev. 05/2016

08/18/2023 15 : 08

FEC Form 3X (Rev. 05/2016)	Page 2	
Write or Type Committee Name		
UnitedHealth Group Incorporated F	PAC (UnitedHealth Group PAC)	
Report Covering the Period: From:	07 / D D / Y Y Y Y 07 31 2023	
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		422616.69
(b) Cash on Hand at Beginning of Reporting Period	694033.84	
(c) Total Receipts (from Line 19)	120556.46	945878.61
 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	814590.30	1368495.30
7. Total Disbursements (from Line 31)	178150.00	732055.00
 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 	636440.30	636440.30
 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 	0.00	
 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 	0.00	

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

1	2022004	ONENCC-	77750
imade#	2023081	090900	2730

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) MM D D 01 07 2023 07 31 2023 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 119257.90 862883.56 (i) Itemized (use Schedule A)..... 1298.56 80495.05 (ii) Unitemized (iii) TOTAL (add 943378.61 120556.46 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 943378.61 120556.46 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 2500.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 945878.61 12, 13, 14, 15, 16, 17, and 18(c))...... 120556.46

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......► 120556.46

945878.61

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 427500.00 2500.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 105.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 105.00 29. Other Disbursements (Including 304450.00 Non-Federal Donations)..... 175650.00 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)).. 178150.00 732055.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 178150.00 732055.00

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)

		-			-	120556.46
						0.00
-	÷	-	÷	÷	-	400550.40
<u>_</u>	÷	-	÷	÷	-	120556.46
		7			-	0.00
	1					0.00
-	÷	-	÷	÷	-	0.00
<u> </u>		-7-			-7-	0.00

0.00

Page 5

COLUMN B Calendar Year-to-Date

	Cale	ndar	Yea	r-to-Da	ate
				043	378.61
	-7			940	576.01
					405.00
	-				105.00
			-	0.47	070.04
				943	3273.61
1.1					0.00
			1		
					0.00

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

-	CLIFIS				Detailed Summary Page		< 11a		11	1b	11c		12			
							13		14		15 16 1 e of soliciting contributions ins from such committee. ot 27 2023 ID : 48934334 ch Receipt this Period 5000.00 m ot 31 2023 ID : PR1159794168827 ch Receipt this Period 28.00 im \$14.00 Bi-Weekly) ot 31 2023 ID : PR1159811868827 ch Receipt this Period 384.60 im \$14.00 Bi-Weekly)	17				
pu	urposes, other than us	s and State sing the na	ments n me and	nay ı addr	not be sold or used by any por ress of any political committee	erson e to so	for the plicit co	pur ntrit	rpos buti	se of ions fr	solicitir om su	ig co ch co	ontribut	tions ee.		
11	/ITTEE (In Full)															
lt	th Group Incorp	orated	PAC	(Ur	nitedHealth Group PA	AC)										
RI/	ividual (Last, First, Mic AN, , ,	ddle Initial)	or Full	Orga	nization Name		Date of Receipt									
2	401 TATLOW DR						07 / 27 / Y Y Y Y 07 27 2023									
			State MO		Zip Code 65203-6130	_	Transaction ID : 48934334 Amount of Each Receipt this Period									
	of contributing ommittee.	[С													
-	er (for Individual) e Services Inc			•	tion (for Individual) vt Affs		M	lemo	o It	tem						
		A	ggregat	e Ye	ar-to-Date 🔻											
əc	General bify) ▼	[-9-	5000.00											
II Name of Individual (Last, First, Middle Initial) or Full Organization Name TREB, DEBORAH, , ,										eipt						
2	2201 NORTH STAR R	OAD					07 31 2023									
			State		Zip Code		Trans	sact	tion	n ID : F	PR1159)794	16882	7		
ΒT	ΓΟΝ		ОН		43221-3810		Amoun	t of	Ea	ach Re	eceipt t	his F	Period			
	of contributing ommittee.	[С				28.00									
-	er (for Individual) e Services Inc				ation (for Individual) Capability		Memo Item									
		Α	ggregat	e Ye	ar-to-Date ▼		1									
əc	General cify) ▼	[,	, 210.00	F	P/R Deduction (\$14.00 Bi-Weekly)									
di O	ividual (Last, First, Mid SEPH, , ,	ddle Initial)	or Full	Orga	nization Name		Date o	f Re	ece	eipt						
	4842 E MOUNTAIN VI	IEW RD			1		07		L		JЦ	2	2023			
	-EY		State AZ		Zip Code 85253-1539									7		
				_	05255-1555	_	Amoun	t of	f Ea	ach Re	eipt t	his F	Period			
	of contributing ommittee.		С	_			<u> </u>		9			_	384.	60		
ye	er (for Individual)		Oc	cupa	tion (for Individual)		N	lem	o It	tem						
United HealthCare Services Inc Receipt For:					EO											
					ar-to-Date 🔻											
ec	General Sify)	[-9-	2884.50	1	P/R De	duct	tion	n (\$192	2.30 Bi-	Wee	∍kly)			
ece	eipts This Page (optio	onal)			••••••	•			y		.,		5412.(60		
		,				• -			5				-	5412.6		

FOR LINE NUMBER:

PAGE 7 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 Incorpora	ated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle FALK, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 323 LAWRENCE AVE			07 31 2023							
City HIGHLAND PARK	State NJ	Zip Code 08904-1851	Transaction ID : PR1159820268827 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.00							
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 ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
B. MIGLIORI, RICHARD, , ,										
Mailing Address 8025 VIA VECCHIA	State	Zip Code	07 31 2023 Transaction ID : PR1159827468827							
NAPLES	FL	34108-7700	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 ▼ 2884,50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. MILLER, KATHERINE, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2321 HARBOR LAKE DRI		Zin Ooda	07 31 2023							
City ORANGE PARK	State FL	Zip Code 32003-7799	Transaction ID : PR1554324368827 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Ntwk	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			797.20							
TOTAL This Period (last page this line numb	er only)									

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

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

			Detailed Summary Page		< 11a		11b	11c	12				
	y information copied from such Reports and State for commercial purposes, other than using the na												
<u> </u>	NAME OF COMMITTEE (In Full)			- 10 50				.on such	. Jonnill				
\rangle	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group P	AC)									
	Full Name of Individual (Last, First, Middle Initial) ANDERSON, CRAIG, , ,) or Full Oı	rganization Name		Date of	Re	ceipt						
	Mailing Address 47 AMATO CIRCLE				07	1	D 0 31) / Y	y y 2023	Y			
	City WETHERSFIELD	State CT	Zip Code 06109-3971					PR15759					
			00103-0371	_	Amount	t of	Each R	leceipt th	is Period				
	FEC ID number of contributing federal political committee.	С			Ļ		-	-	384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt		Me	emo	tem						
		Aggregate `	Year-to-Date ▼										
	Primary General Other (specify) ▼		2884.50] f	P/R Ded	lucti	on (\$19:	2.30 Bi-W	/eekly)				
	Full Name of Individual (Last, First, Middle Initial) KELLY, JOHN, , ,) or Full Or	rganization Name		Date of Receipt								
	Mailing Address 4901 HAWTHORNE COURT SUITE 304				07 31 / Y Y Y Y 2023								
	City	State	Zip Code					PR15759					
		MN	55436-5802		Amount	t of	Each R	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С			L			-	384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Tax		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50] P	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial) JOHNSON, THAD, , ,) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 9741 GLACIER BAY				^M 07	1	31) / Y	2023	Y			
	City EDEN PRAIRIE	State MN	Zip Code 55347-2615				-	PR15963					
			00047-2010		Amount	t of	Each R	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С			Ļ	_	9		384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group Gen Counsel		M	emc	o Item						
			Year-to-Date ▼										
	Primary General Other (specify)	_	2884.50] F	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			•		Ξ	,	. ,	1153.	80			
т	OTAL This Period (last page this line number onl	y)		•	Γ.								

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

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

		for each category of the	X 11a 11b 11c 12										
		Detailed Summary Page											
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorport	prated PAC (UnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Mide SCHUMACHER, DANIEL, , ,	dle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 5401 LARADA LANE			07 31 2023										
City	State	Zip Code	Transaction ID : PR1596305468827										
EDINA	MN	55436-1024	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) ef Strat & Growth Officer	Memo Item										
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Mide THEISEN, SCOTT, , ,	dle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 1950 MEADOWWOODS	STRAIL		07 31 / Y Y Y Y Y 2023										
City	State	Zip Code	Transaction ID : PR1596305668827										
LONG LAKE	MN	55356-9312	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) Mnit CEO	P/R Deduction (\$192.30 Bi-Weekly)										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50											
Full Name of Individual (Last, First, Mide	dle Initial) or Full C	organization Name											
C. ANDERSON, MICHAEL, , , Mailing Address 17907 INVERNESS CU	RVE		Date of Receipt										
City	State	Zip Code	Transaction ID : PR1596309368827										
EDEN PRAIRIE	MN	55347-2155	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										
Optum Services, Inc Receipt For:	SVF	P CInt Relationship											
Primary General	Aggregate	Year-to-Date ▼											
Other (specify)		2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	al)		1153.80										
TOTAL This Period (last page this line nu	mber only)	•••••											

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

	ENIZED RECEIPTS			ach category of the iled Summary Page		11a] 11t	b	11c	12				
			Deid			13		14		15	16	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the na														
\backslash	NAME OF COMMITTEE (In Full)														
$\Big $	UnitedHealth Group Incorporated	PAC (l	United	Health Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial BORCA, TROY, , ,) or Full O	rganizat	ion Name		Date of Receipt									
	Mailing Address 2112 STROLLING WAY														
	City	State TX		Code		Trans	acti	ion	ID : P	R15963	3104688	27			
	NORTHLAKE			6226-3369	A	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 Gen Mgr	(for Individual) nt		M	emo) Ite	em						
	Receipt For:	Aggregate	Year-to-	Date V											
	Primary General Other (specify) ▼			576.90	P	/R Ded	lucti	on ((\$38.4	6 Bi-Wo	eekly)				
В.	Full Name of Individual (Last, First, Middle Initial BRODIGAN, STEVEN, , ,) or Full O	rganizat	ion Name	Date of Receipt										
	Mailing Address 2159 BRINKER ST					07 / D D / Y Y Y Y Y 2023									
	City	State	Zip		Transaction ID : PR1596310668827										
	CHANHASSEN	MN	55	5317-9361	A	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 Underwr	(for Individual) iting		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 210.45	P/	P/R Deduction (\$14.03 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial DAVIDSON, TRACY, , ,) or Full O	rganizat	ion Name		Date of	Re	eceip	pt						
	Mailing Address 6058 HARBOUR TOWN CIR					^M 07	1	D	31	/ Y	y y 2023	Y			
	City	State OH	· · ·	Code		Trans	acti	ion	ID : P	R1596	3116688	27			
	WESTERVILLE		43	082-8144	A	Mount	of	Eac	ch Red	ceipt th	is Period	1			
	FEC ID number of contributing federal political committee.	С				_		,		9	384	.60			
	Name of Employer (for Individual) Optum Services, Inc		upation (Gen Mo	(for Individual)		Memo Item									
	Receipt For:	Aggregate	Year-to-	Date V											
	Primary General Other (specify)		P.	/R Ded	lucti	ion ((\$192.	30 Bi-V	Veekly)						
s	UBTOTAL of Receipts This Page (optional)									9	489	58			
Т	OTAL This Period (last page this line number on	ly)						,		-					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia HEUMANN, KURT, , , Mailing Address 63 MUIRFIELD COURT	l) or Full O	Organization Name	Date of Receipt									
	City SAINT LOUIS	State MO	Zip Code 63141-7372	Transaction ID : PR1596313768827 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		88.46									
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Hlth	upation (for Individual) n Plan CEO	Memo Item									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 663.45	P/R Deduction (\$44.23 Bi-Weekly)									
В.	Full Name of Individual (Last, First, Middle Initia HIGGINS, MARY, , ,	l) or Full O	Organization Name	Date of Receipt									
	Mailing Address 54 BELCREST ROAD			07 31 2023									
	City WEST HARTFORD	State CT	Zip Code 06107-3304	Transaction ID : PR1596313868827 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.92									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initia TODD, JEFFREY, , ,	l) or Full O	Organization Name	Date of Receipt									
	Mailing Address 467 PRAIRIE WAY SOUTH			07 / D D / Y Y Y Y 2023									
	City BAYPORT	State MN	Zip Code 55003-1607	Transaction ID : PR1596319068827 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Underwriting	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	P/R Deduction (\$25.00 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•	215.38									
Т	OTAL This Period (last page this line number on	ly)	•••••										

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

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

			Detailed Summary Page		(11a		11b	11c		12					
٨٣	v information conied from such Benetic and Cla	tomonto ma	w not be cold or used by one	orean	13 for the		14	15		16 atributi	17				
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and a	ddress of any political committee	erson e to so	blicit cor	ntrib	utions fro	onciting om such	1 CO	mmitte	001S 90.				
\backslash	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P/	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia PETERSON, MATTHEW, , ,	al) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 2260 FOX STREET				07 31 Y Y Y Y Y 2023										
	City	State	Zip Code		Trans	acti	ion ID : P	R1602	6699	68827	7				
	ORONO	MN	55356-8316		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						-9-	_	384.6	0				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D Ancillary & Ind/Sgt CAO		Me	emo	tem								
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		2884.50] F	P/R Ded	ucti	on (\$192.	30 Bi-V	Veek	dy)					
в.	Full Name of Individual (Last, First, Middle Initia SEVIGNY, BRIAN, , ,	al) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 137 CREEKVIEW LANE				07 / D D / Y Y Y Y Y 2023										
	City	State	Zip Code		Trans	acti	on ID : P	R16534	1457	68827	,				
	LORETTO	MN	55357-2111		Amount	of	Each Re	ceipt th	is P	eriod					
	FEC ID number of contributing federal political committee.	С						-	_	28.0	8				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology		Me	emo	Item								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		210.60] F	P/R Ded	uctio	on (\$14.0	4 Bi-We	ekly	()					
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia EMERSON, PAUL, , ,	al) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 18855 MEADOW VIEW BLVD				07 ^M	/	31	/ Y		23	Y				
	City	State MN	Zip Code		Trans	acti	ion ID : P	R1806	7503	868827	7				
	PRIOR LAKE		55372-3133	_	Amount	of	Each Re	ceipt th	is P	eriod					
	FEC ID number of contributing federal political committee.	С			Ľ.	_	y	y	_	384.6	0				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Unit CEO		M	emo	tem								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			1 6	P/R Ded	ucti	on (\$192	30 Bi-V	Veel	dv)					
	Other (specify)		2884.50			200	(¥102.								
s	UBTOTAL of Receipts This Page (optional)			•			,	9		797.2	8				
Т	OTAL This Period (last page this line number or	nly)		•				-y							

FOR LINE NUMBER:

PAGE 13 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									
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)												
ight angle UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group P	4C)									
Full Name of Individual (Last, First, Middle I A. ULLOA, SHAUNA, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9 STRATFORD ROAD			07 31 Y Y Y Y 07 31 2023									
City FARMINGTON	State CT	Zip Code 06032-1444	Transaction ID : PR1832379168827 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) VP CInt Relationship	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I B. ANDERSON, CATHERINE, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 57 SIMMONS LANE		07 / D D / Y Y Y Y 2023										
City SEVERNA PARK	State MD	Zip Code 21146-1921	Transaction ID : PR1903550768827 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	ů (
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Health Equity Strategy	Memo Item									
Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)									
Other (specify) ▼		, 2884.50										
Full Name of Individual (Last, First, Middle I C. WEYMOUTH, PAUL, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1185 HOPKINTON RD			07 / D D / Y Y Y Y Y 2023									
City HOPKINTON	State NH	Zip Code 03229-2647	Transaction ID : PR1903636968827 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 CIO	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			797.28									
TOTAL This Period (last page this line numbe	r only)											

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

				Detailed Summary Page		11a 13		11 14		11	ł	12	17					
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		pos	se of :	solici	ting	contribu	tions					
$\overline{)}$	NAME OF COMMITTEE (In Full)																	
$\Big\rangle$	UnitedHealth Group Incorporated	`		•	(C)													
Α.	Full Name of Individual (Last, First, Middle Initial DUPERRE, BRIAN, , ,) or Full O	Orgar	nization Name	ı	Date of Receipt												
	Mailing Address 100 LONG HILL DRIVE					07 31 2023 Transaction ID : PR1910417368827												
	City SOMERS	State CT		Zip Code 06071-1272				-			-							
	FEC ID number of contributing federal political committee.	deral political committee.							Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Gen Counsel		Me	emo	o Ite	em									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 576.90	P	/R Ded	uctio	on	(\$38.4	46 Bi	-We	ekly)						
B.	Full Name of Individual (Last, First, Middle Initial CAMPBELL, COLLEEN, , ,) or Full O	Drgar	nization Name		Date of	Re	ecei	ipt									
	Mailing Address 15000 CAST PEBBLE CIR		Zip Code		м м 07	/	Ľ	31	/	Y	2023	Y						
	City PARKER	State CO								6 996882 s Period								
	FEC ID number of contributing federal political committee.	С						- -				30.	00					
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) hr Sr Cnslt		Me	emo	o Ite	em									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 225.00	P	/R Dedi	uctio	on	(\$15.0	00 Bi	-We	ekly)						
c.	Full Name of Individual (Last, First, Middle Initial DEMBROSKI, TODD, , ,) or Full O	Drgar	nization Name		Date of	Re	ecei	ipt									
	Mailing Address 1390 FINCH LN	1				м м 07	1	Ľ	31	1	Y	2023 Y	Y					
	City GREEN BAY	State WI		Zip Code 54313-6400								7286882						
	FEC ID number of contributing federal political committee.	С				Amount	OT	Ea	ICH RE	eceip		s Period 30.						
	Name of Employer (for Individual) United HealthCare Services Inc		upat Act S	ion (for Individual) Svs		Me	emo	o Ite	em									
		Aggregate																
	Other (specify)	225.00	P	P/R Ded	ucti	on	(\$15.	00 Bi	-We	ekly)								
s	UBTOTAL of Receipts This Page (optional)			•				,				136.	92					
т	OTAL This Period (last page this line number on	ly)		•••••				-										

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

			etailed Summary Page		11a		11	- H		11c	12			
Any information conied from such Departs and Other			the cold or used by service		13		14			15 lioiting	16	17 iono		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam														
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorporated F			-	AC)										
Full Name of Individual (Last, First, Middle Initial) c GILDERNICK, AMY, , ,	or Full Org	rgan	ization Name	[Date of	Re	cei	ipt						
Mailing Address 2709 WILLIAMS GRANT				7 31 2023										
5	State		Zip Code		Trans	acti	ion	ID :	PR	21194	7526882	7		
DE PERE	NI		54115-9456	/	mount	of	Ea	ch R	ece	eipt thi	s Period			
FEC ID number of contributing federal political committee.	;			40.00										
Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Mgmt	Memo Item										
Receipt For: Ag	gregate \	Year	r-to-Date ▼											
Primary General Other (specify) ▼		7	300.00	P	/R Ded	uctio	on	(\$20.	.00	Bi-We	ekly)			
Full Name of Individual (Last, First, Middle Initial) c B. KANNE, KATHLEEN, , ,	or Full Org	rgan	ization Name		Date of	Re	cei	ipt						
Mailing Address 4826 PALOMINO COURT				07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
5	State		Zip Code								7966882	,		
ERIE	PA		16506-6624	/	nount of Each Receipt this Period									
FEC ID number of contributing federal political committee.)				384.60									
Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) erience		Me	emo) Ite	em						
Receipt For: Ag Primary General Other (specify) ▼	gregate Y	Year	-to-Date ▼ 2884.50	P/	'R Dedi	uctic	on	(\$192	2.30) Bi-W	eekly)			
		7												
Full Name of Individual (Last, First, Middle Initial) c MACEMEADOR, HEATHER, , ,	or Full Org	rgan	ization Name		Date of	Re	cei	ipt						
Mailing Address 13531 CARLTON OAKS					м м 07	1	L	31		/ Y	y y 2023	Y		
	State TX		Zip Code								8256882	7		
	1.7		78232-4902	/	mount	of	Ea	ch R	ece	eipt thi	s Period			
FEC ID number of contributing federal political committee.)						,			y	40.0	00		
Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Clin Ops		Me	emo	o Ite	em						
Receipt For: Aq	areaate Y	Year	-to-Date ▼											
Primary General Other (specify)			300.00	P	/R Ded	ucti	on	(\$20.	.00	Bi-We	ekly)			
SUBTOTAL of Receipts This Page (optional)										9	464.6	0		
TOTAL This Period (last page this line number only).			F				,		l	,				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 16 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)									
Any information conied from such Reports and	Statements m		erson for the purpose of soliciting contributions									
or for commercial purposes, other than using t												
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle A. NYGARD, KEITH, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 8056 CARPENTER CREEK	AVENUE		07 31 2023									
City	State	Zip Code	Transaction ID : PR2119485068827									
LAS VEGAS	NV	89113-3685	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		40.00									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
United HealthCare Services Inc	Dir	Reg Adhr										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		300.00	P/R Deduction (\$20.00 Bi-Weekly)									
Other (specify) v			1									
Full Name of Individual (Last, First, Middle	Initial) or Full C	organization Name										
B. OLLMANNWAGNER, TRACY, , ,			Date of Receipt									
Mailing Address 2839 TIMBER LANE			07 / D D / Y Y Y Y 2023									
City GREEN BAY	State WI	Zip Code 54313-5841	Transaction ID : PR2119485268827									
-	VVI	54515-5641	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir SIs Ops	Memo Item									
Receipt For:		·										
Primary General	Aggregate	Year-to-Date ▼										
Other (specify) v		225.00	P/R Deduction (\$15.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. WRIGHT, GREGORY, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 10471 STRAND TERRACE			07 31 2023									
City	State	Zip Code	Transaction ID : PR2119494168827									
SANTA ANA	CA	92705-1495	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 Receipt For:		Plan CEO										
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify)		2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			454.60									
TOTAL This Period (last page this line number	er only)	······										

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

I EIVIZED RECEIFIS	for each category of the		11a		11b		11c	12					
	Detailed Summary Page		13	\square	14		15	16	17				
Any information copied from such Reports and or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle XOUNG , GEORGE, , ,	Initial) or Full C	Organization Name	C	Date of Receipt									
Mailing Address 36296 N 98TH WAY			_ [07 / 07 / 2023									
City	State	Zip Code		Transaction ID : PR2119494468827									
SCOTTSDALE	AZ	85262-3138	A	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		Me	emo	lter	n								
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		225.00	P/	'R Ded	uctio	on (\$	\$15.00) Bi-We	eekly)				
Full Name of Individual (Last, First, Middle B. CUMMINGS, DANIEL, , ,	Initial) or Full C	Organization Name		Date of	Re	ceip	t						
Mailing Address 1929 FAIRMOUNT AVE				м м 07	1		^р 31	/ Y	y y 2023	Y			
City	State	Zip Code		Trans	acti	on II	D : PF	21331	3266882	7			
SAINT PAUL	MN	55105-1539	A	mount	of	Each	h Rec	eipt th	is Period				
FEC ID number of contributing federal political committee.	С			30.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Fin		Memo Item									
Receipt For:	Aggregate	Year-to-Date V		-									
Primary General Other (specify) ▼		225.00	P/	P/R Deduction (\$15.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. HULTGREN, BROR, , ,	Initial) or Full C	Organization Name		ate of	Re	ceip	t						
Mailing Address 408 22ND ST	1			^M 07	1		31 ^D	/ Y	2023 Y	Y			
City	State CO	Zip Code				-			3326882				
GOLDEN		80401-2452	A	mount	of	Each	h Rec	eipt th	is Period				
FEC ID number of contributing federal political committee.	С				_	9		9	384	60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Gen Mgmt		Me	emo	lter	m						
Receipt For:		Year-to-Date ▼											
Primary General	Ayyreyale			/D D '		or /4	¢100 ·	יי ים חכ					
Other (specify)		2884.50		K Ded	uCti	on (\$	⊅192.3	30 Bi-V	еекіу)				
SUBTOTAL of Receipts This Page (optional).						7		,	444.	60			
TOTAL This Period (last page this line number	er only)					,		Ţ					

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

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

			Detailed	Summary Page	2	< 11a	۹ <u> </u>	_	11b)	11c		12		
A :	information applied from such Department 101					13			14		15		16	17	
	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)														
$\left \right $	UnitedHealth Group Incorporated	PAC (l	JnitedH	ealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial) PUTNAM, T JEFFREY, , ,) or Full Or		Date of Receipt											
	Mailing Address 303 ELMWOOD PLACE WEST					07 31 Y Y Y Y 2023									
		State	Zip Co			Transaction ID : PR2133134268827									
	MINNEAPOLIS	MN	5541	9-1349	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				692.30								80	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Group CFO	,			Mem	10	Iter	m					
			Year-to-Dat												
	Primary General Other (specify) ▼		3192.20	F	P/R D	educ	tio	on (\$	\$192	2.30 Bi	-Wee	ekly)			
	Full Name of Individual (Last, First, Middle Initial) LEWIS, KURT, , ,) or Full Or	rganization	Name		Date	of R	lec	ceip	ot					
	Mailing Address 961 RIVER FOREST DRIVE					07 / D D / Y Y Y Y Y 2023									
	City	State	Zip Co										568827	,	
	MAINEVILLE	OH	45039	9-7720		Amo	unt o	fE	Eac	h Re	eceipt	this I	Period		
	FEC ID number of contributing federal political committee.	ů l							7		-		384.6	60	
	Name of Employer (for Individual) United HealthCare Services Inc) Occupation (for Individual) HIth Plan CEO							Memo Item						
		Aggregate	Year-to-Dat	e 🔻		1									
	Primary General Other (specify) ▼		,	2884.50	F	P/R Deduction (\$192.30 Bi-Weekly)							kly)		
с.	Full Name of Individual (Last, First, Middle Initial) BEAULE, JEAN-FRANCOIS, , ,) or Full Or	rganization	Name		Date	of R	lec	cein	ot					
-	Mailing Address 7 STRATFORD RD					0 [™]	М	/	·	31	/		023	Y	
	City	State	Zip Co			Tra	insac	ctic	on l	ID :	PR222	5813	866882	7	
	FARMINGTON	СТ	06032	2-1444		Amo	unt o	fE	Eac	h Re	eceipt	this I	Period		
	FEC ID number of contributing federal political committee.	С				Ē			9		,		390.0	0	
	Name of Employer (for Individual) United HealthCare Services Inc	, , , , , , , , , , , , , , , , , , , ,							Ite	m					
	Pocoint For:		Year-to-Dat												
	Primary General Other (specify)	2845.38						P/R Deduction (\$195.00 Bi-Weekly)							
SI	JBTOTAL of Receipts This Page (optional)				•				9		.,		1466.9	0	
т	OTAL This Period (last page this line number onl	y)		•••••	•			-	,						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 19 OF

17	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
11			for each category of the Detailed Summary Page	X 11a 11b 11c 12										
۸	v information conicd from such Deposite and Otat	omonto	w not be sold or used by error	13 14 15 16 17										
	y information copied from such Reports and Stat for commercial purposes, other than using the na													
$\overline{\}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial RYAN, JOHN, , ,) or Full O	rganization Name	Date of Receipt										
Π.	Mailing Address 45 WESTMORELAND LN													
				07 31 2023										
	City	State	Zip Code	Transaction ID : PR2225819668827										
	NAPERVILLE	IL	60540-5817	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 Receipt For:			_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
в.	Full Name of Individual (Last, First, Middle Initial KANTOLA, KEVIN, , ,) or Full O	rganization Name	Date of Receipt										
	Mailing Address 7031 HALSTEAD DRIVE			07 31 / Y Y Y Y Y 07 31 2023										
	City	State	Zip Code	Transaction ID : PR2247627068827										
	MINNETRISTA	MN	55364-3201	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	Occi VP	upation (for Individual) IT	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial OBRIEN, DENNIS, , ,) or Full O	rganization Name	Date of Receipt										
	Mailing Address 61 LOUGHLIN AVE			07 31 / Y Y Y Y 2023										
	City	State CT	Zip Code	Transaction ID : PR2247627368827										
	COS COB		06807-2621	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item										
		Aggregate	Year-to-Date ▼											
	Other (specify)													
	UBTOTAL of Receipts This Page (optional)			1153.80										

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

FOR LINE NUMBER:

(check only one)

PAGE 20 OF

		Detailed Summary Page		11a		11b	11c	12					
Any information copied from such Report	s and Statements ma	av not be sold or used by any n	erson f	13 or the	<u> </u> יינוס	14	15 solicitina	contribu	17 tions				
or for commercial purposes, other than u													
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incor	porated PAC (JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, M CRONN, CHRISTOPHER, , ,	ddle Initial) or Full O	rganization Name		Date of Receipt									
Mailing Address 1122 COLORADO ST SUITE 2399	REET			07 / D D / Y Y Y Y 07 31 2023									
City	State TX	Zip Code		Transaction ID : PR2270522968827									
AUSTIN		78701-2132	A	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			115.38									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item										
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		865.35	P.	/R Ded	ucti	on (\$57.0	69 Bi-We	eekly)					
Full Name of Individual (Last, First, M 3. FRASCINO, MJ, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt							
Mailing Address 4575 SOUTH ATLAN # 6311			07 / D D / Y Y Y Y 2023										
	State FL	Zip Code 32127-7096						1656882	7				
		32121-1090	A	Amount	of	Each Re	eceipt thi	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) Mktg Comm		Memo Item									
Receipt For: Primary General Other (enceibl) =	Aggregate	Year-to-Date ▼ 210.00	P/	P/R Deduction (\$14.00 Bi-Weekly)									
Other (specify) v		210.00											
Full Name of Individual (Last, First, M KEPLEYCARRIER, ANGELA,		rganization Name		Date of	Re	eceipt							
Mailing Address 3219 PENINSULA DF	1			^M 07		D D D 31		2023					
City JAMESTOWN	State NC	Zip Code 27282-8717						81776882	7				
		21202-0111	A	Amount	of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C				_	y		40.	00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄Ied Clin Ops		M	emc	o Item							
Receipt For:	Aggregate	Year-to-Date 🔻											
Other (specify)		300.00	P/R Deduction (\$20.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (opti	onal)			_				183.:	38				
TOTAL This Period (last page this line r			- i			,	,						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 21 OF

253

		Detailed Summary Page		-		11b	11c		12	<u> </u>				
Any information copied from such Repo														
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	using the name and a	ouress of any political committee	; 10 SO	IICIT COI	IIID	uuons f	IOM SUC	n cc	mitte	.				
UnitedHealth Group Inco	rporated PAC (UnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, I A. MCGRATH, STACY, , ,	Middle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 5801 CHOWEN AVE	S			м м 07	/	31	/ Y	Y 2	023	Y				
City EDINA	State MN	Zip Code 55410-2759		Transaction ID : PR2402318568827										
		55410-2758		_ Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C			40.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		300.00	F	P/R Ded	ucti	on (\$20.	.00 Bi-W	eekl	у)					
Full Name of Individual (Last, First, I B. ROSSI, DAVID, , ,	l Middle Initial) or Full C	rganization Name		Date of	Re	ceipt								
Mailing Address 510 BUFFALO TOM	DRIVE			07 / D D / Y Y Y Y Y 2023										
City	State	Zip Code					PR2402			7				
GREENSBORO	NC	27455-8344		Amount	: of	Each R	eceipt th	nis F	Period					
FEC ID number of contributing federal political committee.	C				-			28.0)8					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		, 210.60	P	/R Ded	uctio	on (\$14.	04 Bi-W	eekl	y)					
Full Name of Individual (Last, First, I C. HIGA, JOY, , ,	l Middle Initial) or Full C	rganization Name		Date of	Re	ceipt								
Mailing Address 2208 ELM AVENUE				07	/	31	/ Y)23 [°]	Y				
City MANHATTAN BEACH	State CA	Zip Code 90266-2809					PR2402			7				
		30200-2003	- '	Amount	of	Each R	eceipt th	nis F	Period					
FEC ID number of contributing federal political committee.	C					,			384.6	50				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) of Compl Off & SVP Reg Affs		M	emc	tem								
Receipt For:	Aggregate	Year-to-Date V												
Other (specify)		2884.50	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This Page (op	tional)		.						452.6	8				
TOTAL This Period (last page this line	number only)		-				, , ,							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

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 an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group PA	AC)							
A. ALEXANDER, CORY, , , Mailing Address 6412 HIGHLAND DRIVE	Address 6412 HIGHLAND DRIVE									
City CHEVY CHASE	State MD	Zip Code 20815-6608	Transaction ID : PR2405428868827 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General	EVF	upation (for Individual) P, Senior Advisor Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)							
Other (specify) V		2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. WEE, KATHLYN, , , Mailing Address 5045 OVERLOOK ROAD		rganization Name	Date of Receipt							
City WASHINGTON	State DC	Zip Code 20016-1911	Transaction ID : PR2408545068827 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 ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle BALTHAZOR, PAUL, , ,	,	Organization Name	Date of Receipt							
Mailing Address 2002 SUGARWOOD DRIV	1	7. 0.1	07 / D D / Y Y Y Y 31 2023							
City ORONO	State MN	Zip Code 55356-9339	Transaction ID : PR2437120768827 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc Receipt For:	Bus	upation (for Individual) Segment COO	Memo Item							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional))		1153.80							
TOTAL This Period (last page this line num	per only)	••••••								

FOR LINE NUMBER:

(check only one)

PAGE 23 OF

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	prated PAC (UnitedHealth Group PA	łC)										
Full Name of Individual (Last, First, Mido A. NESS, LAURA, , ,		organization Name	Date of Receipt										
Mailing Address 10550 PINNACLE WAY	State	Zip Code	07 / 0 D / Y Y Y Y 2023										
WOODBURY	MN	55129-4282	Transaction ID : PR2437121568827 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Mide COSGRIFF, JOHN, , ,	dle Initial) or Full C	Prganization Name	Date of Receipt										
Mailing Address 1875 HUNTER LANE			07 / D D / Y Y Y Y Y 2023										
City MENDOTA HEIGHTS	State MN	Zip Code 55118-4110	Transaction ID : PR2437121668827 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 Unit CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Mide EDELSON, BRETT, , ,	-	organization Name	Date of Receipt										
Mailing Address 4600 DREXEL AVENUE			07 / D D / Y Y Y Y 07 31 2023										
City EDINA	State MN	Zip Code 55424-1132	Transaction ID : PR2437127168827 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 ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	al)	••••••	1153.80										
TOTAL This Period (last page this line nu	mber only)	•											

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

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

				Detailed Summary Page		< 11a		-	11b	11c		12	_	
	y information copied from such Reports and Sta							rpo						
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	addr	ess of any political committee	e to so	olicit c	ontrik	bu	itions fro	om suo	ch co	ommitte	e.	
\rangle	UnitedHealth Group Incorporated	I PAC (I	Un	itedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initia RAINEY, PETER, , ,	l) or Full O)rga	nization Name		Date	of Re	ec	eipt					
	Mailing Address 8850 COUNTY ROAD 26					[™] 07	M /	/	D D D 31		Y 2	023	Y	
	City MINNETRISTA	State MN		Zip Code 55359-9445					o <mark>n ID : P</mark> Each Re				7	
	FEC ID number of contributing federal political committee.	С						-				384.6	60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) oup CFO			Nemo	0	Item					
	Receipt For: Primary General Other (specify) ▼	ar-to-Date ▼ 2884.50	I F	P/R De	educt	tio	n (\$192.	30 Bi-	Wee	kly)				
B.	Full Name of Individual (Last, First, Middle Initia HEYMAN, STEPHEN, , ,	Date of Receipt												
	Mailing Address 5300 SHERRILL AVENUE		07 / 31 / 2023 Transaction ID : PR2444265768827											
	City CHEVY CHASE	State MD		Zip Code 20815-3720					n ID : P Each Re				,	
	FEC ID number of contributing federal political committee.	С				<u> </u>		_,	p	-9		384.6	60	
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) rategy & Partnerships			Nemo	0	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ , 2884.50	F	P/R De	duct	ior	n (\$192.	30 Bi-'	Neel	kly)		
с.	Full Name of Individual (Last, First, Middle Initia LANGER, DONALD, , ,	l) or Full O)rga	nization Name		Date	of Re	ec	eipt					
	Mailing Address 5110 OAK RAMBLING DRIVE					[™] 07		/	D D D 31		20	023 [°]		
	City KATY	State TX		Zip Code 77494-1971					on ID : P Each Re				7	
	FEC ID number of contributing federal political committee.	С	Ì					,		j		384.6	60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) n CEO			Mem	0	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2884.50		P∕R D€	educt	tio	ın (\$192.	30 Bi-	Wee	kly)		
s	UBTOTAL of Receipts This Page (optional)		•							1153.8	0			
т	OTAL This Period (last page this line number or	•••••	•											

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

FOR LINE NUMBER:

(check only one)

PAGE 25 OF

			Detailed Summary Page		11a 13	\vdash	11b 14		11c 15	12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na										
\backslash	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (U	InitedHealth Group P/	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) SIEGEL, DAVID, , ,	or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 264 LAKEWOOD DRIVE				м м 07	/	D 3'		/ Y	y 2023	Y
	City	State	Zip Code		Trans	acti	ion ID	: PF	24450	1716882	27
	BLOOMFIELD HILLS	MI	48304-3531	A	mount	t of	Each	Rec	eipt thi	is Perioc	
	FEC ID number of contributing federal political committee.	С					-		-97-	28	08
	Name of Employer (for Individual) Optum Services, Inc	Occup Med	pation (for Individual) Dir		M	emo	Item				
	Receipt For:	Aggregate Y	'ear-to-Date ▼								
	Primary General Other (specify) ▼		210.60	P	/R Ded	lucti	on (\$1	4.04	4 Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initial) MCMAHON, DIRK, , ,	or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 60 WILDHURST ROAD				^M 07	/	D 3		/ Y	y y 2023	Y
	City	State	Zip Code		Trans	acti	on ID	: PF	<u>₹24914</u>	5706882	7
	EXCELSIOR	MN	55331-8461	A	Mount	t of	Each	Rec	eipt thi	is Perioc	
	FEC ID number of contributing federal political committee.	С			_		-		Ŧ	384	60
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ident UHG & COO		M	emo	ltem				
		Aggregate Y	′ear-to-Date ▼								
	Primary General Other (specify) ▼	4	2884.50	P/	'R Ded	uctio	on (\$1	92.3	30 Bi-W	'eekly)	
<u>с.</u>	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				^M 07	/	D 3		/ Y	2023 Y	Y
	City	State FL	Zip Code		Trans	acti	ion ID	: PF	R24914	5736882	27
	SARASOTA		34239-5046	A	mount	t of	Each	Rec	eipt thi	is Perioc	
	FEC ID number of contributing federal political committee.	С				_	,		y	384	60
	Name of Employer (for Individual) United HealthCare Services Inc		oation (for Individual) Senior Advisor		М	emo	tem Item				
	Receipt For:	Aggregate Y	′ear-to-Date ▼								
	Other (specify)		2884.50	P.	/R Dec	lucti	ion (\$1	192.3	30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)						,		5	797.	28
т	OTAL This Period (last page this line number only	y)		. [-		7		

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

FOR LINE NUMBER:

(check only one)

PAGE 26 OF

		Detailed Summar							1b	11c		12	· _	
	y information copied from such Reports and Stat							rpo						
or	for commercial purposes, other than using the n	ame and a	addro	ess of any political committee	e to so	olicit co	ontrik	but	tions fro	m sucl	n co	mmitte	e.	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporated		Un	ItedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia SMITH, KARA, , ,	l) or Full O	Orga	nization Name		Date c	of Re	ece	eipt					
	Mailing Address 3917 TERRY PLACE					M 07	/	/	D D D 31	/ Y	Y 20)23	Y	
	City	State		Zip Code		Tran	sact	tio	n ID : P	R2540 ⁻	1753	68827	,	
	ALEXANDRIA	VA		22304-1737	_	Amour	nt of	E	ach Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						-,		-ge		384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) t Affs		N	lemo	o l	tem					
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻										
	Primary General Other (specify) ▼		-9	2884.50	F	P/R De	duct	tior	า (\$192.	30 Bi-V	Veeł	dy)		
В.	Full Name of Individual (Last, First, Middle Initia PURDY, PATRICIA, , ,	l) or Full O	Orga	nization Name		Date c	of Re	ece	əipt					
	Mailing Address 3615 THORNAPPLE STREET					M N 07	/	′	D D D 31	/ Y	20	23	Ŷ	
	City	State		Zip Code		Tran	sact	io	n ID : P	R25413	3006	68827	,	
	CHEVY CHASE	MD		20815-4113		Amour	nt of	E	ach Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С				<u> </u>		-,		-9		384.6	0	
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) rategy		N	lemo	o l	tem					
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻										
	Primary General Other (specify) ▼		,	2884.50	F	P/R Deduction (\$192.30 Bi-Weekly)								
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia RAMSAY, RICHARD, , ,	l) or Full O	Orga	nization Name		Date of Receipt								
	Mailing Address 543 E LURAY AVE					07	/	′	31	/ Y		23	Y	
	City	State		Zip Code		Tran	sact	tio	n ID : P	R2542	5422	268827	7	
	ALEXANDRIA	VA		22301-1605		Amour	nt of	E	ach Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						7		y		100.0	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) I Affs		N	/lemo	οI	ltem					
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻	_									
	Primary General				I F	P/R De	duct	tior	า (\$50.0	0 Bi-W	eekl	V)		
	Other (specify)	L	- J -	750.00		,			. (\$00.0	0 2	oon	,		
s	UBTOTAL of Receipts This Page (optional)			••••••				,		y		869.2	0	
т	OTAL This Period (last page this line number on	ıly)		•	•			,		- y				

FOR LINE NUMBER:

(check only one)

PAGE 27 OF

ITEMIZED RECEIFTS		Detailed Summary Page	X 11a	11b	11c	12								
		, c	13	14	15	16	17							
Any information copied from such Re or for commercial purposes, other that														
NAME OF COMMITTEE (In Full)														
/ UnitedHealth Group Inc	orporated PAC (l	JnitedHealth Group PA	NC)											
Full Name of Individual (Last, First DAVENPORT, ALLISON, , ,	•	ganization Name	Date of F	Receipt										
Mailing Address 141 PELHAM RO	4D		м м 07	/ D D 31	/ Y	y y 2023	Y							
City	State	Zip Code	Transac	Transaction ID : PR2552313668827										
PHILADELPHIA	PA	19119-2661	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C			-y	-	384.	60							
Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Gen Mgmt	Mem	no Item										
Receipt For:	Aggregate	Year-to-Date 🔻												
Primary General	1.55.0540		P/R Deduction (\$192.30 Bi-Weekly)											
Other (specify) ▼		2884.50												
Full Name of Individual (Last, First B. BRYANT, JEREMY, , ,	, Middle Initial) or Full O	ganization Name	Date of F	Receipt										
Mailing Address 4534 MYSTIQUE	WAY		07	/ D D 31	/ Y	y 2023	Y							
City	State	Zip Code	Transaction ID : PR2552961368827											
ROSWELL	GA	30075-2087	Amount o	of Each Red	ceipt thi	is Period								
FEC ID number of contributing federal political committee.	C				-1	76.	92							
Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Clnt Mgmt NA Accts	Mem	no Item										
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		, 576.90	P/R Deduc	ction (\$38.4	6 Bi-We	ekly)								
Full Name of Individual (Last, First C. COLEMAN, MICHAEL, , ,	, Middle Initial) or Full O	ganization Name	Date of F	Receipt										
Mailing Address 842 NAGLE STRE	ET		07	/ D D D 31	/ Y	y y 2023	Ŷ							
City	State	Zip Code	Transac	ction ID : P	R25529	6146882	7							
HOUSTON	TX	77003-1266	Amount o	of Each Red	ceipt thi	is Period								
FEC ID number of contributing federal political committee.	C			,	g	76.	92							
Name of Employer (for Individual)	Occi	pation (for Individual)	Men	no Item										
Optum Services, Inc		Gen Mgmt												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	7.99.094.0		P/R Deduc	ction (\$38.4	6 Bi-\//	okly)								
Other (specify)		576.90		50011 (\$50. 4	O DI WO	JORIY)								
SUBTOTAL of Receipts This Page (optional)	•		,	g	538.4	44							
TOTAL This Period (last page this li	ne number only)				-									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 28 OF

			Use separate schedule(s)	(ch	eck only	on	e)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	\vdash	11b 14	11c		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the	purp	ose of	solicitin	g con	ntributi	ons
	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group F	AC)							
Α.	Full Name of Individual (Last, First, Middle Initia EHLMAN, MICHAEL, , ,	l) or Full O	Organization Name		Date of	Red	ceipt				
	Mailing Address 10051 VALLEY RIDGE COURT				07	/	31	/ Y)23	Y
	City LAS VEGAS	State NV	Zip Code 89148-7602					PR2552			
	FEC ID number of contributing federal political committee.	С					,			28.0	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00] F	P/R Ded	uctic	on (\$14	.00 Bi-W	'eekly	()	
в.	Full Name of Individual (Last, First, Middle Initial FLANNERY, SCOTT, , ,	l) or Full O	Organization Name		Date of	Red	ceipt				
	Mailing Address 8508 TRELADY CT	1			^M 07	/	31	/ Y	202	23 [°]	Ŷ
	City	State TX	Zip Code					PR2552			
	PLANO		75024-6827		Amount	of E	Each R	eceipt t	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		<u> </u>		_	192.3	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify)		, 1442.25	P	P/R Dedu	uctio	n (\$96.	.15 Bi-W	eekly	')	
с.	Full Name of Individual (Last, First, Middle Initial JAMES, GREGORY, , ,	l) or Full O	Organization Name		Date of	Red	ceipt				
	Mailing Address 2323 KINGS POINT DRIVE				^M 07	/	31	/ Y	202	23	Y
	City LARGO	State FL	Zip Code 33774-1009					PR2552			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y =	, j	_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) /led Dir		Me	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90] F	P/R Ded	uctic	on (\$38	.46 Bi-W	/eekly	/)	
	UBTOTAL of Receipts This Page (optional)			▶ ▶			5	· · ·	+	297.2	2

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

				Detailed Summary Page		1 1a		11b	11c		12					
				, ,		13		14	15		16	17				
or	y information copied from such Reports and S for commercial purposes, other than using the	tatements m name and a	nay n addre	ot be sold or used by any person of any political committee	erson to so	for the plicit co	pur ntrib	pose of outions	solicitii from su	ng cơ ch c	ontribu ommitt	tions ee.				
\backslash	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporate		`	•	AC)											
Α.	Full Name of Individual (Last, First, Middle Ini KIDAMBI, NARASIMHAN, , ,	tial) or Full C	Orgar	nization Name		Date o	f Re	eceipt								
	Mailing Address 18477 85TH AVE N					^M 07	/	D 31		Y Y Y	2023	Y				
	City MAPLE GROVE	State MN		Zip Code 55311-1663					PR255 Receipt			7				
	FEC ID number of contributing federal political committee.	С						-			40.	00				
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) r Bus Anlys		М	emo	ttem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 300.00	F	P/R Dec	lucti	on (\$20	0.00 Bi-V	Veek	dy)					
	Full Name of Individual (Last, First, Middle Ini LOVELADY, JOHN, , ,	tial) or Full C	Orgar	nization Name		Date o	f Re	eceipt								
	Mailing Address 5378 BUENA VISTA DR					07	/	D 31			023	Y				
	City	State		Zip Code		Transaction ID : PR2552964268827										
	FRISCO	ТХ		75034-2253	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				<u> </u>					384.	60				
	Name of Employer (for Individual) Optum Services, Inc			ion (for Individual) s Ops		М	emo	tem								
	Receipt For:	Aggregate	e Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		,	2884.50	F	P/R Ded	lucti	on (\$19	2.30 Bi-	Wee	ekly)					
с.	Full Name of Individual (Last, First, Middle Ini MORRIS, MICHAEL, , ,	tial) or Full C	Orgar	nization Name		Date o	f Re	eceipt								
	Mailing Address 2624 N HARTLAND COURT					^M 07	/	D 31			023	Y				
	City CHICAGO	State IL		Zip Code 60614-4955					PR255 Receipt			7				
	FEC ID number of contributing federal political committee.	С				Amoun		Lacini	leceipt	u li S	30.	76				
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt Natl Acct		Μ	emo	o Item								
	Receipt For:			r-to-Date ▼												
	Primary General Other (specify)		100	230.70	F	P/R Dec	ducti	ion (\$15	5.38 Bi-\	Veeł	(ly)					
	UBTOTAL of Receipts This Page (optional)			•	 			9		-	455.:	36				

FOR LINE NUMBER:

(check only one)

PAGE 30 OF

				Detailed Summary Page		X 11a		111	b _	11c		12	_			
				, ,		13		14		15		16	17			
or	y information copied from such Reports and S for commercial purposes, other than using the															
\backslash	NAME OF COMMITTEE (In Full)															
$\Big)$	UnitedHealth Group Incorporate	ed PAC	(Un	itedHealth Group PA	AC)											
۹.	Full Name of Individual (Last, First, Middle Ini PAULUS, LESLIE, , ,	tial) or Full	Orga	nization Name		Date of	Re	eceip	pt							
	Mailing Address 305 E TUCKEY LN					07	/	D	31	/ Y		023	Y			
	City	State		Zip Code		Trans	acti	ion	ID : P	R2552	9652	26882	7			
	PHOENIX	AZ		85012-1048		Amount	of	Ead	ch Re	ceipt th	nis P	eriod				
	FEC ID number of contributing federal political committee.	С						-		- 1		76.9	2			
	Name of Employer (for Individual) United HealthCare Services Inc		cupa ed Di	tion (for Individual) r		Me	emo	b Ite	em							
	Receipt For:															
	Primary General Other (specify) v		-	576.90		P/R Ded	ucti	on ((\$38.4	6 Bi-W	eekl	y)				
	Full Name of Individual (Last, First, Middle Ini POTTER, DONALD, , ,	tial) or Full (Orga	nization Name		Date of	Re	eceip	pt							
	Mailing Address 116 FULLER LANE					07	/	D	31	/ Y		23	Y			
	City	State		Zip Code		Transaction ID : PR2552965468827										
	WINNETKA	IL		60093-4213		Amount	of	Ead	ch Re	ceipt th	nis P	eriod				
	FEC ID number of contributing federal political committee.	С						-		-		69.2	22			
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) t Svc Acct Mgt		Me	emo	b Ite	em							
	Receipt For:	Aggregate	e Yea	ar-to-Date 🔻												
	Primary General Other (specify) ▼		,	519.15		P/R Dedu	uctio	on (\$34.6	1 Bi-We	eekly	/)				
С.	Full Name of Individual (Last, First, Middle Ini SAMSEL, KRISTINE, , ,	tial) or Full	Orga	nization Name		Date of	Re	eceip	pt							
	Mailing Address 91 WAVERLY RD					м м 07	1	D	31	/ Y)23	Y			
	City	State		Zip Code		Trans	act	ion	ID : P	R2552	9657	76882	7			
	HUNTINGTON	СТ		06484-5835		Amount	of	Ead	ch Re	ceipt th	nis P	eriod				
	FEC ID number of contributing federal political committee.	С				<u> </u>		9		y		28.0	00			
	Name of Employer (for Individual)	Oc	cupa	tion (for Individual)		Me	emc	o Ite	em							
	United HealthCare Services Inc		•	Mgmt												
	Receipt For:	Aggregate	e Yea	ar-to-Date 🔻												
	Primary General Other (specify)		-7-	210.00		P/R Ded	ucti	ion ((\$14.0	00 Bi-W	eekl	y)				
	JBTOTAL of Receipts This Page (optional)			· · · · ·	 -			y		9		174.1	4			

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

				Detailed Summary Page	[X 11a] 11	b	11c		12				
						13		14		15		16	17			
or	y information copied from such Reports and S for commercial purposes, other than using the															
\backslash	NAME OF COMMITTEE (In Full)															
$\Big/$	UnitedHealth Group Incorporate	ed PAC (Un	itedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Init TINKER, ANN, , ,	tial) or Full C	Orga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 137 AMOHI WAY					м м 07	/	E	31	/ Y	Y 2	023	Y			
	City	State		Zip Code		Transaction ID : PR2552966868827										
	LOUDON	TN		37774-3009	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				<u> </u>		- -				28.0	00			
	Name of Employer (for Individual) United HealthCare Services Inc		cupa Cor	tion (for Individual) npli		Me	emo	o Ite	em							
	Receipt For:	ar-to-Date 🔻														
	Primary General Other (specify) ▼	210.00	P/R Deduction (\$14.00 Bi-Weekly)													
в.	Full Name of Individual (Last, First, Middle Init WACKER, AARON, , ,	tial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 4704 CAVAN ROAD					07	/	Γ	31	/ Y)23	Y			
	City	State		Zip Code	Transaction ID : PR2552967068827											
	MOUND	MN		55364-1877		Amount										
	FEC ID number of contributing federal political committee.	С						-		-9		28.0	00			
	Name of Employer (for Individual) Optum Services, Inc			tion (for Individual) cipal Engineer, TLCP		Me	emo	o Ite	em							
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻												
	Primary General Other (specify) ▼		,	210.00		P/R Dedu	uctio	ion	(\$14.0	0 Bi-W	eekl	y)				
С.	Full Name of Individual (Last, First, Middle Init PROSKAUER, DANIEL, , ,	tial) or Full C	Drga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 240 DERBY STREET					^M 07	1	Ľ	31	/ Y		023	Y			
		State MA		Zip Code						PR2553			7			
	NEWTON			02465-1006	_	Amount	of	Ea	ich Re	ceipt tl	nis F	Period				
	FEC ID number of contributing federal political committee.	С						,		9		38.4	16			
	Name of Employer (for Individual)	Occ	cupa	tion (for Individual)		Me	emc	o It	em							
	Optum Services, Inc	VP.	Arcł	nitecture												
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻												
	Primary General Other (specify)		-9	288.45		P/R Ded	ucti	ion	(\$19.2	23 Bi-W	/eekl	y)				
	JBTOTAL of Receipts This Page (optional)				1 -	<u> </u>	_	y	-			94.4	6			
Т	DTAL This Period (last page this line number of	only)		••••••				7				1				

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 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			
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle Ini A. ZERAFA, DANIEL, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 61234 ADMIRAL DRIVE			07 / D D / Y Y Y Y 07 31 2023
City WASHINGTON TOWNSHIP	State MI	Zip Code 48094-1242	Transaction ID : PR2553475768827
		100311242	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	Occ VP	upation (for Individual) IT	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		210.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ini B. REIDY, GREGORY, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 1005 BLAKEFIELD DRIVE			07 31 2023
City	State	Zip Code	Transaction ID : PR2554013368827
BRENTWOOD	TN	37027-8479	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) gn CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ini C. ALEXANDER, JOY, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 5116 NORTH TIOGA WAY			07 / D D / Y Y Y Y 023
City	State	Zip Code	Transaction ID : PR2560064168827
LAS VEGAS	NV	89149-5830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Nktg	Memo Item
Receipt For:		Year-to-Date ▼	—
Primary General Other (specify)		210.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			440.60
TOTAL This Period (last page this line number	only)	······	

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

FOR LINE NUMBER:

(check only one)

PAGE 33 OF

				or each category of the		(11a		1	1b 🗌	11	1c		12	
				Detailed Summary Page		13		-	4	1	ŀ	_	16	17
	ormation copied from such Reports and Sta commercial purposes, other than using the r					for the		ро	se of	solic	citing	con	tribut	ions
	IE OF COMMITTEE (In Full)													
∕ Ur	nitedHealth Group Incorporated	d PAC (l	Jn	itedHealth Group PA	AC)									
ACL	Name of Individual (Last, First, Middle Initia LUTE, DANIEL, , ,	al) or Full O	rgai	nization Name		Date o	f Re	ece	eipt					
	ing Address 7756 N 85TH STREET					м м 07	1	l	D D 31	/	Y	ү 20	23 23	Y
City	АНА	State NE		Zip Code 68122-1281					n ID :					7
		1	_	00122 1201		Amoun	t of	Ea	ach R	eceip	pt this	s Pe	eriod	
	D number of contributing ral political committee.	С						-		-	,		76.9	2
	ne of Employer (for Individual) um Services, Inc	Occu Med	•	ion (for Individual)		M	emo	o l'	tem					
Rec	eipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		- j -	576.90	F	P/R Dec	ducti	ior	n (\$38.	46 B	3i-We	ekly	7)	
	Name of Individual (Last, First, Middle Initia AZELEY, PAULA, , ,	al) or Full O	rgai	nization Name		Date o	f Re	ece	eipt					
Mail	ing Address 36 MAYFAIR ROAD					м м 07	/	l	D D 31	/	Y	y 202	23	Y
City		State		Zip Code		Trans								,
WY	NANTSKILL	NY	_	12198-8018		Amoun	t of	Ea	ach R	eceip	pt this	s Pe	eriod	
	D number of contributing political committee.	С				<u> </u>		,			y		28.0	0
	ne of Employer (for Individual) ed HealthCare Services Inc		•	tion (for Individual) Svc Acct Mgt		M	emo	o l'	tem					
Rec	eipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		,	210.00	P	P/R Dec	luctio	on	(\$14.	00 B	i-Wee	ekly)	
	Name of Individual (Last, First, Middle Initia ANCURSIO, DONALD, , ,	al) or Full O	rgai	nization Name		Date o	f Re	ece	eipt					
	ing Address 72 MIDNIGHT RIDGE DR			1		^M 07	J.	l	D D D 31		L	202		
City	SVEGAS	State NV		Zip Code 89135-1680					n ID :					7
		1				Amoun	t of	Ea	ach R	eceip	pt this	s Pe	eriod	_
	D number of contributing bral political committee.	С				Ľ.		y			,		384.6	60
	ne of Employer (for Individual)			ion (for Individual) n CEO		M	emc	o I	tem					
	Ith Plan of Nevada eipt For:	1			-									
	Primary General	Aggregate	rea			P/R Dec	4	ior	v (¢10)	2 20	Di \//	ook	ЬÀ	
	Other (specify)		7	2884.50					i (ф19/	2.30	vv-10	eek	'y)	
SUBT	OTAL of Receipts This Page (optional)			•••••				1			,		489.5	2
ΤΟΤΑ	L This Period (last page this line number or	nly)						-			,			

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

				etailed Summary Page		11a 13	\vdash	11b 14		11c 15		12 16	17	
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma ame and a	ay no addre	t be sold or used by any pe ss of any political committee	erson t to so	for the	purp ntrib	pose	of so s fro	liciting		ntributi	ons	
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initial LIPPMAN, SHELDON, , ,) or Full O	rgan	ization Name		Date of	Re	eceipt						
	Mailing Address 55 CLIFFIELD ROAD					07 ^M	1		^р 31	/ Y	Y 20)23	Y	
	City BEDFORD	State NY		Zip Code 10506-1210				-		R25600			,	
	FEC ID number of contributing federal political committee.	С						-		-15-		194.0	0	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Med		on (for Individual)		M	emo	lterr	ı					
	Receipt For: Primary General Other (specify) ▼	Aggregate	-to-Date ▼ 1455.00	F	P/R Ded	lucti	on (\$	0.00	Bi-Wee	əkly)	1			
B.	Full Name of Individual (Last, First, Middle Initial LOBERG, ANGELA, , ,) or Full O	rgan	ization Name		Date of	Re	eceipt						
	Mailing Address 2837 EAST PARK PLACE					07	1		^р 31	/ Y		23 [°]	Y	
	City MILWAUKEE	State WI		Zip Code 53211-3845						R25600				
	FEC ID number of contributing federal political committee.	С						-		- T		76.9	2	
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) 'P SIs Acct Mgt		M	emo	Item	I					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial MARONEY, KEVIN, , ,) or Full O	rgan	ization Name		Date of	^F Re	ceipt						
	Mailing Address 5052 NORMAN DRIVE					^M 07			^D 31	/ Y	20	23	Y	
	City MINNETONKA	State MN		Zip Code 55345-4636						R25600 ceipt th				
	FEC ID number of contributing federal political committee.	С						y		9		28.0	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) n Counsel		Μ	emc	terr	ı					
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 210.00	F	P/R Dec	lucti	ion (\$	14.0	0 Bi-We	eekl	y)		
s	UBTOTAL of Receipts This Page (optional)		.							298.9	2			
т	OTAL This Period (last page this line number onl	y)		· · · · · · · · · · · · · · · · · · ·				,						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 35 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Stat for commercial purposes, other than using the n									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)						
Α.	Full Name of Individual (Last, First, Middle Initia MILICH, DAVID, , , Mailing Address 2702 BIRCHMERE COURT	Date of Receipt								
	City	07 31 2023 Transaction ID : PR2560066068827								
	КАТҮ	ТХ	77450-1303	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) gn CEO	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initial VAIL, DENISE, , ,	l) or Full O	Drganization Name	Date of Receipt						
	Mailing Address 35 CLEVELAND AVENUE	07 31 Y Y Y Y 2023								
	City SAYVILLE	State NY	Zip Code 11782-1322	Transaction ID : PR2560066868827 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		28.00						
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) CInt Svc Acct Mgt	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initia DICKMAN, KRISTA, , ,	l) or Full O	Drganization Name	Date of Receipt						
	Mailing Address 2533 ONYX DRIVE	07 / D D / Y Y Y Y 07 31 2023								
	City SHAKOPEE	State MN	Zip Code 55379-2770	Transaction ID : PR2560398168827						
	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) Gen Mgmt	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
S	UBTOTAL of Receipts This Page (optional)			440.60						
	OTAL This Period (last page this line number on									

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 36 OF

			Detailed Summary Page	×	11a		11	- H	11c	12		
Any information -	aniad from such Departs and	Ptotomonto	w not be cold or word by says		13		14		15	16	17 tiono	
			ay not be sold or used by any poddress of any political committee									
	MMITTEE (In Full)											
	alth Group Incorporat	ed PAC (l	JnitedHealth Group PA	AC)								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NOEL, TIMOTHY, , ,				Date of Receipt							
Mailing Addres	Mailing Address 4316 FREMONT AVENUE SOUTH				07 31 2023							
City		State Zip Code			Transaction ID : PR2560398868827							
MINNEAPOLIS	5	MN	55409-1721	Amount of Each Receipt this Period								
	political committee.				384.60							
•	oyer (for Individual) are Services Inc	Occupation (for Individual) Bus Segment CEO			Memo Item							
Receipt For:	ceipt For: Aggregate Year-to-Date ▼											
Primary Other (sp	General Decify) ▼		2884.50] Р	P/R Deduction (\$192.30 Bi-Weekly)							
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name OBRIEN, PATRICK, , ,				Date of Receipt							
Mailing Addres	Mailing Address 33 BARRINGTON DRIVE											
City		State	Zip Code		Transaction ID : PR2560821468827					7		
BEDFORD		NH	03110-5601		Amount	t of	Ead	ch R	eceipt th	nis Period		
FEC ID numbe federal politica	er of contributing I committee.	C			28.00 Memo Item							
	oyer (for Individual) are Services Inc	Occupation (for Individual) VP Ops										
Receipt For:		Aggregate	Year-to-Date V		1							
Primary Other (sp	General Decify) ▼		P	P/R Deduction (\$14.00 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name PERO, MARIE, , ,							nt				
	Mailing Address 28012 CAPTIVA SHELL LOOP				Date of Receipt							
City		State	Zip Code		Trans	acti	ion	ID :	PR2560	82156882	27	
BONITA SPRI	NGS	FL	34135-8624		Amount	t of	Ead	ch R	eceipt th	nis Period		
	FEC ID number of contributing federal political committee.						,		. y	28.	00	
	oyer (for Individual) care Services Inc	upation (for Individual) Cint Svc Acct Mgt		Memo Item								
Receipt For:		Aggregate										
Primary Other (sp	General Decify)			P/R Deduction (\$14.00 Bi-Weekly)								
SUBTOTAL of R	eceipts This Page (optional)			•			,			440.	60	
TOTAL This Per	iod (last page this line number	only)	••••••	-			-					

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

FOR LINE NUMBER:

(check only one)

PAGE 37 OF

			Detailed Summary Page		11a		11b	11c	12	ſ	—].			
An	y information copied from such Reports and Stat	ements ma	v not be sold or used by any p	erson f	13 for the	DU	14 pose of	15 f solicitin	16 a contri		17 005			
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	e to so	licit co	ntrib	outions	from suc	h comr	nittee). Э.			
\backslash	NAME OF COMMITTEE (In Full)													
]	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initial LUND, BRIAN, , ,	l) or Full Or	rganization Name		Date of Receipt									
	Mailing Address 11471 NORTH SHORE DRIVE				07 31 / Y Y Y Y 2023									
	City	State WI	Zip Code		Trans	act	ion ID :	: PR2561	457668	8827				
	GRANTSBURG	VVI	54840-8059	_ /	Amount	t of	Each F	Receipt t	his Peri	od				
	FEC ID number of contributing federal political committee.	С		78.00										
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir T	ipation (for Individual) ⁻ ax		M	emo	b Item							
		Aggregate	Year-to-Date ▼											
	Other (specify)		585.00] P	P/R Ded	lucti	ion (\$39	9.00 Bi-W	/eekly)					
В.	Full Name of Individual (Last, First, Middle Initial WILLSON, JOSH, , ,	l) or Full Or	rganization Name		Date of	f Re	eceipt							
	Mailing Address 201 ADAMS CT	07 / 31 / 2023 Transaction ID : PR2564802568827												
	City	State	Zip Code		Trans	acti	ion ID :	PR2564	802568	827				
	COLLEYVILLE	ТХ	76034-6811	_ /	Amount	t of	Each F	Receipt t	his Peri	od				
	FEC ID number of contributing federal political committee.	С			76.92									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SLS SB and Spec Ben		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P	P/R Deduction (\$38.46 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial CARLSON, CHRISTOPHER, , ,	l) or Full Or	rganization Name		Date of	f Re	eceipt							
	Mailing Address 10618 WEST RIVER ROAD				^M 07	/	31		2023					
	City BROOKLYN PARK	State MN	Zip Code 55443-1233					: PR2564						
	FEC ID number of contributing	_	00110 1200	_ /	Amount	t of	⊢ach F	Receipt t	nıs Peri	od	_			
	federal political committee.	С			<u> </u>		y	y y	19	92.30)			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP P	ipation (for Individual) Yrd		M	emo	o Item							
		Aggregate	Year-to-Date 🔻											
	Other (specify)		1442.25] F	P/R Dec	lucti	ion (\$96	6.15 Bi-W	/eekly)					
s	UBTOTAL of Receipts This Page (optional)		••••••				7		34	17.22	2			
Т	OTAL This Period (last page this line number on	ly)		-			-			-				

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

FOR LINE NUMBER:

(check only one)

PAGE 38 OF

			Detailed Summary	Page		11a	Ш	111		11c	12				
6			-			13		14		15	16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na														
\backslash	NAME OF COMMITTEE (In Full)				_										
/	UnitedHealth Group Incorporated	PAC (l	JnitedHealth G	roup PA	(C)										
۹.	Full Name of Individual (Last, First, Middle Initial) HANSEN, PAUL, , ,) or Full Or	ganization Name		Date of Receipt										
	Mailing Address 4960 SHADY ISLAND CIRCLE				07 31 2023										
	City	State	Zip Code			Trans	acti	ion	ID : F	R2564	80276882	7			
	MOUND	MN	55364-9218		_	Amount	of	Ead	ch Re	ceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			400.00										
	Name of Employer (for Individual)		pation (for Individual)		-	Me	emo) Ite	əm						
	United HealthCare Services Inc	Bus	Segment CFO												
		Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		279	94.00	F	P/R Ded	uctio	on ((\$200	.00 Bi-V	Veekly)				
В.	Full Name of Individual (Last, First, Middle Initial) GOODWIN, MARYELLEN, , ,) or Full Or	ganization Name			Date of	Re	cei	pt						
	Mailing Address 3216 PLAYERS VIEW CIRCLE					м м 07	/		31	/ Y	2023	Y			
	City	State	Zip Code			Trans	actio	on	ID : P	R25648	30296882	7			
	LONGWOOD	FL	32779-3154			Amount	of	Ead	ch Re	ceipt th	nis Period				
	FEC ID number of contributing federal political committee.	ů – Elektrik								-41-	28.	00			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu KA V		Memo Item											
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		2	P/R Deduction (\$14.00 Bi-Weekly)											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial) MARDEN, PAUL, , ,) or Full Or	ganization Name			Date of	Re	cei	pt						
	Mailing Address 9 VAN MULEN STREET					^M 07	/		31	/ Y	2023	Y			
	City	State	Zip Code			Trans	acti	ion	ID : F	PR2564	80336882	27			
	MAHWAH	NJ	07430-2977		\square	Amount	of	Ead	ch Re	ceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С						,		9	384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) HIth Plan CEO							em						
	Receipt For:		Year-to-Date ▼												
	Primary General	Aggregate				P/R Ded	lucti	on	(\$102	30 Bi-V	Nookly)				
	Other (specify)		28	84.50		-/K Deu	iucin		(\$192	.50 DI-V	veekiy)				
s	UBTOTAL of Receipts This Page (optional)							,		,	812.	60			
Т	OTAL This Period (last page this line number onl	y)						-							

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

FOR LINE NUMBER:

(check only one)

PAGE 39 OF

				Detailed Summary Page		-		-	11b		11c	\square	12	— · –
	information copied from such Reports and Sta or commercial purposes, other than using the n							ırp						
	IAME OF COMMITTEE (In Full)	ane anu a	uui		, 10 50		JIIII				JUCI		mmut	<i>.</i>
	JnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	AC)									
	ull Name of Individual (Last, First, Middle Initia MOQUIST, DARREN, , ,	l) or Full O	Drga	nization Name		Date of Receipt								
N	ailing Address 5313 MINNEHAHA BLVD					07 31 2023								
	čity EDINA	State MN		Zip Code 55424-1406					on ID : Each R					,
	EC ID number of contributing ederal political committee.	С				<u> </u>			y		- J -		384.6	0
ι	lame of Employer (for Individual) Inited HealthCare Services Inc		•	tion (for Individual) gnl Pres			Лет	10	Item					
F	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2884.50	I F	P/R De	educ	tio	on (\$192	2.3	0 Bi-W	/eek	ly)	
	ull Name of Individual (Last, First, Middle Initia BELLMAN, MARK, , ,	l) or Full O	Drga	nization Name		Date	of R	lec	ceipt					
N	lailing Address 9120 BRANCH HOLLOW DR					^M 07	VI	/	D D D 31	2	/ Y	20	23 [°]	Y
	bity DALLAS	State TX		Zip Code 75243-7510					on ID : Each R					,
	EC ID number of contributing ederal political committee.	С		28.00										
	lame of Employer (for Individual) Inited HealthCare Services Inc		•	tion (for Individual) SIs Acct Mgmt			Nem	10	ltem					
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00	F	9/R De	duct	tio	n (\$14.	.00	Bi-We	ekly	<i>י</i>)	
٦ ۲	ull Name of Individual (Last, First, Middle Initia CARTER, WILLIAM, , ,	l) or Full O	Drga	nization Name		Date	of R	lec	ceipt					
N	failing Address 1363 CHIPPENDALE RD			-		[™] 07		/	D D D 31		/ Y		23	Ŷ
	ity HOUSTON	State TX		Zip Code 77018-5257					on ID : Each R					7
	EC ID number of contributing ederal political committee.	С				<u> </u>			9		y		76.9	2
ι	lame of Employer (for Individual) Inited HealthCare Services Inc		•	tion (for Individual) n CEO			Mem	10	ltem					
F	eceipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 576.90	F	P/R De	educ	ctic	on (\$38	.46	Bi-We	eekly	/)	
SU	BTOTAL of Receipts This Page (optional)			•••••	•				9	Ì	,		489.5	2
то	TAL This Period (last page this line number on	ıly)			•				,		- J -			

FOR LINE NUMBER:

(check only one)

PAGE 40 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		ŀ		11b		11c	12					
Any information copied from such Reports a or for commercial purposes, other than using			erson fo										
NAME OF COMMITTEE (In Full)	rated PAC (UnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middl A. KUNST, THOMAS, , ,	e Initial) or Full C	organization Name	Da	Date of Receipt									
Mailing Address 4872 103RD STREET			07 31 2023 Transaction ID : PR2566302168827 Amount of Each Receipt this Period										
City PLEASANT PRAIRIE	State WI	Zip Code 53158-6516											
FEC ID number of contributing federal political committee.	C		153.84										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO		Me	mo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/F	R Dedu	uctio	on (\$7	76.92	2 Bi-W	eekly)				
Full Name of Individual (Last, First, Middl STEARNS, MATTHEW, , ,	e Initial) or Full C	organization Name	Da	ate of	Re	ceipt							
Mailing Address 5118 FAIRGLEN LANE				07	/	3	D 1	/ Y	2023	Ŷ			
City CHEVY CHASE	State MD	Zip Code 20815-6517							77796882 nis Period				
FEC ID number of contributing federal political committee.	С							-7-	384.	60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	mo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/F	R Dedu	uctic	on (\$1	92.3	30 Bi-W	Veekly)				
Full Name of Individual (Last, First, Middl C. PARRILLO, CHRISTOPHER, , ,	e Initial) or Full C	Organization Name	Da	ate of	Re	ceipt							
Mailing Address 12 WOODSUM DRIVE	1	1	46	07 ^M	/		51		2023 Y				
City NEWBURY	State NH	Zip Code 03255-6232							77826882 his Period				
FEC ID number of contributing federal political committee.	С					y		,	154.				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		Me	emo	ltem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1155.00	P/F	R Dedu	uctio	on (\$7	77.0	0 Bi-W	eekly)				
SUBTOTAL of Receipts This Page (optiona	l)								692.	44			
TOTAL This Period (last page this line num	nber only)					,		-					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 41 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	.C)									
Α.	Full Name of Individual (Last, First, Middle Initial MOYER, BRUCE, , , Mailing Address 6890 CANTERBURY LANE) or Full C	rganization Name	Date of Receipt									
	City EDEN PRAIRIE	State MN	Zip Code 55346-2904	Transaction ID : PR2571778368827 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		78.00									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial HINTON, DUSTIN, , ,) or Full C	organization Name	Date of Receipt									
	Mailing Address W132N6475 MARACH RD City	State	Zip Code	07 / 31 / 2023 Transaction ID : PR2571978768827									
	MENOMONEE FALLS FEC ID number of contributing federal political committee.	C	53051-6085	Amount of Each Receipt this Period 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 ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial GRAY, BRIAN, , ,) or Full C	rganization Name	Date of Receipt									
	Mailing Address 6098 CLOPTON DRIVE	State	Zip Code	07 31 2023 Transaction ID : PR2572588568827									
	GREENSBORO	NC	27455-8373	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		79.60									
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VPI	upation (for Individual) Ntwk Pricing	Memo Item									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 562.20	P/R Deduction (\$39.80 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•	542.20									
т	OTAL This Period (last page this line number on	ly)											

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 42 OF

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			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle A. ROBINSON, MARCUS, , , Mailing Address 590 SPENDER TRACE	Initial) or Full C	Organization Name	Date of Receipt
City DUNWOODY	State GA	Zip Code 30350-5018	Transaction ID : PR2572588968827 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 Receipt For: Primary General Other (specify) ▼	VP	upation (for Individual) Sales IFP Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle JACQUET, SHAUN, , , Mailing Address 61040 E SHALE ROAD	Initial) or Full C	Organization Name	Date of Receipt
City ORACLE FEC ID number of contributing federal political committee.	State AZ	Zip Code 85623-7481	07 31 2023 Transaction ID : PR2572589368827 Amount of Each Receipt this Period 28.00
Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General	Dir	upation (for Individual) Gen Mgmt Year-to-Date ▼	Memo Item
Other (specify)		210.00	P/R Deduction (\$14.00 Bi-Weekly)
C. Full Name of Individual (Last, First, Middle CARLSON, KEVIN, , , Mailing Address 4511 BROWNDALE AVEN	,	Irganization Name	Date of Receipt
City EDINA	State MN	Zip Code 55424-1142	Transaction ID : PR2572590068827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		392.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2840.15	P/R Deduction (\$196.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		·····	448.00
TOTAL This Period (last page this line numb	er only)		

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

FOR LINE NUMBER:

(check only one)

PAGE 43 OF

				Detailed Summary Page		< 11a		-	1b	_	1c		12	
Any inform	ation copied from such Reports and Stat	temente mo		ot he sold or used by any or		13 for the		14 no		1! solic			16 tribut	17 17
	mercial purposes, other than using the n													
NAME C	DF COMMITTEE (In Full)													
✓ Unite	dHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)									
	ne of Individual (Last, First, Middle Initia , JOANNE, , ,	l) or Full Oi	rgar	nization Name		Date o	f Re	ece	ipt					
Mailing /	Address 117 GLORIA LANE					07	/	l	D D D	1	Y	ү 20	23 23	Y
City		State		Zip Code		Trans	sacti	ior	ו ID :	PR2	5725	903	68827	7
CADIZ		KY		42211-8824	_	Amoun	t of	Ea	ach R	eceip	pt this	s Pe	eriod	
	number of contributing political committee.	С						,			-		28.0	8
	f Employer (for Individual) lealthCare Services Inc		•	ion (for Individual)		M	emo	o It	em					
Receipt	For:	Aggregate	Yea	r-to-Date ▼										
	imary General ther (specify) ▼		-	210.60		P/R Dec	ducti	ion	(\$14.	04 B	3i-We	ekly	r)	
	ne of Individual (Last, First, Middle Initia EN, CHRISTINE, , ,	l) or Full Oi	rgar	nization Name		Date o	f Re	ece	ipt					
Mailing	Address 931 FRENCH ST					07	1	ľ	D D 31	/	Y	y 202	23 23	Ŷ
City		State		Zip Code		Trans	acti	ion	ID :	PR2	57259	906	68827	,
NEW O	RLEANS	LA		70124-3806		Amoun	t of	Ea	ach R	eceip	pt this	s Pe	eriod	
	number of contributing political committee.	С						-			- J		28.0	0
	f Employer (for Individual) IealthCare Services Inc		•	ion (for Individual) Mgmt		M	emo	o It	em					
Receipt	For:	Aggregate	Yea	r-to-Date ▼										
	imary General ther (specify) ▼		,	210.00		P/R Dec	luctio	on	(\$14.	00 B	si-Wee	ekly)	
	ne of Individual (Last, First, Middle Initia ER, KIMBERLEY, , ,	l) or Full Oi	rgai	nization Name		Date o	f Re	ece	ipt					
Mailing	Address 16 CELONOVA PLACE					^M 07	/	ľ	D D D	/	Ŷ	202	23	Y
City		State		Zip Code		Trans	sact	ior	ו ID :	PR2	5725	912	68827	7
FUUTH	IILL RANCH	CA		92610-1942	_	Amoun	t of	Ea	ach R	eceip	pt this	s Pe	eriod	
	number of contributing political committee.	С						,		_	9		28.0	0
	f Employer (for Individual)		•	ion (for Individual)		N	lemc	o It	em					
United F Receipt	lealthCare Services Inc	Dir U	Jnde	erwriting	_									
	imary General	Aggregate	Yea	r-to-Date ▼										
	ther (specify)		-	210.00		P/R Deo	ducti	ion	(\$14	.00 E	3i-We	ekly	/)	
SUBTOTA	L of Receipts This Page (optional)			••••••	<u> </u>								84.0	8
TOTAL Th	nis Period (last page this line number on	ly)			-			-			,			

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

FOR LINE NUMBER:

(check only one)

PAGE 44 OF

			Detailed Summary Page		11a 13		11b 14	11c	12	17			
			ay not be sold or used by any p ddress of any political committe		or the		pose of	soliciting	g contribu	tions			
	MMITTEE (In Full)												
✓ UnitedHea	alth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)									
Full Name of In A. WIFFLER, T	ndividual (Last, First, Middle HOMAS, , ,	Initial) or Full O	rganization Name		Date of Receipt								
Mailing Addres	^S 3680 GRANDE BAY COUF	хт			07 / D D / Y Y Y Y 2023								
City		State	Zip Code		Trans	acti	ion ID :	PR25729	99276882	7			
MELBOURNE	BEACH	FL	32951-3155	/	Amount	t of	Each R	leceipt th	is Period				
FEC ID numbe federal political	r of contributing committee.	С					-		384.	60			
•	oyer (for Individual) are Services Inc		upation (for Individual) Unit CEO		M	emo	tem						
Receipt For:		Aggregate	Year-to-Date V										
Other (sp	General Decify)		2884.50	P	/R Ded	lucti	ion (\$19	2.30 Bi-V	Veekly)				
Full Name of In B. BENSON, M	ndividual (Last, First, Middle IICHAEL, , ,	Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Addres	^S 2206 EAGLE VALLEY LN				м м 07	/	31	/ Y	2023	Y			
City		State	Zip Code						51896882	7			
WAUSAU		WI	54403-8154	/	Amount	t of	Each R	leceipt th	is Period				
FEC ID numbe federal political	r of contributing committee.	C				_	-		28.	84			
•	oyer (for Individual) are Services Inc		upation (for Individual) c Dir SIs Ops		M	emo	tem						
Receipt For:		Aggregate	Year-to-Date 🔻										
Primary Other (sp	General becify) ▼		216.30	P	/R Ded	uctio	on (\$14.	.42 Bi-We	eekly)				
Full Name of In C. HARE, LES	ndividual (Last, First, Middle SLIE, , ,	Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Addres	s 9029 SHEEP RANCH CT				^M 07	/	31) / Y	y y 2023	Y			
City		State NV	Zip Code		Trans	act	ion ID :	PR2574	97946882	7			
LAS VEGAS			89143-5432		Amount	t of	Each R	leceipt th	is Period				
FEC ID numbe federal political	r of contributing committee.	С				_	9	, ,	28.	00			
Name of Emplo	oyer (for Individual) s, Inc		upation (for Individual) Gen Mgmt		M	emc	o Item						
Receipt For:		Aggregate	Year-to-Date V										
Other (sp	General becify)		210.00] P	P/R Ded	lucti	ion (\$14	.00 Bi-W	eekly)				
SUBTOTAL of R	eceipts This Page (optional).						, .	. ,	441.	44			
TOTAL This Peri	od (last page this line numb	er only)		•			-						

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

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

			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			person for the purpose of soliciting contributions										
\setminus	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group P	AC)										
	Full Name of Individual (Last, First, Middle Initial MASTERS, SCOTT, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1894 VILLAGE GLEN DRIVE			07 31 Y Y Y Y 2023										
	City	State	Zip Code	Transaction ID : PR2574979668827										
	SAINT JOHNS	FL	32259-9215	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		77.00										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Ops	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		577.50	P/R Deduction (\$38.50 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial WOHNOUTKA, CHRISTOPHER, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 17597 HIBISCUS AVE	1		07 / D D / Y Y Y Y 2023										
	City	State	Zip Code	Transaction ID : PR2574981968827										
	LAKEVILLE	MN	55044-3906	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	Occi Dir	upation (for Individual) Tax	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)										
c.	Full Name of Individual (Last, First, Middle Initial CIANFROCCO, HEATHER, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 913 CHAMPLAIN PLACE			07 / D D / Y Y Y Y 2023										
	City GIBSONIA	State PA	Zip Code 15044-8079	Transaction ID : PR2574986268827										
		' ^	10044-0079	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:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
S	JBTOTAL of Receipts This Page (optional)			538.52										
т	OTAL This Period (last page this line number on	ly)												

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 46 OF

				for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	Un	itedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia BURNETT, JAMIE, , ,		Orga	nization Name	Date of Receipt
	Mailing Address 4625 EWING AVENUE SOUTH	State		Zip Code	07 31 2023 Transaction ID : PR2574988268827
	MINNEAPOLIS	MN		55410-1745	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	Occ VP	•	tion (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia STRAIT, DENISE, , ,	l) or Full O	Orga	nization Name	Date of Receipt
	Mailing Address 4362 SPORTSMAN CLUB RD	1			07 / D D / Y Y Y Y 2023
	City JOHNSTOWN	State OH		Zip Code 43031-9461	Transaction ID : PR2574989368827 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			tion (for Individual) n Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.45	P/R Deduction (\$14.03 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Orga	nization Name	Date of Receipt
	Mailing Address 1210 RIVER TERRACE DRIVE			1	07 / D D / Y Y Y Y 07 31 2023
	City BLOOMINGTON	State MN		Zip Code 55431-4230	Transaction ID : PR2574991468827
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) Gen Counsel Mgr	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)				182.98
	OTAL This Period (last page this line number or				

FOR LINE NUMBER:

(check only one)

PAGE 47 OF

		Detailed Summary Page		-		11b	11c		12				
		<u> </u>		13		14	15		16	17			
Any information copied from such Reports an or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)		_											
/ UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle NEWKIRK, MEGHAN, , ,	e Initial) or Full C	organization Name		Date of Receipt									
Mailing Address 10162 BEAVER CIR				07 31 Y Y Y Y 2023									
City	State	Zip Code		Trans	act	ion ID :	PR2575	0087	768827	/			
CYPRESS	CA	90630-4113	_	Amount	t of	Each F	Receipt th	nis P	eriod				
FEC ID number of contributing federal political committee.	С		28.08										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Growth Strat		M	emo	tem							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		210.60] F	P/R Ded	lucti	on (\$14	.04 Bi-W	eekl	y)				
Full Name of Individual (Last, First, Middle B. SJOBLAD, BETHANY, , ,	e Initial) or Full C	Prganization Name		Date of	Re	eceipt							
Mailing Address 100 2ND STREET NE #51	10			07 / D D / Y Y Y Y 07 31 2023									
City	State	Zip Code		Trans	acti	ion ID :	PR2575	0091	68827	,			
MINNEAPOLIS	MN	55413-2541	_	Amount	t of	Each F	Receipt th	nis P	Period				
FEC ID number of contributing federal political committee.	С			<u> </u>					384.6	0			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		M	emo	tem							
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. FLOWER, MARTIN, , ,	e Initial) or Full C	organization Name		Date of	Re	eceipt							
Mailing Address N54W20825 CARTERS C	ROSSING CIR			07 ^M	1	31) / Y)23	Y			
City MENOMONEE FALLS	State WI	Zip Code 53051-6281					PR2575			1			
		30031 0201	-	Amount	tof	Each F	leceipt th	nis P	eriod				
FEC ID number of contributing federal political committee.	C			Ļ.		y	y.		30.7	6			
Name of Employer (for Individual)		upation (for Individual)		M	emo	b Item							
United HealthCare Services Inc Receipt For:		Dir Acct Mgmt	_										
Primary General	Aggregate	Year-to-Date V	_										
Other (specify)		230.70] F	P/R Ded	luct	ion (\$15	.38 Bi-W	eekl	y)				
SUBTOTAL of Receipts This Page (optional)		•			, ,	. ,		443.4	4			
TOTAL This Period (last page this line numl	ber only)		→			, .							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 48 OF

171			Use separate schedule(s) for each category of the	(check only one)											
111	EMIZED RECEIPTS	X 11a 11b 11c 12													
An	y information copied from such Reports and Sta	tements ma	ay not be sold or used by anv	person for the purpose of soliciting contributions											
	for commercial purposes, other than using the n														
	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporated	PAC (UnitedHealth Group F	PAC)											
Α.	Full Name of Individual (Last, First, Middle Initia FORKER, JUDITH, , ,	l) or Full O	Organization Name	Date of Receipt											
Α.	Mailing Address 5109 WEST 56TH STREET														
	Maming Fiderood Stug WEST Soft STREET			07 31 2023											
	City	State	Zip Code	Transaction ID : PR2575013468827											
	EDINA	MN	55436-2427	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		434.00											
	Nome of Employer (for Individual)		upation (for Individual)	Memo Item											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) People Team												
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General	· · · ·	2604.00	P/R Deduction (\$217.00 Bi-Weekly)											
	Other (specify)	L	2004.00	-											
P	Full Name of Individual (Last, First, Middle Initia KEMMER, HEIDI, , ,	l) or Full O	Organization Name	Date of Receipt											
D.	Mailing Address 2211 WEST ROCKROSE PLAC	F													
	Maning Address 2211 WEST ROCKROSE FLAC	L		07 31 2023											
	City	State	Zip Code	Transaction ID : PR2575021368827											
	CHANDLER	AZ	85248-4208	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		28.28											
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item											
	United HealthCare Services Inc Receipt For:		Health Plan Operations												
	Primary General	Aggregate	Year-to-Date V												
	Other (specify) ▼		, 212.10	P/R Deduction (\$14.14 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initia MADDOX, JEFFREY, , ,	l) or Full O	Organization Name	Date of Receipt											
	Mailing Address 7810 HANOVER ST			07 31 2023											
	City	State	Zip Code	Transaction ID : PR2575039568827											
	DALLAS	ТХ	75225-8220	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item											
	Paggint For:	Aggregate	Year-to-Date V												
	Primary General			P/R Deduction (\$192.30 Bi-Weekly)											
	Other (specify)	L	2884.50												
-	UBTOTAL of Receipts This Page (optional)			846.88											
		.,,													

FOR LINE NUMBER:

(check only one)

PAGE 49 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$								
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle HEATH, SEAN, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1292 CASTLE CT			07 / D D / Y Y Y Y 2023								
City GOLDEN VALLEY	State MN	Zip Code 55427-4453	Transaction ID : PR2575048768827 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) Compli	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle FITZPATRICK, JOSEPH, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 3936 CAMPELLO CURVE			07 31 2023								
City CHASKA	State MN	Zip Code 55318-4639	Transaction ID : PR2575053768827 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60 Memo Item								
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. LINDSAY, VIVIAN, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 14930 SW 39 ST			07 / D D / Y Y Y Y 2023								
City DAVIE	State FL	Zip Code 33331-2767	Transaction ID : PR2575054968827 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			797.28								
TOTAL This Period (last page this line number	er only)										

FOR LINE NUMBER:

(check only one)

PAGE 50 OF

•••			Detailed Summary Page		K 11a		11b	11c	12					
Δ	vinformation appied from such Deports and	Ptotomonte	here and an used by service		13	<u> </u>	14	15	16		17			
	y information copied from such Reports and s for commercial purposes, other than using th													
	NAME OF COMMITTEE (In Full)		Liste di la alti- Oracon Di											
	UnitedHealth Group Incorporat	ed PAC (United Health Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle In CLACKO, MARY ANN, , ,	iitial) or Full C	organization Name		Date of	f Re	eceipt							
	Mailing Address 6358 COTEAU TRAIL			07 / D D / Y Y Y Y 07 31 2023										
	City	State MN	Zip Code		Trans	acti	ion ID :	PR2575)57968	827				
	EDEN PRAIRIE	IVIIN	55344-5205	_	Amoun	t of	Each R	eceipt th	is Peri	od				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	-		11	5.38	3			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli		М	emc	tem							
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		403.83	1	P/R Dec	lucti	on (\$57.	69 Bi-W	ekly)					
в.	Full Name of Individual (Last, First, Middle In ALLEN, MARK, , ,	iitial) or Full C	organization Name		Date of	f Re	eceipt							
	Mailing Address 11359 ENTREVAUX DRIVE				07	/	D D D 31	/ Y	2023					
	City	State	Zip Code		Trans	acti	on ID :	PR25750)60268	827	_			
	EDEN PRAIRIE	MN	55347-2862	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					-		15	53.84	1			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) VP		Μ	emc	tem							
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify) ▼		, 1153.80	P/R Deduction (\$76.92 Bi-Weekly)										
<u> </u>	Full Name of Individual (Last, First, Middle In CURRIE, ULYSSES, , ,	iitial) or Full C	Prganization Name		Date of	f Re	eceipt							
	Mailing Address 8232 GUNNAR DRIVE				07	1	31	/ Y	2023					
	City FULTON	State MD	Zip Code 20759-2218		Trans	act	ion ID :	PR2575)64168	827				
			20759-2218	_	Amoun	t of	Each R	eceipt th	is Peri	od				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	6	50.00)			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Equity		М	emo	ttem							
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify)		450.00		P/R Dec	lucti	ion (\$30.	.00 Bi-W	eekly)					
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	ļ.		y	- y	32	9.22	2			
т	OTAL This Period (last page this line number	only)	••••••	•						- 10				

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

FOR LINE NUMBER:

(check only one)

PAGE 51 OF

		Detailed Summary Page		11a		11b	11c	12	2	
And information and it for the Decision				13		14	15	16	-	17
Any information copied from such Report or for commercial purposes, other than u										
NAME OF COMMITTEE (In Full)										
✓ UnitedHealth Group Incorן	porated PAC (UnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Mi A. ZAETTA, CHRISTOPHER, , ,	ddle Initial) or Full C	rganization Name	Da	ite of	Rec	ceipt				
Mailing Address 214 PRINCE STREET	-		M	07	/	D D D 31	/ Y	y 2023	3	Y
City	State	Zip Code	Т	ransa	actio	on ID : P	R2575	068368	3827	
ALEXANDRIA	VA	22314-3314	Am	nount	of E	Each Red	ceipt th	is Per	iod	
FEC ID number of contributing federal political committee.	C					<u>, , , , , , , , , , , , , , , , , , , </u>	-	3	84.6	0
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group Gen Counsel		Me	mo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		2884.50	P/R	Dedu	uctio	on (\$192.	30 Bi-V	Veekly)	
Full Name of Individual (Last, First, Mi B. VERCHICK, TAMI, , ,	ddle Initial) or Full C	rganization Name	Da	ate of	Rec	ceipt				
Mailing Address 9916 DUSTY WINDS	AVE		M	07	/	31	/ Y	2023	Y Y	Y
City	State	Zip Code	Т	ransa	ctic	on ID : Pl	R25750	068968	827	
LAS VEGAS	NV	89117-5986	Am	nount	of E	Each Red	ceipt th	is Per	iod	
FEC ID number of contributing federal political committee.	C			_		y	-9		76.92	2
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ector Technology		Me	mo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		576.90	P/R	Dedu	ictio	n (\$38.4)	6 Bi-We	eekly)		
Full Name of Individual (Last, First, Mi C. ISMERT, JENNY, , ,	ddle Initial) or Full C	rganization Name	Da	ate of	Rec	ceipt				
Mailing Address 8494 E HAWAII LN			_ L	07 ^M	/	D D D 31	/ Y	2023	3	
City DENVER	State CO	Zip Code 80231-2732				on ID : P				, —
		00231-2132	Am	nount	of E	Each Red	ceipt th	is Per	iod	
FEC ID number of contributing federal political committee.	C					y	y		76.92	2
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	mo	Item				
Receipt For:		Year-to-Date ▼								
Primary General			P/R	R Dedu	uctio	on (\$38.4	6 Bi-W	eeklv)		
Other (specify)		576.90					5 21 11			
SUBTOTAL of Receipts This Page (optic	onal)	•••••				,	y	53	38.44	4
TOTAL This Period (last page this line r	number only)	•				,	-y		-	

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

FOR LINE NUMBER:

(check only one)

PAGE 52 OF

				Detailed Summary Page		11a		-	11b	11c		12	_
	y information copied from such Reports and Sta for commercial purposes, other than using the n							rpo					
<u>).</u>	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	I PAC (I	Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia ENLOW, MARGARET, , ,	l) or Full O	Orga	nization Name		Date	of R	ec	eipt				
	Mailing Address 196 SOMERSLY PL					[™] 07	N	/	D D D 31	/ Y	Y 2	023	Y
	City	State		Zip Code		Tran	sac	tio	on ID : F	R2575	0710	06882	7
	LEXINGTON	KY	_	40515-5717	_	Amou	nt of	fΕ	Each Re	ceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С	_			<u> </u>	_	_		-9-		28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) k Contrctng		N	/lem	0	ltem				
	Receipt For:	Aggregate	Yea	ar-to-Date V									
	Primary General Other (specify) ▼		-	210.60	F	P/R De	duc	tio	n (\$14.0)4 Bi-W	/eekl	у)	
В.	Full Name of Individual (Last, First, Middle Initia NICHOLS, SANDRA, , ,	l) or Full O	Orga	nization Name		Date	of R	ec	eipt				
	Mailing Address 16900 CROWN BRIDGE DRIVE					[™] 07	И	/	31	/ Y	Y 20)23	Y
	City	State		Zip Code		Tran	sac	tio	on ID : F	R2575	0745	568827	,
	DELRAY BEACH	FL		33446-2407	_	Amou	nt of	fΕ	Each Re	ceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С				<u> </u>	_	_	_	-9		384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		upa P Cl	tion (for Individual) MO		N	/lem	0	ltem				
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Other (specify) ▼		F	/R De	duct	tio	n (\$192	.30 Bi-\	Veeł	<ly)< td=""><td></td></ly)<>			
С.	Full Name of Individual (Last, First, Middle Initia BECK, RALPH, , ,	l) or Full O	Orga	nization Name		Date	of R	ec	eipt				
•	Mailing Address W155 N5314 SHARPTAIL COU	RT				M 07		/	31	/ Y)23)	Y
	City	State		Zip Code		Trar	sac	tic	on ID : F	PR2575	50749	96882	7
	MENOMONEE FALLS	WI	_	53051-6771	_	Amou	nt of	fΕ	Each Re	ceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		y		28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Ith Plan Operations		1	/lem	10	ltem				
	Receipt For:			ar-to-Date V	_								
	Primary General	Ayyreyale	160				duc	tio	on (\$14.0)4 Ri-\A	/ookl	lv)	
	Other (specify)		-	210.60					μη (φ14.		CON	' y)	
s	UBTOTAL of Receipts This Page (optional)							,	,	,		440.7	6
т	OTAL This Period (last page this line number or	nly)		•	-			_		-7-			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 53 OF

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 Statemen or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (UnitedHealth Group PA	C)
Full Name of Individual (Last, First, Middle Initial) or F BURNAM, DEBRA, , , Mailing Address 377 CALABRIA BEACH ST City Stat HENDERSON NV FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For: Aggre Other (specify) Image: Control of the second	e Zip Code	Date of Receipt 07 31 2023 Transaction ID : PR2575076268827 Amount of Each Receipt this Period 28.08 Memo Item P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initial) or F B. ONEILL, AUDREY, , , Mailing Address 71 CHESTNUT RIDGE RD City Stat QUEENSBURY NY FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc	e Zip Code	Date of Receipt
Dessint For	egate Year-to-Date ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initial) or F VIESTA, RICHARD, , , Mailing Address 1 COMPASS COURT City Stat OYSTER BAY NY FEC ID number of contributing federal political committee. C Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Aggree Primary General Other (specify) Image: Committee	e Zip Code	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		462.54

FOR LINE NUMBER:

(check only one)

PAGE 54 OF

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 Incor	porated PAC (L	InitedHealth Group PA	(C)									
Full Name of Individual (Last, First, M CHAMPION, PHEBE, , ,	ddle Initial) or Full Or	ganization Name	Date of Receipt									
Mailing Address 127 TAPATIO ST		- 1										
City	State NV	Zip Code	Transaction ID : PR2575108368827									
HENDERSON		89074-1934	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		50.00									
Name of Employer (for Individual) Health Plan of Nevada		pation (for Individual) cust Service	Memo Item									
Receipt For:	Aggregate `	Year-to-Date ▼	_									
Primary General Other (specify) ▼		375.00	P/R Deduction (\$25.00 Bi-Weekly)									
Full Name of Individual (Last, First, M 3. HAYDEN, KARI, , ,	ddle Initial) or Full Or	ganization Name	Date of Receipt									
Mailing Address 6109 BANEY COURT			07 31 2023									
City	State	Zip Code	Transaction ID : PR2575110368827									
MINNETONKA	MN	55345-6301	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Strategy	Memo Item									
Receipt For:	Aggregate `	Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)									
Primary General Other (specify) ▼		, 576.90										
Full Name of Individual (Last, First, M MADDIGAN, DANIEL, , ,	iddle Initial) or Full Or	ganization Name	Date of Receipt									
Mailing Address 845 FAITH COURT			07 31 / Y Y Y Y 2023									
City	State	Zip Code	Transaction ID : PR2575114868827									
LONGMONT	СО	80501-4712	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.08									
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item									
Optum Services, Inc		r Software Engineering	_									
Receipt For:	Aggregate `	Year-to-Date 🔻										
Primary General Other (specify)		210.60	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (opti		•••••	155.00									
SUBTOTAL of Receipts This Page (opti TOTAL This Period (last page this line	,	F	-									

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

FOR LINE NUMBER:

(check only one)

PAGE 55 OF

	WIZED RECEIPTS			d Summary Page	[×	11a]11b		11c		12			
				, ,		13		14		15		16	17		
	information copied from such Reports and Sta or commercial purposes, other than using the n														
∖ N	AME OF COMMITTEE (In Full)														
/	JnitedHealth Group Incorporated				AC)										
A	ull Name of Individual (Last, First, Middle Initia DOERFLER, JAMES, , ,	l) or Full O	rganizatio	n Name		Date of	Re	eceip	t	_	_		_		
N	lailing Address 9163 WASSERMANN CT					07	/		31	/ Y	ү 20	23 23	Y		
	ity	State	Zip C			Trans	acti	ion I	D : P	R2575 [,]	1315	68827	,		
_	/ICTORIA	MN	553	86-4592		Amount	of	Eac	h Re	ceipt th	is Pe	eriod			
	EC ID number of contributing deral political committee.	С						- J -		-9		38.4	6		
	lame of Employer (for Individual) Inited HealthCare Services Inc	Occu Dir 1	•	r Individual)		M	emo	lter	n						
R	leceipt For:	Aggregate	Year-to-Da	ate V	_										
	Primary General Other (specify) ▼			288.45	F	P/R Ded	luctio	ion (S	\$19.2	3 Bi-W	eekly	')			
	 ull Name of Individual (Last, First, Middle Initia HUNT, ZOE, , ,	l) or Full O	rganizatio	n Name		Date of	Re	eceip	,t						
N	lailing Address 4030 SERANGO COURT					м м 07	/		31	/ Y	Y 202	23	Y		
C	ity	State	Zip C	ode		Transaction ID : PR2575136268827									
V	VEST LINN	OR	970	68-2840		Amount									
	EC ID number of contributing deral political committee.	С				28.00									
	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (fo Med Clin (or Individual) Dps	_	M	emo	lter	n						
R	eceipt For:	Aggregate	Year-to-Da	ate 🔻											
	Other (specify)		,	210.00	P/R Deduction (\$14.00 Bi-Weekly)										
	ull Name of Individual (Last, First, Middle Initia MCDONNEL, LISA, , ,	l) or Full O	rganizatio	n Name		Date of	Re	eceip	/t						
N	lailing Address 9664 LAFORET DRIVE	1				M _ M 07	/		31	/ Y	202	23	Y		
		State	Zip C							R2575			,		
- E	EDEN PRAIRIE	MN	5534	17-3538		Amount	t of	Eac	h Re	ceipt th	is Pe	eriod			
	EC ID number of contributing ederal political committee.	С						y	_	y		28.0	8		
	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (fo Ntwk	r Individual)		M	emo	o Iter	m						
	leceipt For:														
	Primary General	Aggregate	10-D			ם/ח	ي. يونيا	ion //	¢140		och	۵			
	Other (specify)	<u> </u>	<u> </u>	210.60		P/R Ded	ucti	011 (3	₽ 14.0	94 DI-VV	еекіу	') 			
SU	BTOTAL of Receipts This Page (optional)			••••••	.			,		y		94.5	4		
то	TAL This Period (last page this line number on	ıly)		••••••	-			- -		-9-					

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

FOR LINE NUMBER:

(check only one)

PAGE 56 OF

			De	etailed Summary Page	×	11a		1	1b		11c	12	2 _	
						13		_	4		15	16		17
or	y information copied from such Reports and State for commercial purposes, other than using the na													
\backslash	NAME OF COMMITTEE (In Full)													
$\overline{)}$	UnitedHealth Group Incorporated	PAC (l	Unit	edHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) DEWALL, PATRICK, , ,	or Full O	Organiz	zation Name		Date o								
	Mailing Address 7662 RIDGEVIEW WAY					м м 07	/	ſ	D 31		/ Y	y 2023		1
	City	State	Z	Zip Code		Trans	sact	io	n ID :	P	R25751	45368	827	
	CHANHASSEN	MN		55317-4507	_ /	Amoun	t of	E	ach F	Rec	eipt thi	is Peri	od	
	FEC ID number of contributing federal political committee.	С						,			-	7	76.92	
	Name of Employer (for Individual) Optum Services, Inc		•	n (for Individual) en Counsel Mgr		М	emc	o l	tem					
	Pagaint For:	Aggregate												
	Primary General Other (specify) ▼	5554.0		576.90	F	/R Dec	ducti	ior	า (\$38	3.46	8 Bi-We	eekly)		
	Full Name of Individual (Last, First, Middle Initial) MCGANN, JEAN, , ,	or Full O	Organiz	zation Name		Date o	f Re	ece	eipt					
	Mailing Address 4 VILLAGE ROAD					м м 07	/	ľ	D 31		/ Y	2023		1
	City	State	Z	Zip Code		Trans	acti	ioi	n ID :	PF	25751	46968	827	
	FLORHAM PARK	NJ		07932-2415	_ /	Amoun	t of	E	ach F	Rec	eipt thi	is Peri	od	
	FEC ID number of contributing federal political committee.	С						,			-17	2	28.08	
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) Mgmt SB KA		М	emc	o l	tem					
	Receipt For:	Aggregate												
	Primary General Other (specify) ▼		4	210.60	P	/R Dec	lucti	on	n (\$14	1.04	l Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initial) PETERSOHN, PATRICK, , ,	or Full O	Organiz	zation Name		Date o	f Re	ece	əipt					
	Mailing Address 16413 BIRCH STREET					^M 07	/	I	D 31		/ Y	2023		
	City OVERLAND PARK	State KS		Zip Code 66085-7842							R25751			
				00000-7042		Amoun	t of	E	ach F	Rec	eipt thi	is Peri	od	
	FEC ID number of contributing federal political committee.	С						,		_	y	38	34.60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) P of SIs	Memo Item									
		Aggregate	Year-	to-Date 🔻										
	Primary General Other (specify)		-gr.	2884.50	F	P/R Dec	ducti	ior	า (\$19	92.:	30 Bi-W	/eekly))	
sı	JBTOTAL of Receipts This Page (optional)			•••••				,			9	48	39.60	
т	OTAL This Period (last page this line number only	y)		>							-		-	

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

FOR LINE NUMBER:

(check only one)

PAGE 57 OF

			Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (U	nitedHealth Group P/	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial) PELNER, DAVID, , ,	or Full Org	anization Name	[Date of	Re	eceipt						
	Mailing Address 1200 WEST MINNEHAHA PARK	WAY			м м 07	/	D 31			2023	Y		
	City	State	Zip Code		Trans	acti	ion ID	: PR257	′5155	96882	7		
	MINNEAPOLIS	MN	55419-1163	A	Amount	t of	Each I	Receipt	this F	Period			
	FEC ID number of contributing federal political committee.	С					-			38.4	6		
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) eal Estate Svs		M	emo	ltem						
	Receipt For: A	ggregate Y	ear-to-Date V										
	Primary General Other (specify) ▼		288.45	P	/R Ded	lucti	on (\$19	9.23 Bi-'	Week	dy)			
в.	Full Name of Individual (Last, First, Middle Initial) THOMAS, DIANE, , ,	or Full Org	anization Name		Date of	Re	eceipt						
	Mailing Address 2701 KING JAMES AVE				м м 07	/	D 31			023	Y		
	City	State	Zip Code		Trans	acti	on ID :	: PR257	5156	468827	7		
	SAINT CHARLES	IL	60174-7827	/	Amount	of	Each I	Receipt	this F	Period			
	FEC ID number of contributing federal political committee.	С						-		153.8	34		
	Name of Employer (for Individual) United HealthCare Services Inc	Occup Mkt F	pation (for Individual) Pres		M	emo	ltem						
		ggregate Y	ear-to-Date 🔻										
	Other (specify) ▼		1153.80	P/	/R Ded	uctio	on (\$76	6.92 Bi-\	Neek	ly)			
с.	Full Name of Individual (Last, First, Middle Initial) RAZVI, NIGHET, , ,	or Full Org	anization Name	[Date of	Re	eceipt						
	Mailing Address 1015 S CLINTON AVENUE				^M 07	1	D 31			2023	Ŷ		
	City OAK PARK	State IL	Zip Code 60304-1823		Trans	acti	ion ID	: PR257	′5168	66882	7		
	OAK PARK		60304-1823	/	Amount	t of	Each I	Receipt	this F	Period			
	FEC ID number of contributing federal political committee.	С				_	,	, , , , , , , , , , , , , , , , , , ,	_	28.4	16		
	Name of Employer (for Individual) Optum Services, Inc	Occup Sr Me	pation (for Individual) d Dir		M	emo	tem Item						
		ggregate Y	ear-to-Date ▼										
	Other (specify)		213.45	P	/R Ded	lucti	ion (\$14	4.23 Bi-	Week	dy)			
s	UBTOTAL of Receipts This Page (optional)						,	7		220.7	6		
т	OTAL This Period (last page this line number only	/)											

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 58 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	J PAC (I	UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initia HAMANN, CHAD, , , Mailing Address 7638 RIDGEVIEW WAY	l) or Full O	rganization Name	Date of Receipt								
	City CHANHASSEN	State MN	Zip Code 55317-4507	Transaction ID : PR2575170168827 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		192.30								
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	VP ·	upation (for Individual) Tax Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia MELLO, STEPHANIE, , , Mailing Address 179 HILTON LANE	l) or Full O	rganization Name	Date of Receipt								
	City SWANSEA FEC ID number of contributing federal political committee.	State MA	Zip Code 02777-3809	07 31 2023 Transaction ID : PR2575191368827 Amount of Each Receipt this Period 28.08								
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	VP	upation (for Individual) Gen Mgmt Year-to-Date ▼	Memo Item								
	Other (specify)		210.60	P/R Deduction (\$14.04 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initia DEMARIS, PETER, , , Mailing Address 2301 OLIVER AVE S	l) or Full O	rganization Name	Date of Receipt								
	City MINNEAPOLIS	State MN	Zip Code 55405-2448	Transaction ID : PR2575191868827 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP	upation (for Individual) Mktg eComm	Memo Item								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			604.98								
т	OTAL This Period (last page this line number on	nly)										

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 59 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	C)
A.	Full Name of Individual (Last, First, Middle Initial MUELLER, CYNTHIA, , , Mailing Address 380 4TH AVE SOUTH) or Full C	Drganization Name	Date of Receipt
	City NAPLES	State FL	Zip Code 34102-6383	07 31 2023 Transaction ID : PR2575192268827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	VP	cupation (for Individual) Clms e Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial CONDON, CRAIG, , , Mailing Address 268 OAK LANDING WAY) or Full C	Drganization Name	Date of Receipt
	City SEVERNA PARK	State MD	Zip Code 21146-3116	Transaction ID : PR2575203168827 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) s Unit CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial REDMOND, GRETA, , ,) or Full C	Drganization Name	Date of Receipt
	Mailing Address 350 N MAIN STREET #444	State	Zip Code	07 31 2023 Transaction ID : PR2575211368827
	STILLWATER	MN	55082-6758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		474.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Underwriting	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2389.20	P/R Deduction (\$237.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	886.68
т	OTAL This Period (last page this line number on	ly)	•	

FOR LINE NUMBER:

(check only one)

PAGE 60 OF

		for each category of the		11a		11b	Ъ	11c	12				
		Detailed Summary Page		13		14		15	16	17			
Any information copied from such Reports and S or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle Ini A. CARRIS, DONNA, , ,	tial) or Full C	Prganization Name	D	ate of	Ree	ceip	ot						
Mailing Address 27 WEST WILLOW LN				07 ^M	/	D	31	/ Y	2023	Y			
City	State	Zip Code		Transa	acti	on	ID : P	R25752	21256882	27			
CHARLESTOWN	RI	02813-1727	A	mount	of I	Eac	ch Re	ceipt th	nis Period				
FEC ID number of contributing federal political committee.	С					,		-ge	76.	92			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	10	Me	emo	Ite	m						
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		576.90	P/I	R Dedi	uctio	on (\$38.4	6 Bi-We	eekly)				
Full Name of Individual (Last, First, Middle Ini B. STORDAHL, PAUL, , ,	tial) or Full C	organization Name	D	ate of	Red	ceip	ot						
Mailing Address 7001 W 175TH AVENUE				м м 07	/	D	31	/ Y	2023	Y			
City	State	Zip Code		Transaction ID : PR2575213068827 Amount of Each Receipt this Period 384.60 Memo Item									
EDEN PRAIRIE	MN	55346-2161	A										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Actuary											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle Ini C. MARTIN, PETER, , ,	itial) or Full C	Organization Name	D	ate of	Ree	ceip	ot						
Mailing Address 7091 HIGHOVER DRIVE			44	07	1	L	31		y y 2023				
City CHANHASSEN	State MN	Zip Code				-			21366882				
	IVIIN	55317-7572	A	mount	of I	Eac	ch Re	ceipt th	nis Period				
FEC ID number of contributing federal political committee.	С			_		9		y	30.	00			
Name of Employer (for Individual) Optum Services, Inc	Occ VP I	upation (for Individual) Fin		Me	emo	lte	em						
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify)		225.00	P/	R Ded	uctio	on ((\$15.0	0 Bi-W	eekly)				
SUBTOTAL of Receipts This Page (optional)					_				491.	52			
TOTAL This Period (last page this line number		, , , , , , , , , , , , , , , , , , ,				,		,					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 61 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Stat for commercial purposes, other than using the na											
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial MEYERHOFER, JEFFREY, , , Mailing Address 6624 IROQUOIS TRAIL) or Full C	Organization Name	Date of Receipt								
	City EDINA	State MN	Zip Code 55439-1065	Transaction ID : PR2575214668827 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		eupation (for Individual) P Gen Mgmt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 865.35	P/R Deduction (\$57.69 Bi-Weekly)								
B.	Full Name of Individual (Last, First, Middle Initial WILSON, ADAM, , ,) or Full C	Organization Name	Date of Receipt								
	Mailing Address 336 SALEM CHURCH ROAD	State	Zip Code	07 / 31 / 2023 Transaction ID : PR2575218668827								
	SUNFISH LAKE	MN	55118-4719	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		cupation (for Individual) Gen Mgmt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 865.35	P/R Deduction (\$57.69 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initial GOODMAN, CYNTHIA, , ,) or Full C	Organization Name	Date of Receipt								
	Mailing Address 3717 BUCKEYE DRIVE	State	Zip Code	07 31 2023 Transaction ID : PR2575220168827								
	MCKINNEY	TX	75071-8453	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) KA VP SIs	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 216.30	P/R Deduction (\$14.42 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		•	259.60								
т	OTAL This Period (last page this line number on	ly)	•									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 62 OF

ITEMIZED RECEIPTS	7	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		
VinitedHealth Group Incorpo	rated PAC (I	UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middl A. SHORS, MATTHEW, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4649 EWING AVENUE S	OUTH		07 31 2023
City MINNEAPOLIS	State MN	Zip Code 55410-1745	Transaction ID : PR2575222368827 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 ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middl B. SANTORO, MICHAEL, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 18 OLD FIRE ROAD			07 31 2023
City TRUMBULL	State CT	Zip Code 06611-1431	Transaction ID : PR2575222668827 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) Ops	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middl C	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 317 SIDNEY BAKER STI SUITE 400 PMB 519			07 / 0 D / Y Y Y Y 2023
City KERRVILLE	State TX	Zip Code 78028-6150	Transaction ID : PR2575232768827 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 ▼ 2880.00	P/R Deduction (\$192.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	l)		1153.20
TOTAL This Period (last page this line num	iber only)		

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

FOR LINE NUMBER:

(check only one)

PAGE 63 OF

				Detailed Summary Page		(11a		11b		11c	\square	12	<u> </u>
An	y information copied from such Reports and Sta	tements ma	l ay no	ot be sold or used by any pe	erson	13 for the	pur	14 pose	e of so	15 bliciting	cor	16 htributi	17 ons
or	for commercial purposes, other than using the r	iame and a	addre	ess of any political committee	e to so	DICIT CO	ntrib	outior	ns troi	n such	1 CO	rnmitte	ee.
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	Uni	tedHealth Group PA	AC)								
<u> </u>	Full Name of Individual (Last, First, Middle Initia DIMARTINO, TIMOTHY, , ,	l) or Full O	rgar	ization Name		Date o	f Re	ecein	ot				
	Mailing Address 49605 KEYCOVE ST					07		D	31	/ Y	Y 20)23	Y
	City	State		Zip Code		Trans	sact	ion I	ID : PF	R25752	2481	68827	,
	CHESTERFIELD	MI		48047-2361	_	Amoun	t of	Eac	h Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-9-	_	76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) /P SIs Acct Mgt		M	emc	b Iter	m				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify) ▼		-j-	576.90	F	P/R Deo	ducti	ion (S	\$38.46	8 Bi-We	eekly	/)	
В.	Full Name of Individual (Last, First, Middle Initia BRANT, PAUL, , ,	l) or Full O	Orgar	ization Name		Date o	f Re	eceip	ot				
	Mailing Address 17 ROCKY BROOK ROAD				07 / D D / Y Y 2023							23 23	Y
	City	State		Zip Code		Trans	acti	ion I	ID : PF	25752	502	68827	
	WILTON	СТ		06897-1919		Amoun	t of	Eac	h Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		-9-		-9	_	76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) /P SIs Acct Mgt		M	emc	o Iter	m				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify) ▼		,	576.90	F	P/R Dec	lucti	on (\$	\$38.46	8 Bi-We	ekly	/)	
С.	Full Name of Individual (Last, First, Middle Initia KUETER, DANIEL, , ,	l) or Full O	Orgar	ization Name		Date o	f Re	eceip	ot				
	Mailing Address 1500 WINGATE DRIVE	1				^M 07			31	/ Y	20	23	
	City DELAWARE	State OH		Zip Code 43015-9200						R25752			,
	FEC ID number of contributing federal political committee.	C				Amoun	t of	Eac	h Rec	eipt th	is P	eriod 384.6	0
								,	_	,			_
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ment CEO		N	emo	o Itei	m				
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼									
	Other (specify)		-	2884.50	F	P/R De	ducti	ion ((\$192.3	30 Bi-W	Veeł	dy)	
s	UBTOTAL of Receipts This Page (optional)			•				y		9		538.4	4
Т	OTAL This Period (last page this line number or	ıly)		••••••				-		7			

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

FOR LINE NUMBER:

(check only one)

PAGE 64 OF

				Detailed Summary Page		< 11a		-	11b	110	;	12	<u> </u>
An	y information copied from such Reports and Sta	tements ma	L ay r	not be sold or used by any pe	J ərson	13 for the) e pu	_	14 ose of s	15 solicit	ing c	16 ontribu	l 17 tions
or	for commercial purposes, other than using the n												
\backslash	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated) DAY (Ur	IntedHealth Group PA	4C)								
Α.	Full Name of Individual (Last, First, Middle Initia BACHMANN, ANITA, , ,	l) or Full C	Drga	nization Name		Date	of R	ec	ceipt				
	Mailing Address 815 NORTHERN SHORES POI	NT				[™] 07	VI	/	31	/	Y	y y 2023	Y
	City	State		Zip Code		Tran	sac	tic	on ID : F	PR25	7525	- 1	7
	GREENSBORO	NC		27455-3459	_	Amou	nt of	fE	Each Re	eceipt	this	Period	
	FEC ID number of contributing federal political committee.	C	_						,			384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) an CEO		ľ	/lem	0	ltem				
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Other (specify) ▼		-	2884.50	 F	P∕R D€	duct	tio	n (\$192	.30 B	i-We	ekly)	
В.	Full Name of Individual (Last, First, Middle Initia BROOMFIELD, ROBERT, , ,	l) or Full C	Drga	nization Name		Date of	of R	ec	ceipt				
	Mailing Address 12501 WEST 156TH STREET		_			[™] 07	VI	/	D D D 31	/		y y 2023	Y
		State		Zip Code					on ID : F				7
	OVERLAND PARK	KS	_	66221-2662	\neg	Amou	nt of	fE	Each Re	eceipt	this	Period	
	FEC ID number of contributing federal political committee.	С	_			Ľ.		-	-			92.	30
	Name of Employer (for Individual) United HealthCare Services Inc		•	ation (for Individual) an CEO		ľ	/lem	0	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 692.25] F	י/R De	duct	tio	n (\$46.1	15 Bi-	Wee	kly)	
с.	Full Name of Individual (Last, First, Middle Initia ZARN, MARY, , ,	l) or Full C	Drga	nization Name	\top	Date	of R	ec	ceipt				
	Mailing Address 11192 BLUESTEM LANE					07		/	D D 31	1		2023	Y
	City EDEN PRAIRIE	State MN		Zip Code 55347-4731					on ID : I				7
			_		\neg	Amou	nt of	tΕ	Each Re	eceipt	this	Period	
	FEC ID number of contributing federal political committee.	C	_			Ļ	_		9			170.	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) n CEO			Nem	10	Item				
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Other (specify)		-	1257.30	'	P/R D€	educ	tio	on (\$85.0	00 Bi	Wee	kly)	
s	UBTOTAL of Receipts This Page (optional)			······	<u> </u>		-		7	,		646.	90
Т	OTAL This Period (last page this line number or	ıly)			•				,				

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

FOR LINE NUMBER:

(check only one)

PAGE 65 OF

				Detailed Summary Page		11a 13] 11 14		11c 15		12 16	17					
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		pos	se of :	soliciting		ntribut	ions					
\backslash	NAME OF COMMITTEE (In Full)																	
/	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)													
A.	Full Name of Individual (Last, First, Middle Initial ZAFFIRIS, NICHOLAS, , ,) or Full O	rgai	nization Name		Date of	Re	ecei	ipt									
	Mailing Address 1241 LAUREL CT					^M 07	1	Г	31	/ Y		023	Y					
	City	State		Zip Code		Trans	acti	ion	ID : I	PR2575	2706	668827	7					
	MARCO ISLAND	FL		34145-2351		Amoun	t of	Ea	ch Re	eceipt tl	nis P	Period						
	FEC ID number of contributing federal political committee.	С						7			_	28.0	8					
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		М	emo	o Ite	em									
		Aggregate	Yea	r-to-Date ▼														
	Primary General Other (specify) ▼		-	210.60	F	P/R Dec	luctio	on	(\$14.0)4 Bi-W	eekl	y)						
В.	Full Name of Individual (Last, First, Middle Initial HAMBLIN, JILLIAN, , ,) or Full O	rgai	nization Name		Date of	Re	ecei	ipt									
	Mailing Address 3103 BEACON GROVE ST				07 / 31 / 2023 Transaction ID : PR2575290368827													
	City	State		Zip Code		Trans	acti	on	ID : F	R2575	<u>2903</u>	68827	,					
	SPRING	ТХ	_	77389-4348		Amoun	t of	Ea	ch Re	eceipt tl	າis P	Period						
	FEC ID number of contributing federal political committee.	С	_					,	_		_	76.9	2					
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		М	emo	o Ite	em									
		Aggregate	Yea	r-to-Date ▼														
	Primary General Other (specify) ▼		,	576.90	P	/R Ded	uctio	on	(\$38.4	46 Bi-W	eekly	y)						
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial MUELLER, STEVEN, , ,) or Full O	rgai	nization Name		Date of	Re	ecei	ipt									
	Mailing Address 6895 LAKE HARRISON CIRCLE	E				м м 07	/	Ľ	31	/ Y)23	Y					
	City CHANHASSEN	State MN		Zip Code 55317-4589						PR2575			7					
			_	55517-4569		Amoun	t of	Ea	ich Re	eceipt tl	is P	eriod	_					
	FEC ID number of contributing federal political committee.	С				Ľ.	_	9		 J	_	76.9	2					
	Name of Employer (for Individual) Optum Services, Inc	Occi VP C	•	ion (for Individual)		M	emo	o Ite	em									
	Receipt For:	1		r-to-Date ▼														
	Primary General Other (specify)		-	576.90	F	P/R Dec	lucti	ion	(\$38.	46 Bi-W	eekl	y)						
s	UBTOTAL of Receipts This Page (optional)							,				181.9	2					
т	OTAL This Period (last page this line number on	ly)						,		-								

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 66 OF

			Detailed Summary Page	×	11a		-	1b	11c		12						
American	metion control from each Department 201				13		1.		15		16	17					
	mation copied from such Reports and State mmercial purposes, other than using the na																
	OF COMMITTEE (In Full)																
\	tedHealth Group Incorporated	PAC (U	InitedHealth Group PA	AC)													
	ame of Individual (Last, First, Middle Initial) VITT, SCOTT, , ,) or Full Or	ganization Name		Date o	f Re	ece	eipt									
Mailing	g Address 1443 RAYMOND AVE				^M 07	/		D D 31	/	ү ү 2	2023	Ŷ					
City		State	Zip Code		Trans	sact	tior	ו ID :	PR257	5296	768827	7					
SAIN	T PAUL	MN	55108-1430	/	Amoun	it of	Ea	ach R	eceipt	this F	Period						
	D number of contributing I political committee.	С					,				153.8	4					
	of Employer (for Individual) n Services, Inc		pation (for Individual) twk Prgms		M	lemo	o It	em									
Receip	ot For:	Aggregate Y	′ear-to-Date ▼														
	Primary General Other (specify) ▼		1153.80		P/R Deo	ducti	ion	(\$76	.92 Bi-V	Veek	ly)						
	ame of Individual (Last, First, Middle Initial) BER, ERIN, , ,) or Full Or	ganization Name		Date o	of Re	ece	eipt									
	g Address 1791 RESTHAVEN LANE				07 / 07 / 07 / 07 / 07 / 07 / 07 / 07 /												
City		State	Zip Code		Trans	sacti	ior	D:	PR257	5298	668827	,					
IUOM	ND	MN	55364-1308	'	Amoun	t of	Ea	ach R	eceipt	this F	Period						
	D number of contributing I political committee.	С					,				416.0	0					
	of Employer (for Individual) I HealthCare Services Inc		pation (for Individual) Segment Gen Counsel		M	lemo	o It	em									
	ot For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 2704.00	P	/R Dec	ducti	ion	(\$208	8.00 Bi-	Wee	kly)						
	ame of Individual (Last, First, Middle Initial) EVAS, BRANDON, , ,) or Full Or	ganization Name		Date o	of Re	ece	eipt									
	g Address 8 CLOISTER COURT	1			^M 07	/		D D D	1		023 [°]	Y					
City		State CA	Zip Code		Tran	sact	tio	n ID :	PR257	5305	66882	7					
	RA RANCH		92694-1556		Amoun	it of	Ea	ach R	eceipt	this F	Period						
	D number of contributing I political committee.	С					y		,		384.6	0					
	of Employer (for Individual) HealthCare Services Inc		oation (for Individual) Seg Chief Strat/Grwth Off		N	lemo	o li	tem									
Receip	pt For:	Aggregate Y	/ear-to-Date ▼														
	Primary General Other (specify)		2884.50] F	P/R De	ducti	tion	ı (\$19	2.30 Bi	-Wee	ekly)						
SUBTO	TAL of Receipts This Page (optional)			•			y		. ,		954.4	4					
TOTAL	This Period (last page this line number only	y)		-			,										

FOR LINE NUMBER:

(check only one)

PAGE 67 OF

				or each category of the Detailed Summary Page	X	11a		11		11c	12	<u> </u>
	y information copied from such Reports and State for commercial purposes, other than using the na								se of :			
\setminus	NAME OF COMMITTEE (In Full)											
\sum	UnitedHealth Group Incorporated	PAC (Uni	tedHealth Group PA	NC)							
Α.	Full Name of Individual (Last, First, Middle Initial) PEEL, CHAD, , ,	or Full C	Drgan	ization Name		Date o	f Re	ecei	ipt			
	Mailing Address 7185 GUNFLINT TRAIL			7.0.1		м м 07		L	D D D		2023	
	City CHANHASSEN	State MN		Zip Code 55317-4743				-			532986882	
	FEC ID number of contributing		_	55517-4745	_	Amoun	t of	Ea	ich Re	eceipt t	his Perioo	
	federal political committee.	С	-			_	-	7	-	-9	153	.84
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) care Econ		Μ	emo	o Ite	em			
	Receipt For:	Aggregate	Year	r-to-Date ▼								
	Primary General Other (specify) ▼		-7-	1153.80	P	/R Dec	ducti	ion	(\$76.9	92 Bi-W	/eekly)	
в.	Full Name of Individual (Last, First, Middle Initial) WHITE, WAYNE, , ,	or Full C	Drgan	ization Name		Date o	f Re	ecei	ipt			
	Mailing Address 8727 W BUCKHORN TRL					м м 07	/	Γ	31	/ Y	2023	Y
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2575	34236882	27
	PEORIA	AZ		85383-4852	A	Amoun	t of	Ea	ich Re	eceipt t	his Period	ł
	FEC ID number of contributing federal political committee.	С						-			384	.60
	Name of Employer (for Individual) United HealthCare Services Inc		cupati Cust	ion (for Individual) Svs		М	emo	o Ite	em			
		Aggregate	Year	r-to-Date ▼								
	Primary General Other (specify) ▼		,	2884.50	P/	'R Dec	luctio	on	(\$192	.30 Bi-\	Weekly)	
с.	Full Name of Individual (Last, First, Middle Initial) IMDIEKE, PATRICK, , ,	or Full C	Drgan	ization Name		Date o	f Re	ecei	ipt			
	Mailing Address 15900 WHITE PINE DRIVE					^M 07	/		D D D 31	/	2023	Y
	City WAYZATA	State MN		Zip Code							53479688	
				55391-2125	A	Amoun	t of	Ea	ich Re	eceipt t	his Period	ł
	FEC ID number of contributing federal political committee.	С				_		y		,	28	.08
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) nlys Cnslt		Μ	emc	o Ite	em			
	Receipt For:	I		r-to-Date ▼	\neg							
	Primary General Other (specify)	.ggi cyale	104	210.60	P.	/R Dec	ducti	ion	(\$14.	04 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)										566	.52
	OTAL This Period (last page this line number only				Ì		-	,				
-	() ·······························	• •						7				

FOR LINE NUMBER:

(check only one)

PAGE 68 OF

			Detailed Summary Page		11a	_	11b		11c	12	Г	17	
				ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.									
	EE (In Full)												
	Group Incorporate	d PAC (l	UnitedHealth Group F	PAC)									
Full Name of Individu	ual (Last, First, Middle Initia AEL, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt						
Mailing Address 260	2 PENNINGTON PLACE				07 ^M	/	3		/ Y	2023		1	
City		State	Zip Code		Trans	sact	tion ID	: P	R25753	350968	827		
VALPARAISO		IN	46383-9163		Amoun	t of	Each	Red	ceipt th	is Perio	bd		
FEC ID number of configuration federal political comm		С			<u> </u>		-			7	8.00		
Name of Employer (f	,		upation (for Individual) KA VP SIs		М	emc	o Item						
Receipt For:		Aggregate	Year-to-Date V										
Other (specify)	General ▼		585.00	F	P/R Dec	ducti	ion (\$3	39.0	0 Bi-We	∍ekly)			
Full Name of Individu B. PHILLIPS, CHRIS	ual (Last, First, Middle Initia STINE, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt						
Mailing Address 63 H	IERITAGE TRAIL				м м 07	/	D 3	D 1	/ Y	y 2023	Y		
City SUFFIELD		State CT	Zip Code 06078-2376						R25753				
			00070-2370		Amoun	t of	Each	Red	ceipt th	is Perio	bd	_	
FEC ID number of control federal political comm	0	С			Ľ.		-	_	-	2	8.08		
Name of Employer (in United HealthCare Section 2017)	,		upation (for Individual) Regl Affs		M	emo	o Item						
Receipt For:		Aggregate	Year-to-Date 🔻										
Other (specify)	General ▼		, 210.60	F	P/R Ded	lucti	ion (\$1	4.04	4 Bi-We	ekly)			
Full Name of Individu	ual (Last, First, Middle Initia), , ,	al) or Full O	rganization Name		Date o	f Re	eceipt						
Mailing Address 571	7 AYRSHIRE BLVD				^M 07	/	3	D 1	/ Y	2023	Y		
City EDINA		State MN	Zip Code						R25753		-	_	
			55436-2059		Amoun	t of	Each	Red	ceipt th	is Perio	bd	_	
FEC ID number of configuration federal political comm	0	С			Ľ.			_	y	39	3.80		
Name of Employer (f Optum Services, Inc	or Individual)		upation (for Individual) 9 Gen Mgmt		M	lemo	o Item						
Receipt For:		Aggregate	Year-to-Date ▼										
Other (specify)	General		2833.52		P/R Dec	ducti	tion (\$1	196.	90 Bi-W	Veekly)			
SUBTOTAL of Receipt	s This Page (optional)			•			, ,		9	49	9.88		
TOTAL This Period (la	st page this line number o	nly)		•			-		-		-		

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

FOR LINE NUMBER:

(check only one)

PAGE 69 OF

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any perso or for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. NIELSEN, MICHELE, , , Mailing Address 101 W 11TH STREET City State SHIP BOTTOM FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	Date of Receipt 07 / 07 / 01 / 2023 Transaction ID : PR2575361768827
or for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NIELSEN, MICHELE, , , Mailing Address 101 W 11TH STREET City SHIP BOTTOM FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	Date of Receipt 07 / 07 / 01 / 2023 Transaction ID : PR2575361768827
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NIELSEN, MICHELE, , , Mailing Address 101 W 11TH STREET City State SHIP BOTTOM FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COCK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	Date of Receipt 07 / 31 / 2023 Transaction ID : PR2575361768827
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NIELSEN, MICHELE, , , Mailing Address 101 W 11TH STREET City State Zip Code SHIP BOTTOM NJ 08008-6303 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc Ntwk Regn Pres Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 576.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	Date of Receipt 07 / 31 / 2023 Transaction ID : PR2575361768827
A. NIELSEN, MICHELE, , , Mailing Address 101 W 11TH STREET City State Zip Code SHIP BOTTOM NJ 08008-6303 FEC ID number of contributing federal political committee. C 08008-6303 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc Ntwk Regn Pres Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 576.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	07 / 07 / 07 / 07 / 07 / 07 / 07 / 07 /
City State Zip Code SHIP BOTTOM NJ 08008-6303 FEC ID number of contributing federal political committee. C 0 Name of Employer (for Individual) Occupation (for Individual) Ntwk Regn Pres Name of Employer (for Individual) Occupation (for Individual) Ntwk Regn Pres Receipt For: Aggregate Year-to-Date ▼ 576.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT Image: Court of the court of	07 31 2023 Transaction ID : PR2575361768827
SHIP BOTTOM NJ 08008-6303 FEC ID number of contributing federal political committee. C C Name of Employer (for Individual) Occupation (for Individual) Ntwk Regn Pres Nume of Employer (for Individual) Occupation (for Individual) Ntwk Regn Pres Receipt For: Aggregate Year-to-Date ▼ 576.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	
FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc Ntwk Regn Pres Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 576.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	
federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	Amount of Each Receipt this Period
United HealthCare Services Inc Ntwk Regn Pres Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 576.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	76.92
Primary General Other (specify) ✓ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	Memo Item
Primary General Other (specify) ▼ 576.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	
COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT	P/R Deduction (\$38.46 Bi-Weekly)
	Date of Receipt
	M M / D D / Y Y Y Y 07 31 2023
City State Zip Code	Transaction ID : PR2575371668827
BLUFFTON SC 29910-9580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	230.76
Name of Employer (for Individual)Occupation (for Individual)Optum Services, IncSVP Mktg	Memo Item
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 1730.70	P/R Deduction (\$115.38 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CUNNINGHAM, BRIAN, , ,	Date of Receipt
Mailing Address 1708 ROLLING HILLS RD	M M / D D / Y Y Y Y 07 31 2023
City State Zip Code CHARLESTON WV 25314-2216	Transaction ID : PR2575375968827
	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	76.92
Name of Employer (for Individual)Occupation (for Individual)Optum Services, IncSr Dir Tech Proj-Prgm Mgmt	Memo Item
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) 576.90	
SUBTOTAL of Receipts This Page (optional)	P/R Deduction (\$38.46 Bi-Weekly)

FOR LINE NUMBER:

(check only one)

PAGE 70 OF

		Detailed Summary Page		-		11b	11c		12	
		<u> </u>		13		14	15		16	17
Any information copied from such Report or for commercial purposes, other than u										
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incor	porated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, M A. CIAVARELLA, TRACY, , ,	iddle Initial) or Full C	Organization Name		Date of	f Re	eceipt				
Mailing Address 20 LORRAINE DRIVE	1			07 ^M	/	31	D / Y	Y 20	023	Y
City	State	Zip Code		Trans	act	ion ID :	PR2575	3779	968827	7
BEACON FALLS	СТ	06403-1256		Amount	t of	Each F	Receipt th	nis F	'eriod	
FEC ID number of contributing federal political committee.	C								28.0	8
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli		M	emo	o Item				
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		210.60] F	P/R Ded	lucti	ion (\$14	.04 Bi-W	eekl	у)	
Full Name of Individual (Last, First, M B. BRATTEBO, CRAIG, , ,	iddle Initial) or Full C	Organization Name		Date of	f Re	eceipt				
Mailing Address 10202 HARMONY CI	RCLE			07	1	31		ү 20)23	Y
City	State	Zip Code		Trans	act	ion ID :	PR2575	3972	268827	,
EDEN PRAIRIE	MN	55347-5019		Amount	t of	Each F	Receipt th	nis F	'eriod	
FEC ID number of contributing federal political committee.	C					-			384.6	0
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) puty Gen Counsel		M	emo	o Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50] F	P/R Ded	ucti	on (\$19	2.30 Bi-V	Veek	dy)	
Full Name of Individual (Last, First, M C. FELLER, WILLIAM, , ,	iddle Initial) or Full C	Organization Name		Date of	f Re	eceipt				
Mailing Address 3715 HUNTINGTON	AVE			^M 07	1	31			023	Y
City	State MN	Zip Code		Trans	sact	ion ID :	PR2575	4003	36882	7
ST LOUIS PARK	IVIIN	55416-4917	_	Amount	t of	Each F	Receipt th	nis F	'eriod	
FEC ID number of contributing federal political committee.	C			<u> </u>		,	9		76.9	12
Name of Employer (for Individual)	Occ	upation (for Individual)		Μ	emo	o Item				
Optum Services, Inc	VP '	Technology								
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify)		576.90] f	P/R Dec	luct	ion (\$38	8.46 Bi-W	/eekl	у)	
SUBTOTAL of Receipts This Page (opti	onal)		•			9			489.6	0
TOTAL This Period (last page this line i	number only)		•				-			

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

FOR LINE NUMBER:

(check only one)

PAGE 71 OF

				Detailed Summary Page	×	11a		-	1b		11c	12	<u> </u>
	y information copied from such Reports and State								se of				
or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and a	auure	iss of any political committee	ι υ SΟ	ncit cor	ILLID	JUTI	UNS T	ror	II SUCH	committe	
\rangle	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initial) UNDERWOOD, JEFFREY, , ,	or Full O	Organ	ization Name	[Date of	Re	ece	eipt				
	Mailing Address 3151 ALBER SPRING CT					м м 07	1	l	D D 31]	/ Y	ү ү 2023	Ŷ
	City LAKE OSWEGO	State OR		Zip Code 97034-6733								0336882 s Period	7
	FEC ID number of contributing federal political committee.	С						,			-7	153.8	34
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) n CEO		Me	emo	o It	em				
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1153.80	P	/R Ded	uctio	ion	(\$76	.92	2 Bi-We	ekly)	
B.	Full Name of Individual (Last, First, Middle Initial) ANDERSON, BRADLEY, , ,	or Full O	Organ	ization Name		Date of	Re	ece	eipt				
	Mailing Address 4613 W 56TH ST					^M 07	/	l	D D D 31		/ Y	2023	Y
	City EDINA	State MN		Zip Code 55424-1558								05268827 s Period	,
	FEC ID number of contributing federal political committee.	С						-			-	76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		upat Strat	ion (for Individual) tegy		Me	emo	o It	em				
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 576.90	P	/R Ded	uctio	on	(\$38.	46	Bi-We	ekly)	
C.	Full Name of Individual (Last, First, Middle Initial) VENKATESAN, CHANDRAMOULEES			ization Name		Date of	Re	ece	eipt				
	Mailing Address 17698 62ND COURT NORTH	0		7.0.1		07	1	l	31	J		2023	
	City MAPLE GROVE	State MN		Zip Code 55311-4619								1016882	(
	FEC ID number of contributing federal political committee.	С						,			9	384.6	60
	Name of Employer (for Individual) Optum Services, Inc	Occu Bus	•	on (for Individual) CIO		M	emo	o It	tem				
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2884.50	P	P/R Ded	ucti	ion	ı (\$19	2.3	30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)			•				,			9	615.3	6
т	OTAL This Period (last page this line number only	/)		•••••				-			-		

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

FOR LINE NUMBER:

(check only one)

PAGE 72 OF

		Detailed Summary Page								
Any information copied from such Reports a	nd Statements ma	av not be sold or used by any r	Derson f	-	DUrr					17 ions
or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpo	`	•	AC)							
Full Name of Individual (Last, First, Middl MILLER, ALLISON, , ,	e Initial) or Full O	rganization Name	[Date of	Re	eceip	ot			
Mailing Address 11671 45TH PLACE NE				^M 07	/	D	31	/ Y	2023	Y
City	State	Zip Code		Trans	acti	ion	ID : P	R2575	41816882	7
SAINT MICHAEL	MN	55376-4536	/	Amount	t of	Eac	ch Re	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					-			192.:	80
Name of Employer (for Individual) Optum Services, Inc	Occi VP I	upation (for Individual) T		Me	emo	o Ite	m			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1442.25	 P	/R Ded	lucti	ion ((\$96.1	5 Bi-W	eekly)	
Full Name of Individual (Last, First, Middl GOTHARD, CAROL, , ,		rganization Name		Date of	Re	eceip	ot			
Mailing Address 16492 BROOKLANE BO				м м 07	1	D	31	/ Y	2023	Y
City	State	Zip Code		Trans	acti	ion	ID : P	R25754	41916882	7
NORTHVILLE	MI	48168-8417	/	Amount	t of	Eac	ch Re	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					-		-	76.3	86
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin		Me	emo	o Ite	em			
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		572.70	P	/R Ded	uctio	on (\$38.1	8 Bi-We	eekly)	
Full Name of Individual (Last, First, Middl C. ARMSTRONG, LORI, , ,	e Initial) or Full O	rganization Name		Date of	Re	eceip	ot			
Mailing Address 808 CAREN DRIVE				^M 07	/	D	31	/ Y	2023 Y	Y
City ELDERSBURG	State MD	Zip Code 21784-8569							42796882	7
		21104-0008	/	Amount	t of	Eac	ch Re	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					9		y	30.0	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P Acct Mgmt		M	emo	o Ite	em			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		225.00] P	P/R Ded	lucti	ion ((\$15.0	00 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (optiona	l)								298.6	6
TOTAL This Period (last page this line num	ber only)					,				

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

FOR LINE NUMBER:

(check only one)

PAGE 73 OF

	IZED RECEIPTS		Detailed Summary Page		〈 11a		11b		11c	Ĺ	12	
			, ,		13		14		15		16	17
or for	nformation copied from such Reports and Stat commercial purposes, other than using the na											
∖ NA	ME OF COMMITTEE (In Full)											
<u> </u>	nitedHealth Group Incorporated	PAC (L	JnitedHealth Group	PAC)								
A C	I Name of Individual (Last, First, Middle Initial DHARA, KARIN, , ,) or Full Or	rganization Name		Date of	f Re	ceipt					
Ма	iling Address 1431 HENRY COURT				м м 07	1		^р 31	/ Y	Ý 202	23	Y
Cit	-	State	Zip Code		Trans	acti	ion II	D : P	R25754	42876	68827	,
CH	IANHASSEN	MN	55317-2200		Amount	t of	Each	n Re	ceipt th	iis Pe	eriod	
	C ID number of contributing eral political committee.	С					7		-gr.		392.0	0
	me of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) Grp Controller		M	emo	Iten	n				
Re	ceipt For:		Year-to-Date V									
	Primary General Other (specify) ▼	<u> </u>	2840.15] '	P/R Ded	luctio	on (\$	196.	.00 Bi-V	Veekl	ly)	
	I Name of Individual (Last, First, Middle Initial IURLEY, MARY, , ,) or Full Or	rganization Name		Date of	f Re	ceipt	:				
Ма	iling Address 2775 COUNTRYSIDE DRIVE WE	EST			м м 07	/		д 31	/ Y	202	23 [°]	Y
Cit		State	Zip Code		Trans	acti	on II) : P	R25754	14366	68827	
OF	RONO	MN	55356-9675		Amount	t of	Each	n Re	ceipt th	iis Pe	eriod	
	C ID number of contributing eral political committee.	С			<u> </u>		7		-15-		384.6	0
	me of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) Segment CEO		M	emo	lten	n				
Re	ceipt For:	Aggregate `	Year-to-Date ▼									
	Primary General Other (specify) v		2884.50		P/R Ded	uctio	on (\$	192.	30 Bi-W	Veekly	y)	
	I Name of Individual (Last, First, Middle Initial PILKER, TIMOTHY, , ,) or Full Or	rganization Name		Date of	f Re	ceipt	:				
	iling Address 32 FITCH LANE				^M 07			31	L	202	1. Ale	_
City	-	State CT	Zip Code						R2575			,
NE	EW CANAAN		06840-5051		Amount	t of	Each	n Re	ceipt th	is Pe	eriod	
	C ID number of contributing eral political committee.	С			<u> </u>		9		y		384.6	0
Na	me of Employer (for Individual)	Occu	upation (for Individual)		M	emo	lten	n				
Un	ited HealthCare Services Inc	Bus \$	Segment CEO									
Re	ceipt For:	Aggregate `	Year-to-Date ▼									
	Primary General Other (specify)		2884.50	י ב	P/R Ded	lucti	on (\$	5192	.30 Bi-V	Veekl	ly)	
SUB	TOTAL of Receipts This Page (optional)			▶						1.	161.2	0
тоти	AL This Period (last page this line number on	ly)					,		7			

FOR LINE NUMBER:

(check only one)

PAGE 74 OF

			for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
	y information copied from such Reports and State for commercial purposes, other than using the na			erson for the purpose of soliciting contributions
\backslash	NAME OF COMMITTEE (In Full)			
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group P	AC)
Α.	Full Name of Individual (Last, First, Middle Initial) RUNICE, PAUL, , ,) or Full O	Organization Name	Date of Receipt
	Mailing Address 4622 BRUCE AVENUE	1		07 31 2023
	City	State	Zip Code	Transaction ID : PR2575451568827
	EDINA	MN	55424-1123	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:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	<u> </u>	2767.50	P/R Deduction (\$184.50 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initial) PEGG, JACK, , ,) or Full O	Organization Name	Date of Receipt
	Mailing Address 4917 KAMA LANE NE			07 31 2023
	City	State	Zip Code	Transaction ID : PR2575456068827
	ALBERTVILLE	MN	55301-3536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sc Dir Underwriting	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial) GLATT, CHRISTOPHER, , ,) or Full O	Organization Name	Date of Receipt
•••	Mailing Address 631 GOODRICH AVE			07 31 2023
	City	State	Zip Code	Transaction ID : PR2575464968827
	SAINT PAUL	MN	55105-3522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.46
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	United HealthCare Services Inc		Aviation Corp Pilots	
	Paggint For:		Year-to-Date ▼	
	Primary General	33. 0 guio	288.45	P/R Deduction (\$19.23 Bi-Weekly)
	Other (specify)		200.43	
SI	JBTOTAL of Receipts This Page (optional)			435.54
т	OTAL This Period (last page this line number onl	y)		

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

FOR LINE NUMBER:

(check only one)

PAGE 75 OF

				or each callegory of the		(11a		1	1b	11c		12	
				Detailed Summary Page	ŀ	13		-	4	15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r									olicitin		ntribut	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia PHINNEY, ASHLEY, , ,	al) or Full O	rgai	nization Name		Date o	f Re	ece	eipt				
	Mailing Address 5 GATEHOUSE ROAD					^M 07	/	l	31	/ Y)23	Y
	City	State		Zip Code		Trans	acti	io	n ID : F	R2575	4684	68827	7
	GRANBY	CT		06035-1922		Amoun	t of	E	ach Re	ceipt tl	nis P	eriod	
	FEC ID number of contributing federal political committee.	С						,		-	_	28.0	8
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) tor Technology		М	emc	5 I	tem				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼			210.60	F	P/R Dec	lucti	ior	n (\$14.0)4 Bi-W	eekl	y)	
В.	Full Name of Individual (Last, First, Middle Initia SADUSKE, NANETTE, , ,	al) or Full O	rgai	nization Name		Date o	f Re	ece	eipt				
	Mailing Address 4276 NICOLET DRIVE					07	/	I	31	/ Y		23	Y
	City	State		Zip Code		Trans	acti	ioi	n ID : P	R2575	4702	68827	,
	GREEN BAY	WI		54311-9798		Amoun	t of	Е	ach Re	ceipt tl	nis P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-	_	76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP	•	tion (for Individual) npli		М	emc	5 I	tem				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	576.90	P	P/R Ded	lucti	or	ı (\$38.4	6 Bi-W	eekly	()	
с.	Full Name of Individual (Last, First, Middle Initia HENSEL, KRISTA, , ,	al) or Full O	rgai	nization Name		Date o	f Re	ece	eipt				
	Mailing Address 2211 HOMEWOOD DRIVE					^M 07	/	I	D D D 31	/ Y)23 [°]	Ŷ
	City	State		Zip Code		Trans	sact	io	n ID : F	PR2575	4826	66882	7
	ANCHORAGE	KY		40223-1326		Amoun	t of	E	ach Re	ceipt tl	nis P	eriod	
	FEC ID number of contributing federal political committee.	С						,		9	_	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO	_	М	emo	зI	tem				
	Receipt For:	1			_								
	Primary General	Aggregate	Yea	r-to-Date ▼					(*				
	Other (specify)		-	2884.50		P/R Dec	ducti	ior	ו (\$192	.30 Bi-\	Neel	<ly)< td=""><td></td></ly)<>	
s	UBTOTAL of Receipts This Page (optional)			••••••	•			,		,		489.6	0
т	OTAL This Period (last page this line number or	וy)			•			,		-,-			

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 76 OF

			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 the n			/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group	PAC)
Α.	Full Name of Individual (Last, First, Middle Initia BARTHEL, THOMAS, , ,		Drganization Name	Date of Receipt
	Mailing Address 9713 HEMLOCK LANE NORTH		7.004	07 / D D / Y Y Y Y 31 / 2023
	City MAPLE GROVE	State MN	Zip Code 55369-3665	Transaction ID : PR2575484368827 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		cupation (for Individual) Dir Software Engineering	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia MACLAUCHLAN, DANIEL, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 730 WYNDALE RD	-		07 ^D ^D ^D ²⁰²³
-	City JENKINTOWN	State PA	Zip Code 19046-1552	Transaction ID : PR2575492768827 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		cupation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia VESLEDAHL, MATTHEW, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 15598 MICHELE LANE			07 ^D D ^D ^V Y Y Y Y Y 2023
-	City EDEN PRAIRIE	State MN	Zip Code 55346-2548	Transaction ID : PR2575499268827 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) P Network	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
รเ	JBTOTAL of Receipts This Page (optional)			440.76
т	OTAL This Period (last page this line number or	ıly)		•

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

FOR LINE NUMBER:

(check only one)

PAGE 77 OF

			Detailed Summary Page		11a 13		11b		11c	12	17
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose			contribu	
<u> </u>	NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·			-					
\rangle	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P/	AC)							
A.	Full Name of Individual (Last, First, Middle Initial) DELREAL, MAGDALENA, , ,) or Full O	rganization Name		Date o	f Re	eceipt	t			
	Mailing Address 122 WILLOW CREEK LANE				м м 07	/		31	/ Y	y y 2023	Y
	City	State	Zip Code		Trans	act	ion I	D : P	R2575	50776882	27
	WILLOW SPRINGS	IL	60480-1274		Amoun	t of	Each	n Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С					-		-	28	.08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Reg Sales Dir		М	emc	o Iten	n			
	Receipt For:	Aaareaate	Year-to-Date ▼								
	Primary General Other (specify) ▼	.99.094.0	210.60] P	/R Dec	lucti	ion (\$	614.0	4 Bi-We	eekly)	
	Full Name of Individual (Last, First, Middle Initial) MUNSON, RICHARD, , ,) or Full O	rganization Name		Date o	f Re	eceipt	t			
	Mailing Address 4707 HAZELTINE LANE				м м 07	1		^р 31	/ Y	y y 2023	Y
	City	State	Zip Code		Trans	acti	ion II	D : P	R25755	1246882	27
	EAGAN	MN	55123-2172		Amoun	t of	Each	n Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С					- T		-9-	192	.30
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		М	emc	b Iten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1442.25	P	/R Ded	lucti	on (\$	96.1	5 Bi-We	eekly)	
c.	Full Name of Individual (Last, First, Middle Initial) HUNTER, ROBERT, , ,) or Full O	rganization Name		Date o	f Re	eceipt	t			
	Mailing Address 5420 COUNTRYSIDE ROAD	1			^M 07	1		31	/ Y	y y 2023	Y
	City EDINA	State MN	Zip Code 55436-2524		Trans	sact	ion I	D : P	R2575	5283688	27
			55456-2524		Amoun	t of	Each	n Re	ceipt th	is Period	1
	FEC ID number of contributing federal political committee.	С				_	y		y	384	.60
	Name of Employer (for Individual) United HealthCare Services Inc	Occu SVP	upation (for Individual) Prd		М	emo	o Iter	n			
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		2884.50] F	P/R Dec	ducti	ion (\$	\$192.	30 Bi-V	Veekly)	
S	JBTOTAL of Receipts This Page (optional)			•			y		y	604	.98
т	OTAL This Period (last page this line number onl	y)		•			-		-9-		

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

FOR LINE NUMBER:

(check only one)

PAGE 78 OF

			Detailed Summary Page		11a		11b	\square	11c	12	<u> </u>		
An	y information copied from such Reports and Stat	ements ma	y not be sold or used by any p	erson	13 for the	pur	14 pose of	f so	15 liciting	16 contribu	l 17 tions		
or	for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full)		Inited Health Crown D/										
	UnitedHealth Group Incorporated		-	4C)									
A.	Full Name of Individual (Last, First, Middle Initial HERNANDEZ, MAYRENE, , ,) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 850 SW 189TH AVENUE				M M			D	/ Y	ΥΥ	Y		
	City	State	Zip Code		07		31	- 1		2023	_		
	PEMBROKE PINES	FL	33029-6047							2926882 s Period	/		
	FEC ID number of contributing federal political committee.	С								76.			
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Ied Dir		Me	emo	tem						
		Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		576.90] F	P/R Ded	ucti	on (\$38	3.46	Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initial HOLOVNIA, KRISTEN, , ,) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 4610 LAKEVIEW DRIVE	1-			м м 07	/	D 31		/ Y	2023	Y		
	City EDINA	State MN	Zip Code 55424-1518							3306882 s Period	7		
	FEC ID number of contributing federal political committee.	С							J	384.	60		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Peputy Gen Counsel		Me	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2884.50	Р	P/R Deduction (\$192.30 Bi-Weekly)								
c.	Full Name of Individual (Last, First, Middle Initial HAMLIN, THOMAS, , ,) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 2800 NEWMAN	Chata	Zin Oode		07	1	31			2023			
	City HOUSTON	State TX	Zip Code 77098-1408							3626882 s Period	1		
	FEC ID number of contributing federal political committee.	С					,		, ,	76.	92		
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) ehvrl Med Dir		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90] F	P/R Ded	lucti	ion (\$38	8.46	Bi-We	ekly)			
S	JBTOTAL of Receipts This Page (optional)		••••••	•			, .		9	538.4	14		
т	OTAL This Period (last page this line number on		-										

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

FOR LINE NUMBER:

(check only one)

PAGE 79 OF

			Detailed Summary Page	×	11a		11b	•	11c	12	
Δn	y information copied from such Reports and Stat	tomonte ma	av not be sold or used by any n	Arson f	13 for the		14 0059		15	16	17 tions
	for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full)										
_	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	AC)							
	Full Name of Individual (Last, First, Middle Initia SULLIVAN, EILEEN, , ,	l) or Full O	rganization Name		Date of	Re	eceip	ot			
	Mailing Address 9675 WATERWAY PASSAGE D	RIVE			м м 07	1		31	/ Y	y y 2023	Y
		State	Zip Code		Trans	acti	ion I	ID : F	PR25755	53726882	7
	WINTER GARDEN	FL	34787-4957		Amount	of	Eac	h Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-			28.	08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) \ssc Gen Counsel		Me	emo	b Iter	m			
		Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		210.60] P	P/R Ded	ucti	ion (S	\$14.()4 Bi-We	eekly)	
	Full Name of Individual (Last, First, Middle Initia SUN, TONY, , ,	l) or Full O	rganization Name		Date of	Re	eceip	ot			
	Mailing Address 8408 ENSLEY PLACE				^M 07	/		31	/ Y	2023	Y
	City LEAWOOD	State KS	Zip Code 66206-1402							4026882	
	FEC ID number of contributing				mount	. 01	⊏ac	II KE	ceipt th	is Period	_
	federal political committee.	С				-	-	-		76.	92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO		Me	emo	b Iter	m			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		576.90	P.	/R Ded	uctio	on (\$	\$38.4	l6 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initia WENTZIEN, MICHAEL, , ,	l) or Full O	rganization Name		Date of	Re	eceip	ot			
	Mailing Address 6350 SUMMIT CIRCLE	1			^M 07	1		31	/ Y	2023 Y	Y
	City CHANHASSEN	State MN	Zip Code 55317-9138							54086882	
	FEC ID number of contributing				4mount	: of	⊢ac	n Re	ceipt th	is Period	_
	federal political committee.	С			<u></u> _	-	<u>y</u>	-	y	198.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO		M	emc	o Iter	m			
		Aggregate	Year-to-Date ▼								
	Other (specify)		1400.04] F	P/R Ded	lucti	ion (S	\$99.(00 Bi-We	eekly)	
S	UBTOTAL of Receipts This Page (optional)						,			303.	00
т	OTAL This Period (last page this line number on	ly)		•			,				

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

FOR LINE NUMBER:

(check only one)

PAGE 80 OF

	EIWIZED RECEIPIS			iled Summary Page		11a		11b		11c		12	
						13		14		15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
$\Big/$	UnitedHealth Group Incorporate	ed PAC (I	Unite	dHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Ini ZMUDA, JENNIFER, , ,	tial) or Full O	rganiza	tion Name	[Date of	Re	eceipt					
	Mailing Address 656 SUMMIT AVE					^M 07	1		а 31	/ Y		23	Y
	City	State		Code		Trans	acti	ion II) : P	R2575	5440	68827	,
	SAINT PAUL	MN	5	5105-3435	/	Amount	t of	Each	Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-		-gr	_	400.0	0
	Name of Employer (for Individual) Optum Services, Inc	Occi VP (•	(for Individual)		M	emo	Item	۱				
	Receipt For:	Aggregate	Year-to-	Date ▼									
	Primary General Other (specify) ▼		-	2800.00	P	/R Ded	luctio	on (\$	200.	.00 Bi-V	Veek	ly)	
В.	Full Name of Individual (Last, First, Middle Ini STEINBRECHER, HOLLY, , ,	tial) or Full O	Irganizat	tion Name		Date of	Re	ceipt					
	Mailing Address 1800 N FIELD ST APT 4211					м м 07	/		р 31	/ Y	202	23 23	Y
	City	State	Zip	Code		Trans	acti	ion IC) : P	R2575	5445	68827	,
	DALLAS	ТХ	7	5202-2782	/	Amount	t of	Each	Re	ceipt th	iis Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-		-9-	_	384.6	0
	Name of Employer (for Individual) Optum Services, Inc		upation P Bus D	(for Individual) ev		M	emo	lterr	I				
	Receipt For:	Aggregate	Year-to-	Date V									
	Primary General Other (specify) ▼		,	2884.50	P	/R Ded	uctio	on (\$	192.	30 Bi-V	Veekl	ly)	
с.	Full Name of Individual (Last, First, Middle Ini BALCK, AMY, , ,	tial) or Full O	rganiza	tion Name		Date of	Re	ceipt					
	Mailing Address N3681 VINE RD					^M 07	/		31 ^D	/ Y	202	23 [°]	Ŷ
	City	State		Code		Trans	acti	ion II) : P	R2575	5484	68827	7
	FREEDOM	WI	54	1913-6928	/	Amount	t of	Each	Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						y		y	_	28.0	0
	Name of Employer (for Individual)	Occi	unation	(for Individual)	_	М	emo) Item	n				
	United HealthCare Services Inc		Dir Acct	· · · ·									
	Receipt For:	Aggregate											
	Primary General Other (specify)		7	210.00	P	/R Dec	lucti	ion (\$	14.0	00 Bi-W	eekly	/)	
s	UBTOTAL of Receipts This Page (optional)			•••••••••••••••••••••••••••••••••••••••	·			y		y		812.6	0
Т	OTAL This Period (last page this line number	only)						-		-			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 81 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia CARLSON, ROBERT, , , Mailing Address 695 FOUNTAINHEAD WAY	l) or Full C	Organization Name	Date of Receipt
	City NAPLES	State FL	Zip Code 34103-2736	07 31 2023 Transaction ID : PR2575573768827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		434.00
		SVF	upation (for Individual) P Exe Search & Mkt IntIgnc Year-to-Date ▼	Memo Item
	Other (specify) ▼		2387.00	P/R Deduction (\$217.00 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initia MILLER, MAXIMILLIAN, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 5328 CHOWEN AVENUE S	State	Zip Code	07 / <u>31</u> / <u>2023</u>
	MINNEAPOLIS	MN	55410-2122	Transaction ID : PR2575579568827 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) A VP	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia LYON, JAMIE, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 2069 CIRCLE DRIVE	State	Zin Codo	07 31 2023
	City KRONENWETTER	State WI	Zip Code 54455-9062	Transaction ID : PR2575585968827 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) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	539.00
Т	OTAL This Period (last page this line number on	ly)	····· ►	

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

FOR LINE NUMBER:

(check only one)

PAGE 82 OF

			Detailed Summary Page		(11a		11b	11c		12			
۵n	y information copied from such Reports and Sta	atomonte ma	y not be sold or used by any n	arson	13 for the		14	15 soliciting		16 ntribut	17 ions		
	for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full)												
/	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P/	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia FINCH, ANNE, , ,	al) or Full Oi	rganization Name		Date of	Re	ceipt						
	Mailing Address 208 STATION CIR NO				M M	/	D D	/ Y	Y	Y	Y		
				_	07		31	L	1.00	023			
	City HUDSON	State WI	Zip Code 54016-9555	-			on ID : F				7		
		_ ···		_	Amount	: of	Each Re	eceipt th	nis F	'eriod	_		
	FEC ID number of contributing federal political committee.	С			<u> </u>			- JP-		76.9	2		
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	ipation (for Individual) T		M	emo	Item						
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General		576.90	F	P/R Ded	ucti	on (\$38.4	46 Bi-W	eekl	y)			
	Other (specify) v		7	4									
в.	Full Name of Individual (Last, First, Middle Initia SOLLER, BRIAN, , ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 1120 S 2ND STREET UNIT 614				м м 07	1	D D 31	/ Y)23	Y		
	City	State	Zip Code		Trans	acti	on ID : F	PR2575	5867	68827	,		
	MINNEAPOLIS	MN	55415-1375	_	Amount	of	Each Re	eceipt th	nis F	Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>					384.6	0		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg CIO		M	emo	Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		, 2884.50] F	P/R Ded	uctio	on (\$192	.30 Bi-V	Veek	dy)			
	Full Name of Individual (Last, First, Middle Initia	al) or Full Oi	rganization Name										
C.	GISCH, SHAWNA, , ,				Date of	Re	ceipt						
	Mailing Address 320 PRESERVE COURT				07	/	D D D 31	/ Y)23	Y		
	City	State	Zip Code			acti	ion ID : I	PR2575		A	7		
	CHANHASSEN	MN	55317-8717		Amount	of	Each Re	eceipt th	nis F	Period			
	FEC ID number of contributing federal political committee.	С					,	9		384.6	0		
	Name of Employer (for Individual)	Осси	pation (for Individual)		M	emc	Item						
	Optum Services, Inc	Bus	Unit CEO										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)		2884.50		P/R Ded	lucti	on (\$192	2.30 Bi-V	Veel	kly)			
s	UBTOTAL of Receipts This Page (optional)			•			,	, , , , , , , , , , , , , , , , , , ,		846.1	2		
т	OTAL This Period (last page this line number or	nly)		•			.	-					

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

FOR LINE NUMBER:

(check only one)

PAGE 83 OF

				Detailed Summary Page		11a		-	11b		11c 15		12 16	17
				ot be sold or used by any p ess of any political committee		for the		rpc	ose of		liciting	con	ntributi	ons
NAME OF COMMITT	. ,	d PAC (l	Uni	itedHealth Group P <i>i</i>	AC)									
Full Name of Individu	al (Last, First, Middle Initia L, , ,	al) or Full O	rgar	nization Name		Date	of Re	ec	eipt					
Mailing Address 656						[™] 07	M /	/	D D 31]	/ Y	ү 20)23	Y
City REVERE		State MA		Zip Code 02151-6201					ach R					,
FEC ID number of co federal political comm	0	С				<u> </u>		-,			-y=-	_	384.6	0
Name of Employer (for Optum Services, Inc	pr Individual)		•	ion (for Individual) ness Development Exe			Memo	οI	ltem					
Receipt For: Primary Other (specify)] General ▼	Aggregate	Yea	r-to-Date ▼ 2884.50] P	P/R De	educt	tior	n (\$192	2.3	0 Bi-W	/eek	ly)	
B. IVERSON, LISA,		al) or Full O	rgar	nization Name		Date	of Re	ec	eipt					
Mailing Address 1330	EDGCUMBE RD					[™] 07	M /	/	D D D 31]	/ Y	202	23 [°]	Y
City SAINT PAUL		State MN		Zip Code 55116-1780					n ID : I ach Re					
FEC ID number of co federal political comm	0	С				<u> </u>		-,			-y	_	384.6	0
Name of Employer (for United HealthCare Se	,		•	tion (for Individual) t Initiv			Memo	οl	ltem					
Receipt For: Primary Other (specify)] General ▼	Aggregate	Yea	r-to-Date ▼ 2884.50] P	P/R De	duct	tior	า (\$192	2.3	0 Bi-W	eek	ly)	
Full Name of Individu	al (Last, First, Middle Initia NJAMIN, , ,	al) or Full O	rgar	nization Name		Date	of Re	ec	eipt					
	28 EVERGREEN COURT	Ototo		Zie Oode		[™] 07		/	31	J	/ Y	20	1. A.	
City APPLE VALLEY		State MN		Zip Code 55124-9257					in ID : ach R					,
FEC ID number of co federal political comm	0	С				<u> </u>		9			y	_	384.6	0
Name of Employer (for Optum Services, Inc	or Individual)			ion (for Individual) ment CFO			Mem	10	ltem					
Receipt For: Primary Other (specify)	General	Aggregate	Yea	r-to-Date ▼ 2884.50] F	P/R De	educt	tio	n (\$192	2.3	0 Bi-W	/eek	dy)	
SUBTOTAL of Receipts	This Page (optional)				•		1	,		l	y	1	153.8	0
TOTAL This Period (las	t page this line number o	nly)			•			-,		l	-9			

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

FOR LINE NUMBER:

(check only one)

PAGE 84 OF

'				Detailed Summary Page	×	11a		11b		11c	12	_		
An	y information copied from such Reports and Stat	tements ma	l ay no	ot be sold or used by any pe	erson	13 for the	puri	14 pose	of s	15 oliciting	16 contribu	l 17 tions		
	for commercial purposes, other than using the n													
\setminus	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated		Uni	tedHealth Group PA	4C)									
A.	Full Name of Individual (Last, First, Middle Initia KING, SARAH, , ,	l) or Full O	Drgan	ization Name		Date of	f Re	eceipt	t					
	Mailing Address 247 MONTIBELLO DRIVE					M M 07		D	D 31	/ Y	y y 2023	Y		
	City	State		Zip Code			acti			R25756	2023 51286882	7		
	MOORESVILLE	NC		28117-9139							is Period			
	FEC ID number of contributing federal political committee.	С						- -		-	384.			
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) ment CEO		M	emc	b Iten	n					
		Aggregate	Yea	r-to-Date ▼										
	Other (specify)		-9-	2884.50	F	P/R Ded	lucti	ion (\$	5192.	.30 Bi-W	/eekly)			
В.	Full Name of Individual (Last, First, Middle Initia WAULTERS, SCOTT, , ,	l) or Full O	Drgan	ization Name		Date of	f Re	eceipt	t					
	Mailing Address 3344 SHOAL WAY					м м 07	1		31	/ Y	y y 2023	Y		
	City	State OH		Zip Code 43065-0501							2216882	7		
	POWELL		_	40000-0001		Amount	t of	Each	ו Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С				L.		-J			384.	60		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		M	emc	b Iten	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2884.50	P	P/R Ded	ucti	on (\$	192.	30 Bi-W	/eekly)			
с.	Full Name of Individual (Last, First, Middle Initia THOMPSON, BRIAN, , ,	l) or Full O	Drgan	ization Name		Date of	f Re	eceipt	t					
	Mailing Address 17829 63RD AVE N					^M 07			31		y y 2023			
	City MAPLE GROVE	State MN		Zip Code 55311-4650	\vdash						53466882	:7		
	FEC ID number of contributing federal political committee.	C				Amoun	101	⊢acr	ı Re	ceipt th	is Period 384.	60		
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual)		Memo Item								
	Pagaint For:		EVP UHC CEO gregate Year-to-Date ▼											
	Primary General Other (specify)		7	2884.50	F	P/R Dec	lucti	ion (\$	6192	.30 Bi-W	/eekly)			
s	UBTOTAL of Receipts This Page (optional)			•				y		9	1153.	80		
Т	OTAL This Period (last page this line number on	ly)		••••••				-						

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 85 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia WILSON, STEPHEN, , ,		Organization Name	Date of Receipt
	Mailing Address 2420 DURHAM MANOR DRIVE		Zin Code	07 / D D / Y Y Y Y 2023
	City FRANKLIN	State TN	Zip Code 37064-5266	Transaction ID : PR2575636168827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) h Plan CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2880.00	P/R Deduction (\$192.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia CLARK, TERRENCE, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 8 COOPER AVENUE			07 31 2023
	City EDINA	State MN	Zip Code 55436-1315	Transaction ID : PR2575636968827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) /P, Chief Cust Mktg Officer	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 2411 WORDSWORTH ST			07 / D D / Y Y Y Y 2023
	City HOUSTON	State TX	Zip Code 77030-1833	Transaction ID : PR2575637368827 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) n Plan CEO	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			1153.20
т	OTAL This Period (last page this line number of	nly)		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 86 OF

				for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n				
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (Un	itedHealth Group PA	C)
	Full Name of Individual (Last, First, Middle Initia COLLINS, NEIL, , ,	l) or Full C	Drga	nization Name	Date of Receipt
	Mailing Address 8465 MISSION HILLS LANE	State		Zip Code	07 / 31 / 2023
	CHANHASSEN	MN		55317-7712	Transaction ID : PR2575637668827 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		•	tion (for Individual) Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia HAYHURST, JENNY, , ,	l) or Full C	Drga	nization Name	Date of Receipt
	Mailing Address 23A MOUNT HYGEIA ROAD				07 / D D / Y Y Y Y 2023
	City FOSTER	State RI		Zip Code 02825-1434	Transaction ID : PR2575651868827 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		•	tion (for Individual) /k Contrctng	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia MULLIGAN, DANIEL, , ,	l) or Full C	Drga	nization Name	Date of Receipt
	Mailing Address 28 WHETTEN ROAD				07 / D D / Y Y Y Y 2023
	City WEST HARTFORD	State CT		Zip Code 06117-2856	Transaction ID : PR2575656868827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			416.00
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) gment Gen Counsel	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2704.00	P/R Deduction (\$208.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			▶	472.00
т	OTAL This Period (last page this line number or	nly)			

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

FOR LINE NUMBER:

(check only one)

PAGE 87 OF

'				Detailed Summary Page		_	11a 13	╞	11b 14		11c	\mid	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the					fo	r the p		pose c		soliciting		ntribut	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporate	d PAC (Un	itedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Init KANE, HEATHER, , ,	ial) or Full C	Drga	nization Name		Da	ate of	Re	ceipt					
	Mailing Address 7624 N MOUNTAIN VIEW PA	SS				Г	07	/	D 3 ²		/ Y	ү 20)23	Y
	City PARADISE VALLEY	State AZ		Zip Code 85253-2844							R25756			7
	FEC ID number of contributing federal political committee.	С							-				384.6	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) an CEO		l	Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2884.50		P/F	R Dedi	ucti	on (\$1	92.	.30 Bi-W	'eek	ly)	
B.	Full Name of Individual (Last, First, Middle Init WARSHAW, ROBERT, , ,	ial) or Full C	Drga	nization Name		Da	ate of	Re	ceipt					
	Mailing Address 94 CARLSON DRIVE					[м м 07	/	۵ ع		/ Y	20	23	Y
	City PORTLAND	State CT		Zip Code 06480-1699							R25756			7
	FEC ID number of contributing federal political committee.	С				Ę		_	-				28.0	08
	Name of Employer (for Individual) United HealthCare Services Inc	Occ VP		tion (for Individual) S		ļ	Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.60	F	P/F	R Dedu	uctio	on (\$1	4.0)4 Bi-We	ekly	()	
с.	Full Name of Individual (Last, First, Middle Init EVERETT, RICARDO, , ,	ial) or Full C	Drga	nization Name		Da	ate of	Re	ceipt					
	Mailing Address 10507 WALPOLE LANE					L	07	/	3	1		20	23	
	City AUSTIN	State TX		Zip Code 78739-1554							PR25756 eceipt thi			/
	FEC ID number of contributing federal political committee.	С				Ę			y				28.0)8
	Name of Employer (for Individual) Optum Services, Inc			tion (for Individual) k Prgms		ŀ	Me	emc	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 210.60		P/f	R Ded	ucti	on (\$1	4.0)4 Bi-We	ekly	y)	
s	UBTOTAL of Receipts This Page (optional)			••••••	•								440.7	' 6
т	OTAL This Period (last page this line number of	only)		·····	•	ĺ			,					

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 88 OF

			Detailed Summary Page	×	11a		11		11c	12	Г				
Anv	niformation copied from such Reports and State	ements ma	y not be sold or used by any p	erson f	13 for the	pur	14 2009		15 soliciting	16 contrib	outio	17 ns			
	or commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)											
	Full Name of Individual (Last, First, Middle Initial) ALLEN, CARL, , ,) or Full Or	ganization Name		Date o	f Re	ecei	ipt							
I	Mailing Address 8675 AZURE SKY DRIVE				07 / D D / Y Y Y Y 2023										
	Dity	State	Zip Code		Trans	sact	ion	ID : I	PR2575	6693688	327				
-	LAS VEGAS	NV	89129-2227	/	Amoun	t of	Ea	ich R	eceipt th	nis Perio	d				
	EC ID number of contributing ederal political committee.	С			78.00										
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) /Ied Dir/CMO		М	emc	o Ite	em							
	Poppint For:	Aggregate '	Year-to-Date ▼												
	Other (specify)		585.00	F	P/R Dec	ducti	ion	(\$39.	00 Bi-W	eekly)					
	Full Name of Individual (Last, First, Middle Initial) BOGATYRENKO, VICTORIA, , ,) or Full Or	ganization Name		Date o	f Re	ecei	ipt							
I	Mailing Address 98 FIVE MILE RIVER ROAD				м м 07	/	E	31	/ Y	y 2023	Y]			
	City	State	Zip Code		Trans	acti	ion	ID : I	PR2575	6754688	27				
-	DARIEN	СТ	06820-6234	<u> </u>	Amoun	t of	Ea	ich R	eceipt th	nis Perio	d				
	EC ID number of contributing ederal political committee.	С					-			11	5.18				
	Name of Employer (for Individual) Jnited HealthCare Services Inc		pation (for Individual) Jtwk Contrctng		M	emo	o Ite	em							
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 863.85	P	/R Dec	lucti	ion	(\$57.	59 Bi-We	eekly)					
с. Г	Full Name of Individual (Last, First, Middle Initial) MITCHELL, JILL, , ,) or Full Or	ganization Name		Date o	f Re	ecei	ipt							
I	Mailing Address 11499 ASHLEY COURT				^M 07	/		31	/ Y	2023	Y	1			
(State	Zip Code		Trans	sact	tion	n ID :	PR2575	678368	327	_			
-	INVER GROVE HEIGHTS	MN	55077-5251		Amoun	t of	Ea	ich R	eceipt th	nis Perio	d				
	EC ID number of contributing ederal political committee.	С					,		,	39	6.00				
	Name of Employer (for Individual) Jnited HealthCare Services Inc		pation (for Individual) Pres Ntwk Mgmt		M	lemo	o It	em							
Ī	Receipt For:	Aggregate `	Year-to-Date ▼												
	Other (specify)		2810.46	F	P/R Dec	ducti	ion	(\$198	3.00 Bi-V	Veekly)					
รเ	BTOTAL of Receipts This Page (optional)		••••••	.			,		,	58	9.18				
тс	TAL This Period (last page this line number onl	y)		-			-,-				-				

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

FOR LINE NUMBER:

(check only one)

PAGE 89 OF

		Detailed Summary Page		11a	\square	11b		11c	12					
Any information canied from such Departs	and Statements	what he had ar wood by arm a		13 for the		14		15	16	17				
Any information copied from such Reports a or for commercial purposes, other than usin														
NAME OF COMMITTEE (In Full)														
VinitedHealth Group Incorpo	`	•	۹C)											
Full Name of Individual (Last, First, Midd SIMONSON, KELLY, , ,	lle Initial) or Full O	rganization Name		Date of	Re	ceip	t							
Mailing Address 10982 SANCTUARY CC	VE COURT			м м 07] ′		31	/ Y	ү ү 2023	Y				
City LAS VEGAS	State NV	Zip Code 89135-9126							68236882	7				
		89135-9126		Amount	of	Eacl	h Re	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	C							-	92.	30				
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Gen Mgmt		Me	emo	lter	n							
Receipt For:		Year-to-Date ▼												
Primary General Other (specify) ▼		692.25] P	י∕R Ded	uctio	on (\$	\$46. ⁻	15 Bi-W	eekly)					
Full Name of Individual (Last, First, Midd B. STIDMAN, CHRISTOPHER, , ,	le Initial) or Full O	rganization Name		Date of	Re	ceip	t							
Mailing Address 6504 CHEROKEE TRAIL				^M 07] ′		31	/ Y	2023	Y				
City	State	Zip Code							68386882	7				
EDINA	MN	55439-1109		Amount	of	Eacl	h Re	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	C			384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt		Me	emo	lter	n							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50] P.	/R Ded	uctic	on (\$	\$192	.30 Bi-V	Veekly)					
Full Name of Individual (Last, First, Midd C. OCHIPINTI, JOSEPH, , ,	le Initial) or Full O	rganization Name		Date of	Re	ceip	t							
Mailing Address 26 SOUTH STREET UNIT 1 RIGHT				м м 07] ′	D	31	/ Y	y y 2023	Y				
City	State	Zip Code		Trans	acti	ion I	D : I	PR2575	68576882	7				
ANNAPOLIS	MD	21401-2652		Amount	of	Eacl	h Re	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	C					9		, j	384.	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	b Iter	m							
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify)		2884.50] F	?/R Ded	lucti	on (S	\$192	2.30 Bi-V	Veekly)					
SUBTOTAL of Receipts This Page (optional	al)		►		-	5			861.	50				
TOTAL This Period (last page this line nur	nber only)	••••••	•			7		-						

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

FOR LINE NUMBER:

(check only one)

PAGE 90 OF

			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				for the		pose of	soliciting	g contribu	tions
<u> </u>	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)						
A.	Full Name of Individual (Last, First, Middle Initial) KALBACHER, JEAN, , ,	or Full O	rganization Name		Date o	f Re	eceipt			
	Mailing Address 4952 EAST DARTMOUTH STRE	ET			^M 07	/	D 31	D / Y	y y 2023	Ŷ
	City	State AZ	Zip Code		Trans	sacti	ion ID :	PR2575	68836882	27
	MESA	AZ	85205-6458		Amoun	t of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					-	-	176.	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		М	emo	tem			
	Receipt For:		Year-to-Date V							
	Primary General Other (specify) ▼		1326.90] F	P/R Dec	ducti	on (\$88	8.46 Bi-W	eekly)	
	Full Name of Individual (Last, First, Middle Initial) KOENIG, TIMOTHY, , ,	or Full O	rganization Name		Date o	f Re	eceipt			
	Mailing Address 509 ORLANDO AVE				м м 07	1	31		2023	Y
	City	State	Zip Code		Trans	acti	ion ID :	PR2575	70226882	7
	ORELAND	PA	19075-1223		Amoun	t of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С				_	-	-	400.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		М	emo	tem			
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00	P	/R Ded	luctio	on (\$20	0.00 Bi-V	Veekly)	
C.	Full Name of Individual (Last, First, Middle Initial) PROKOCKI, ELIZABETH, , ,	or Full O	rganization Name		Date o	f Re	eceipt			
	Mailing Address 9091 KORNBRUST DR				м м 07	/	D 31		2023	Y
		State CO	Zip Code		Trans	sact	ion ID :	PR2575	70586882	27
			80124-5333		Amoun	t of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С				_	y	9	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO		М	emc	o Item			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify)		2884.50] •	P/R Dec	ducti	ion (\$19	92.30 Bi-\	Neekly)	
S	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	961.	52
т	OTAL This Period (last page this line number only	y)		•			-			

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

FOR LINE NUMBER:

(check only one)

PAGE 91 OF

				Detailed Summary Page		(11a		11		11c		12	
٨٣	u information conied from such Departs and Otal	omonto		at he cold or used by any m		13		14		15 olioiting		16 tributi	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	Uni	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia THIERY, LINDA, , ,	l) or Full O	Orgar	nization Name		Date	of Re	ecei	ipt				
	Mailing Address 999 LABEAUX AVE NE					M 07	M	/	31	/ Y	Y 202	23	Y
	City	State		Zip Code		Trar	sact	tion	ID : P	R25757	'078 (68827	
	HANOVER	MN		55341-9292	_	Amou	nt of	f Ea	ch Red	ceipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-		- Age		457.8	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP F	•	ion (for Individual)			Nem	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	2481.60	F	P/R De	educt	tion	(\$228.	93 Bi-W	/eekl	ly)	
в.	Full Name of Individual (Last, First, Middle Initia VOLLRATH, MICHELLE, , ,	l) or Full O	Orgar	nization Name		Date	of Re	ecei	ipt				
	Mailing Address 7647 MARKER ROAD					[™] 07	VI /	/	31	/ Y	y 202		Y
	City	State		Zip Code		Trar	sact	tion	ID : PI	R25757	1986	68827	
	SAN DIEGO	CA		92130-5616	_	Amou	nt of	f Ea	ch Red	ceipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>	_	-			_	115.3	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ? Clnt Mgmt			Vem	o Ite	em				
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼									
	Other (specify)		,	865.35	F	₽/R D€	duct	tion ((\$57.69	9 Bi-We	ekly))	
с.	Full Name of Individual (Last, First, Middle Initial CAIN, STEVE, , ,	l) or Full O	Orgar	nization Name		Date	of Re	ecei	ipt				
	Mailing Address 4 COUNTRYSIDE CT					[™] 07		L	31		202		
	City DANVILLE	State CA		Zip Code 94506-1126						R25757			,
			-			Amou	nt of	r Ea	cn Red	ceipt th	is Pe	eriod	_
	FEC ID number of contributing federal political committee.	С				Ļ.		9		y		230.7	6
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO			Mem	io Ite	em				
		Aggregate	Yea	r-to-Date ▼									
	Other (specify)		-	1730.70	F	P/R De	educt	tion	(\$115.	38 Bi-W	/eekl	ly)	
s	UBTOTAL of Receipts This Page (optional)			•	<u> </u>			,		y		804.0	0
т	OTAL This Period (last page this line number on	ly)			-			-					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 92 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	(UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial MCKEE, PATRICK, , , Mailing Address 6500 TRANQUIL RIVER LANE) or Full O	Organization Name	Date of Receipt									
	City WAUSAU	State WI	Zip Code 54401-3302	Transaction ID : PR2575726768827 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		38.46									
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Dir	cupation (for Individual) r Gen Mgmt e Year-to-Date ▼	Memo Item									
	Other (specify) V		288.45	P/R Deduction (\$19.23 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial HELLAND, ROBYN, , , Mailing Address 9089 PARTRIDGE RD) or Full O	Organization Name	Date of Receipt									
	City MINNETRISTA	State MN	Zip Code 55375-4513	07 31 2023 Transaction ID : PR2575733868827 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		cupation (for Individual) r Care Advo	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial GROSKLAGS, JEFFREY, , ,) or Full O	Organization Name	Date of Receipt									
	Mailing Address 3233 TIMBERWOLF CIRCLE	State	Zip Code	07 / 31 / 2023 Transaction ID : PR2575735768827									
	PRIOR LAKE FEC ID number of contributing	MN	55372-3272	Amount of Each Receipt this Period									
	federal political committee.	С		192.30 Memo Item									
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Mkt	cupation (for Individual) t Group CFO										
	Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		• • •	258.84									
Т	OTAL This Period (last page this line number on	ly)											

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

FOR LINE NUMBER:

(check only one)

PAGE 93 OF

			Detailed Summary Page		11a		11b		11c		12	
					13		14		15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	d PAC (I	UnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initi MURRAY, THOMAS, , ,	al) or Full O	organization Name		Date of	Re	eceipt					
	Mailing Address 10 CIRCLE WEST				м м 07	/	D 31		/ Y	Y 20	023	Y
	City	State	Zip Code		Trans	acti	ion ID	: P	R25757	7365	568827	7
	EDINA	MN	55436-1313	/	Amount	of	Each	Re	ceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					-		-	_	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO		Me	emo	ltem					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		2884.50	F	P/R Ded	ucti	on (\$1	92.	30 Bi-V	√eek	dy)	
В.	Full Name of Individual (Last, First, Middle Initi LEWIS, ELIZABETH, , ,	al) or Full O	organization Name		Date of	Re	eceipt					
	Mailing Address 675 PLEASANT VIEW ROAD				м м 07	/	D 3 ²		/ Y	20)23	Y
	City	State	Zip Code		Trans	acti	on ID	: P	R25757	'374	68827	,
	CHANHASSEN	MN	55317-9509	/	Amount	of	Each	Re	ceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С							-9-	_	316.0	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Actuary		Me	emo	tem					
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		, 2250.46	P	/R Ded	uctio	on (\$1	58.0	00 Bi-W	/eek	:ly)	
с.	Full Name of Individual (Last, First, Middle Initi CESARETTI, GINA, , ,	al) or Full O	Prganization Name		Date of	Re	eceipt					
	Mailing Address 5020 CIRCLE DOWN				^M 07	/	۵ ع		/ Y)23 [°]	Y
	City GOLDEN VALLEY	State MN	Zip Code 55416-1304		Trans	acti	ion ID	: P	R25757	7390)68827	7
	GOEDEN VALLET		55410-1504		Amount	of	Each	Red	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					y		y	_	384.6	0
	Name of Employer (for Individual)		upation (for Individual)		M	emo	tem					
	United HealthCare Services Inc Receipt For:		P Compli/Sr Dep Gen Cnsl	_								
	Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify)		2884.50	F	P/R Ded	ucti	ion (\$1	92.	.30 Bi-V	√eeł	<ly)< td=""><td></td></ly)<>	
s	UBTOTAL of Receipts This Page (optional)					_	,		9	1	1085.2	0
Т	OTAL This Period (last page this line number o	nly)	••••••				-					

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

FOR LINE NUMBER:

(check only one)

PAGE 94 OF

			Detailed Summary Page		11a 13	\vdash	11b 14	11c		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na				for the		pose of	soliciting	g cont	tributi	ons
	NAME OF COMMITTEE (In Full)										
\sum	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) STRICKLAND, JULIE, , ,) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 3207 SUNNYWOOD DRIVE				^M 07	1	D 31	D / Y	y 202	23	Y
	City	State	Zip Code		Trans	act	ion ID :	PR2575	74096	68827	,
	FULLERTON	CA	92835-1858	_ /	Amount	of	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-		28.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) /Iktg Bus Dev		M	emc	ttem				
		Aggregate `	Year-to-Date ▼								
	Primary General Other (specify) ▼		210.00	P	P/R Ded	lucti	on (\$14	4.00 Bi-W	eekly))	
	Full Name of Individual (Last, First, Middle Initial) PORTZ, THOMAS, , ,) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 2119 SHERIDAN HILLS RD				^M 07	1	D 31		202	23	Y
	City	State	Zip Code		Trans	acti	ion ID :	PR25757	74456	68827	,
	WAYZATA	MN	55391-2327		Amount	t of	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					-	-		400.0	0
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP F	upation (for Individual) Fin		M	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 2800.00	P	/R Ded	ucti	on (\$20	00.00 Bi-V	Veekly	y)	
c.	Full Name of Individual (Last, First, Middle Initial) PROBST, PETER, , ,) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 1927 SAUNDERS AVENUE				07	1	31		202		
	City SAINT PAUL	State MN	Zip Code 55116-2016	-			-	: PR2575	-		7
			00110/2010		Amount	t of	Each F	Receipt th	nis Pe	eriod	_
	FEC ID number of contributing federal political committee.	С					,	-	2	200.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Clin Affordability		M	emo	o Item				
		Aggregate `	Year-to-Date 🔻								
	Other (specify)		1500.00	F	P/R Ded	lucti	ion (\$1(00.00 Bi-V	Veekl	у)	
s	UBTOTAL of Receipts This Page (optional)		•				,	,	e	628.0	0
т	OTAL This Period (last page this line number onl	y)	•					-		-	

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 95 OF

253

	MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17									
	r information copied from such Reports and Stor commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group P/	AC)									
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Irganization Name										
Α.	PINERSKI, JENNIFER, , ,			Date of Receipt									
	Mailing Address 7501 HART LN			M M / D D / Y Y Y Y 07 31 2023									
		State	Zip Code	Transaction ID : PR2575752868827									
-	AUSTIN	TX	78731-2237	Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С		76.92									
Ī	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	United HealthCare Services Inc	SVF	P Gen Mgmt										
Ī	Receipt For:	Aggregate	Year-to-Date V										
	Primary General	00 0		P/R Deduction (\$38.46 Bi-Weekly)									
	Other (specify) v		576.90]									
	ا Full Name of Individual (Last, First, Middle Init	ial) or Full O	organization Name										
	FULTON, RYAN, , ,	,	•	Date of Receipt									
	Mailing Address 805 LANEWOOD LANE NORT			07 31 Y Y Y Y Y 2023									
		State MN	Zip Code	Transaction ID : PR2575756968827									
-	PLYMOUTH	IVIIN	55447-4347	Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	C		384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	Memo Item									
Ī	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
<u>с.</u>	Full Name of Individual (Last, First, Middle Init EKLO, BENJAMIN, , ,	ial) or Full O	Prganization Name	Date of Receipt									
	Mailing Address 3942 CAMPELLO CURVE			07 31 2023									
(City	State	Zip Code	Transaction ID : PR2575761868827									
-	CHASKA	MN	55318-4639	Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С		384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO	Memo Item									
Ī	Receipt For:		Year-to-Date ▼	_									
	Primary General Other (specify)		2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
ຣເ	JBTOTAL of Receipts This Page (optional)			846.12									
т	TAL This Period (last page this line number of	only)											

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

FOR LINE NUMBER:

(check only one)

PAGE 96 OF

				etailed Summary Page		X 11a	\vdash	11k	b	11c 15	$\left - \right $	12 16	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and a	ay not addres	t be sold or used by any pe s of any political committee	ersoi to	n for the	pur ntrib	pose	e of s	oliciting	cor 1 CO	ntributi	ions
	NAME OF COMMITTEE (In Full)												
$\left \right\rangle$	UnitedHealth Group Incorporated	PAC (l	Unit	edHealth Group PA	NC)								
Α.	Full Name of Individual (Last, First, Middle Initia HOWARTH, CRAIG, , ,	l) or Full O)rgani:	zation Name		Date o	f Re	eceip	ot				
	Mailing Address 1820 NAPOLI DRIVE					м м 07	/	D	31	/ Y	ү 20)23	Y
	City APEX	State NC	2	Zip Code 27502-9659	_					R25757 ceipt th			1
	FEC ID number of contributing federal political committee.	С						-9		-	_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	•	n (for Individual)		M	emo	o Ite	m				
	Receipt For:	Aggregate	Year-	to-Date 🔻									
	Primary General Other (specify) ▼		- J -	576.90		P/R Deo	ducti	ion ((\$38.4	6 Bi-We	ekly	/)	
В.	Full Name of Individual (Last, First, Middle Initia NEESE, LARRY, , ,	l) or Full O)rgani:	zation Name		Date o	f Re	eceip	ot				
	Mailing Address 309 DUNLEIGH COURT					м м 07	/	D	31	/ Y	ү 20	23 23	Y
	City	State	Ā	Zip Code		Trans	acti	ion	ID : P	R25757	661	68827	,
	MADISON	MS		39110-6806	_	Amoun	t of	Eac	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-9-	_	30.7	6
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) ct Exe Acct Opt Out Mk		M	emo	o Ite	m				
	Receipt For:	Aggregate	Year-	to-Date 🔻									
	Primary General Other (specify) ▼		,	230.70		P/R Dec	lucti	ion (\$15.3	8 Bi-We	ekly	')	
С.	Full Name of Individual (Last, First, Middle Initia PAIK, JESSICA, , ,	l) or Full O	Organi	zation Name		Date o	f Re	eceip	ot				
	Mailing Address 18 BUTTONWOOD LANE EAS					07	J.		31 ^D	/ Y	20	23	
	City RUMSON	State NJ		Zip Code 07760-1010	-					R25757			7
	FEC ID number of contributing federal political committee.	С				Amoun		Eac	ch Re	ceipt th	IS P	eriod 384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upatic Unit (n (for Individual)	_	N	emo	o Ite	em				
	Receipt For:				_								
	Primary General	Aggregate	Year-	to-Date V	1		1		(\$400	00 D' V		1.5	
	Other (specify)		-	2884.50		P/R De	duct	ion ((\$192.	.30 Bi-V	/eek	ly)	
s	UBTOTAL of Receipts This Page (optional)			•				5		9	-	492.2	8
Т	OTAL This Period (last page this line number or	ıly)		••••••				-					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 97 OF

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group PA	VC)
Full Name of Individual (Last, First, Middle A. MADDUX, SUSAN, , , Mailing Address 16426 FARMERS MILL LA	ANE		Date of Receipt
City CHESTERFIELD	State MO	Zip Code 63005-4549	Transaction ID : PR2575783868827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		398.00
Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	VP	upation (for Individual) Pharmacy Programs Year-to-Date ▼ 2800.04	P/R Deduction (\$199.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle SUAREZ, MARIO, , , Mailing Address 21294 SMOKEHOUSE CT		Organization Name	Date of Receipt
City ASHBURN	State VA	Zip Code 20147-5316	Transaction ID : PR2575787368827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Product	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle BERGDOLL, JENNIFER, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 230 HARRIS PEAK ST			07 / ^D D / Y Y Y Y 2023
City LAS VEGAS	State NV	Zip Code 89138-6351	Transaction ID : PR2575793768827 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) People Team	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional))	•	551.84
TOTAL This Period (last page this line numb	per only)	••••••	

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

FOR LINE NUMBER:

(check only one)

PAGE 98 OF

			Detailed Summary Page		(11a		11b	11c		12								
An	y information copied from such Reports and Sta	tements ma	v not be sold or used by any o	erson	13 for the	יזעס	14 Dose of	15 soliciting		16 ntributi	17 ions							
	for commercial purposes, other than using the n																	
\setminus	NAME OF COMMITTEE (In Full)																	
]	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group P	AC)														
Α.	Full Name of Individual (Last, First, Middle Initia MAURER, CARRIE, , ,	l) or Full Or	rganization Name	Date of Receipt														
	Mailing Address 10204 NEWPORT PATH				07 31 2023													
	City	State	Zip Code		Trans	acti	ion ID :	PR2575	798 1	168827	,							
	WOODBURY	MN	55129-4428	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С			400.00													
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Segment CMO	Memo Item														
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General Other (specify) ▼		2800.00] F	P/R Ded	lucti	on (\$20	0.00 Bi-V	Veel	<ly)< td=""><td></td></ly)<>								
В.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name		Date of	Re	ceipt											
	Mailing Address 3018 ASPEN LAKE DRIVE							07 / 10 / Y Y Y Y 07 2023										
	City	State	Zip Code		Trans	acti	on ID :	PR2575	7985	568827	,							
	BLAINE	MN	55449-7517	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	ů.				28.08												
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) People Team		M	emo	Item											
	Receipt For:	Aggregate	Year-to-Date 🔻															
	Primary General Other (specify) ▼		, 210.60] F	P/R Ded	uctio	on (\$14.	04 Bi-W	eekl	y)								
с.	Full Name of Individual (Last, First, Middle Initia WIX, LACOSTA, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt											
	Mailing Address 402 JULIA STREET				M	/		/ Y		Y	Y							
	APARTMENT 403	State	Zip Code		07 Trans	act	31	DD2575)23	_							
	NEW ORLEANS	LA	70130-3699					PR2575 eceipt th			1							
	FEC ID number of contributing federal political committee.	С					,	,		76.9	2							
	Name of Employer (for Individual) United HealthCare Services Inc					emc	tem											
	Receipt For:		Year-to-Date V															
	Primary General	, iggi cgale				lucti	on (\$38	.46 Bi-W	أوملا	V)								
	Other (specify)	576.90	Ч.	/IT Dec	lucu	011 (450	.40 DI-11	CCKI	у)									
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,		505.0	0							
т	OTAL This Period (last page this line number or	nly)		•														

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

FOR LINE NUMBER:

(check only one)

PAGE 99 OF

••			Detailed Summary Page		〈 11a 13		11b 14	11c		12 16	17					
	y information copied from such Reports and Stat for commercial purposes, other than using the na				for the		pose of	soliciting		ntribut	ions					
<u> </u>	NAME OF COMMITTEE (In Full)		and the second s													
\rangle	UnitedHealth Group Incorporated	PAC (UnitedHealth Group F	PAC)												
Α.	Full Name of Individual (Last, First, Middle Initial GALIAN, SANDRA, , ,) or Full O	Organization Name		Date o	f Re	eceipt									
	Mailing Address 120 SEQUAMS LANE WEST				07 / 0 / 2023 Transaction ID : PR2575803268827											
	City WEST ISLIP	State NY	Zip Code 11795-4549		Trans Amoun											
	FEC ID number of contributing federal political committee.	С			76.92 Memo Item											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms													
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 576.90		P/R Dec	duct	ion (\$38	.46 Bi-W	eekl	y)							
в.	Full Name of Individual (Last, First, Middle Initial RUSSELL, LAURIE, , ,) or Full O	Organization Name		Date o	f Re	eceipt									
	Mailing Address 3108 SONIA DRIVE		07 / ^D D / ^Y Y Y Y 2023													
	City LAS VEGAS	State NV	Zip Code 89107-3246		Transaction ID : PR2575812168827 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		cupation (for Individual) Govt Affs		М	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00		P/R Dec	lucti	ion (\$39	.00 Bi-W	eekl	у)						
<u></u> с.	Full Name of Individual (Last, First, Middle Initial LATINO, DAYNA, , ,) or Full O	Organization Name		Date o	f Re	eceipt									
	Mailing Address 41 BROOK CROSSING EXTEN	SION			07	/	31) / Y		023 [°]	Y					
	City ELLINGTON	State CT	Zip Code 06029-2247					PR2575 Receipt th			7					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		_	76.9	92					
	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 ▼ 576.90		P/R Dec	duct	ion (\$38	.46 Bi-W	/eekl	iy)						
-	UBTOTAL of Receipts This Page (optional)						, . , .		+	231.8	34					
L (OTAL This Period (last page this line number on	ıy)			L	1	-		-	-						

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

FOR LINE NUMBER:

(check only one)

PAGE 100 OF

			Detailed Summary Page		11a 13	\vdash	11b		11c 15		12 16	17					
	y information copied from such Reports and State for commercial purposes, other than using the na								oliciting		ntributi	ons					
\setminus	NAME OF COMMITTEE (In Full)																
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	AC)													
Α.	Full Name of Individual (Last, First, Middle Initial SCHENEMAN, STEPHEN, , ,) or Full O	rganization Name		Date of	Re	eceip	ot									
	Mailing Address 428 8TH ST				07 / 31 / 2023 Transaction ID : PR2575813468827												
	City HUNTINGTON BEACH	State CA	Zip Code 92648-4629									,					
	FEC ID number of contributing federal political committee.	al political committee. e of Employer (for Individual) d HealthCare Services Inc int Ear:					Amount of Each Receipt this Period 76.92 Memo Item										
	Name of Employer (for Individual) United HealthCare Services Inc																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90] P	P/R Ded	ucti	ion (\$	\$38.4	6 Bi-We	ekly	()						
B.	Full Name of Individual (Last, First, Middle Initial SHAPIRO, DAVID, , ,) or Full O	rganization Name		Date of	Re	eceip	ot									
	Mailing Address 5215 MORGAN AVENUE SOUTI	н		07 / 07 / Y Y Y Y 07 31 2023													
	City MINNEAPOLIS	State MN	Zip Code 55419-1026		Transaction ID : PR2575814268827 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С										0					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Cnsmr Off		M	emc	o Iter	m									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P	/R Ded	ucti	ion (\$	\$192.:	30 Bi-W	/eek	ly)						
с.	Full Name of Individual (Last, First, Middle Initial TAYLOR, DUSTIN, , ,) or Full O	rganization Name		Date of	Re	eceip	ot									
	Mailing Address 5430 E BLOOMFIELD RD	1			^M 07	1		31	/ Y		23	Y					
	City SCOTTSDALE	State AZ	Zip Code 85254-4202		Trans Amount				R25758			,					
	FEC ID number of contributing federal political committee.	С					9		g	_	76.9	2					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt		M	emo	o Iter	m									
	Receipt For:	Agaregate	Year-to-Date V														
	Primary General Other (specify)	576.90] F	P/R Ded	lucti	ion (S	\$38.4	6 Bi-We	ekly	y)							
s	UBTOTAL of Receipts This Page (optional)			•			,		9		538.4	4					
т	OTAL This Period (last page this line number onl	ly)		•			-		-	Ξ							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 101 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
	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	e to solicit contributions from such committee.
/ UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group P	4C)
Full Name of Individual (Last, First, Middle I MCNATT, RICHARD, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 4945 CANDACRAIG			M M / D D / Y Y Y Y 07 31 2023
City	State	Zip Code	Transaction ID : PR2575824968827
ALPHARETTA	GA	30022-6340	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 SIs	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) V		2884.50	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle I B. SCHMITT, MARIE, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 3045 25TH AVENUE			07 / D D / Y Y Y Y Y 2023
City SAN FRANCISCO	State CA	Zip Code 94132-1541	Transaction ID : PR2575830068827
		34132-1341	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) VP CInt Relationship	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle I C. HARPER, JENNIFER, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 8206 WEST 16TH STREET			07 31 Y Y Y Y Y 2023
City SAINT LOUIS PARK	State MN	Zip Code 55426-1904	Transaction ID : PR2575835568827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		398.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel	Memo Item
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 2800.04	P/R Deduction (\$199.00 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optional)			859.52
TOTAL This Period (last page this line numbe	r only)		

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

FOR LINE NUMBER:

(check only one)

PAGE 102 OF

			for each category of the		1 1a] 11b	<u>ь</u> Г	11c		12				
			Detailed Summary Page		13		14		15	$\left \right $	16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r								oliciting		ntributi	ions			
\backslash	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group F	PAC)											
Α.	Full Name of Individual (Last, First, Middle Initia JERDE, MARY, , ,	al) or Full O	rganization Name		Date of Receipt										
	Mailing Address 9324 N AERIE CLIFF				07 / D D / Y Y Y Y 31 2023 Transaction ID : PR2575837468827										
	City	State	Zip Code												
	FOUNTAIN HILLS	AZ	85268-6358		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) Med Clin Ops	Memo Item											
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		865.35		P/R Ded	lucti	ion (\$57.6	9 Bi-We	ekly	/)				
в.	Full Name of Individual (Last, First, Middle Initia MANDELL, WILLIAM, , ,	al) or Full O	rganization Name		Date of	f Re	eceip	ot							
	Mailing Address 720 MISSION HILL WAY			^M 07	/	D	31	/ Y	y 202	23	Y				
	City	State		Trans	acti	ion I	ID : PI	R25758	378	68827	,				
	COLORADO SPRINGS	CO	80921-2672		Amount	t of	Eac	h Red	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С			28.08										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir		M	emo	o Ite	m							
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		, 210.60	F	P/R Ded	uctio	ion (S	\$14.04	4 Bi-We	ekly	<i>י</i>)				
с.	Full Name of Individual (Last, First, Middle Initia HARRISON, CHARLES, , ,	al) or Full O	rganization Name		Date of	f Re	eceip	ot							
	Mailing Address 10603 MILLET SEED HILL				07	1	D	31	/ Y		23	Y			
	City COLUMBIA	State MD	Zip Code 21044-4150						R2575			7			
			21044-4130		Amount	t of	Eac	h Red	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С					y		9		28.0	8			
	Name of Employer (for Individual) Optum Services, Inc	Occu Med	upation (for Individual) Dir		М	emc	o Ite	m							
	Receipt For:	eipt For: Aggregate Year-to-Date ▼													
	Primary General Other (specify)		210.60]	P/R Dec	lucti	ion ((\$14.0	4 Bi-W	eekly	/)				
s	UBTOTAL of Receipts This Page (optional)			•			9		9		171.5	4			
т	OTAL This Period (last page this line number or	וy)		•			-		-	_					

FOR LINE NUMBER:

(check only one)

PAGE 103 OF

		for each category of the	X 11a 11b 11c 12								
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle BOROCH, BLAIR, , ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 800 BELFRY DRIVE			07 / D D / Y Y Y Y Y 07 31 2023								
City BLUE BELL	State PA	Zip Code 19422-1210	Transaction ID : PR2575849968827								
	1.7	13422 1210	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. COTTINGTON, NYLE BRENT, , ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 15050 47TH STREET NE			07 31 2023								
City	State	Zip Code	Transaction ID : PR2575865368827								
SAINT MICHAEL	MN	55376-1613	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) Acctng	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. ADAMO, BRENT, , ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 3109 E DESERT LN			07 / D D / Y Y Y Y 2023								
City	State AZ	Zip Code	Transaction ID : PR2575867868827								
PHOENIX	AZ	85042-7198	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:	Aggregate	Year-to-Date ▼	_								
Primary General	1.99.094.0		P/R Deduction (\$38.46 Bi-Weekly)								
Other (specify)		576.90									
SUBTOTAL of Receipts This Page (optional).		•	846.12								
TOTAL This Period (last page this line number	er only)	•	· · · · · · · · · · · · · · · · · · ·								

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

FOR LINE NUMBER:

(check only one)

PAGE 104 OF

	Deteiled Current Date	X 11	аГ		11b	11c		12												
		Detailed Summary Page	13		_	14	15		16	17										
Any information copied from such Reports or for commercial purposes, other than us			erson for t	ne pu	Irpo	ose of s	oliciting		ntribut	ions										
NAME OF COMMITTEE (In Full)																				
✓ UnitedHealth Group Incorp	orated PAC (JnitedHealth Group P	AC)																	
Full Name of Individual (Last, First, Mic ROSS, CHRISTY, , ,	ddle Initial) or Full O	rganization Name	Date	Date of Receipt																
Mailing Address 211 JIM CANNON RD																				
	State	Zip Code	Transaction ID : PR2575873368827 Amount of Each Receipt this Period																	
VAN ALSTYNE	ТХ	75495-2803	Amo	unt o	of E	Each Re	ceipt th	nis P	eriod											
FEC ID number of contributing federal political committee.	C		77.00																	
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Ops		Mem	10	ltem														
Receipt For:	Aggregate	Year-to-Date ▼																		
Primary General Other (specify) ▼		577.50	P/R [educ	tio	n (\$38.5	50 Bi-W	eekl	y)											
Full Name of Individual (Last, First, Mid PEZHMAN, PAYMAN, , ,	ddle Initial) or Full O	rganization Name	Date	of R	Rec	ceipt														
Mailing Address 2825 MAPLEWOOD C	Mailing Address 2825 MAPLEWOOD CIRCLE E							07 31 2023												
City	State	Zip Code	Tra	nsac	tio	on ID : P	R2575	8835	68827	,										
WAYZATA	MN	55391-2633	Amo	unt o	of E	Each Re	ceipt th	nis P	eriod											
FEC ID number of contributing federal political committee.	С			384.60																
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel		Mem	10	Item														
Receipt For:	Aggregate	Year-to-Date ▼																		
Primary General Other (specify) ▼		2884.50	P/R D	educ	tio	n (\$192.	30 Bi-V	Veek	ily)											
Full Name of Individual (Last, First, Mic C. RICHARDSON, KRISTIE, , ,	ddle Initial) or Full O	rganization Name	Date	of R	Rec	eipt														
Mailing Address 139 BALL GAP ROAD	1			7	/	D D D 31	/ Y	20)23											
City ARDEN	State NC	Zip Code 28704-8748				on ID : F				7										
		20/04-8/48	Amo	unt o	of E	Each Re	ceipt th	nis P	eriod											
FEC ID number of contributing federal political committee.	С				,	7	y		400.0	0										
Name of Employer (for Individual) United HealthCare Services Inc					no	Item														
Receipt For:	Aggregate	Year-to-Date ▼																		
Primary General Other (specify)	2800.00	P/R [Deduc	ctio	on (\$200	.00 Bi-\	Veeł	<ly)< td=""><td></td></ly)<>												
SUBTOTAL of Receipts This Page (optio	nal)					,			861.6	0										
TOTAL This Period (last page this line n	umber only)					,	-													

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

FOR LINE NUMBER:

(check only one)

PAGE 105 OF

			Detailed Summary Page	×	11a		11	- H	11c	12			
Annu information and a f	auch Departs and Ot 1				13		14		15	16	17		
			y not be sold or used by any pe Idress of any political committee										
│ NAME OF COMMITTEE	(In Full)												
UnitedHealth Gro	oup Incorporated	PAC (L	InitedHealth Group PA	NC)									
Full Name of Individual (A. SCHMUKER, ERIN, ,) or Full Or	Date of Receipt										
Mailing Address 2575 TA	ALL TIMBER COURT SE			07 31 Y Y Y Y Y 2023									
City		State	Zip Code		Trans	acti	ion	ID : I	PR2575	90666882	27		
GRAND RAPIDS		MI	49546-6787	Amount of Each Receipt this Period									
FEC ID number of contri federal political committe	U U	С		398.00									
Name of Employer (for la Optum Services, Inc	ndividual)		pation (for Individual) Gen Mgmt		M	emo) Ite	em					
Receipt For:		Aggregate `	Year-to-Date ▼										
Other (specify) ▼	General		2805.23	P	/R Ded	lucti	on	(\$199	9.00 Bi-V	Veekly)			
Full Name of Individual (ALT, ROBERT, , ,	Last, First, Middle Initial) or Full Or	ganization Name		Date of	Re	ecei	pt					
Mailing Address 813 FEF	RNWOOD ROAD	07 / D D / Y Y Y Y Y 2023											
City		State	Zip Code		Trans	acti	ion	ID : F	PR2575	90736882	27		
MOORESTOWN		NJ	08057-1362	Amount of Each Receipt this Period									
FEC ID number of contri federal political committe	U U	С					,		95-	28	.08		
Name of Employer (for I United HealthCare Servic	,		pation (for Individual) Itwk Prgms		M	emo	b Ite	em					
Receipt For: Primary □ 0 Other (specify) ▼	ieneral	Aggregate `	Year-to-Date ▼ , 210.60	P	/R Ded	uctio	on ((\$14.(04 Bi-W	eekly)			
Full Name of Individual (C. MARGHERIO, MIC) or Full Or	ganization Name		Date of	Re	ecei	pt					
Mailing Address 6412 JE	FFERSON STREET				^M 07	/		31	/ Y	2023 Y	Y		
City		State MO	Zip Code		Trans	acti	ion	ID :	PR2575	9163688	27		
KANSAS CITY			64113-1542	- /	Amount	t of	Ead	ch Re	eceipt th	nis Perioc	1		
FEC ID number of contri federal political committe	U U	С				_	y		. y	76	.92		
Name of Employer (for In United HealthCare Servic	,		pation (for Individual) A VP SIs Acct Mgt		M	emo	o Ite	əm					
Receipt For:		Aggregate `	Year-to-Date ▼										
Other (specify)	General		576.90	P	P/R Ded	lucti	ion	(\$38.	46 Bi-W	eekly)			
SUBTOTAL of Receipts Th	nis Page (optional)						,			503.	00		
TOTAL This Period (last p	age this line number on	ly)					-						

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

FOR LINE NUMBER:

(check only one)

PAGE 106 OF

			Detailed Summary Page		11	- H	_	111		11c		12			
			·		13			14		15		16		17	
	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)														
\sum	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial) CZAJKA, DAVID, , ,) or Full Or	ganization Name	Date of Receipt											
	Mailing Address 8590 BIG MANGROVE DRIVE				07 31 2023										
	City	State	Zip Code		Tra	insa	ctio	on	ID : I	PR257	'591a	866882	27		
	FORT MYERS	FL	33908-7694	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		pation (for Individual) r People Team			Mer	no	Ite	m						
	Receipt For:		/ear-to-Date ▼	-											
	Primary General Other (specify) ▼	iggiogato	288.45	I F	P/R C)edu	ctic	on (\$19.2	23 Bi-'	Nee	kly)			
B.	Full Name of Individual (Last, First, Middle Initial) OLSON, TRUDY, , ,) or Full Or	ganization Name		Date	of F	Red	ceip	ot						
	Mailing Address 7208 WOODDALE AVE SOUTH				м 0		/	D	31	1	Y	y y 2023	Ŷ		
	City	State	Zip Code		Tra	nsa	ctic	on	ID : F	PR257	5918	876882	7		
	EDINA	MN	55435-4156		Amo	unt d	of E	Ead	ch Re	eceipt	this	Period	I		
	FEC ID number of contributing federal political committee.	С					76.92								
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) People Team			Mer	no	Ite	m						
		Aggregate	/ear-to-Date ▼												
	Primary General Other (specify) ▼		, 576.90		P/R D	eduo	ctio	on (\$38.4	46 Bi-\	Neel	kly)			
с.	Full Name of Individual (Last, First, Middle Initial) MCGOLDRICK, CHRISTOPHER, , ,) or Full Or	ganization Name		Date	of F	Red	ceir	ot						
	Mailing Address 48 MOUNTAIN TERRACE ROAD)			[™] 0	7 ^M	/		31	/		2023	Y		
	City	State	Zip Code		Tra	ansa	cti	ion	ID : I	PR257	′593	04688	27		
	WEST HARTFORD	СТ	06107-1533		Amo	unt d	of E	Ead	ch Re	eceipt	this	Period	l		
	FEC ID number of contributing federal political committee.	С			Ē			,	_	, ,	_	384	60		
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) P SIs & Bus Dev			Mer	mo	lte	m						
	Receipt For:	Aggregate	/ear-to-Date ▼	—											
	Primary General Other (specify)		2884.50] F	9/R [Dedu	ctic	on ((\$192	2.30 B	-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)			•								499	98	7	
т	OTAL This Period (last page this line number onl	y)		•	C			,		,			-		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 107 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial MATTERA, RICHARD, , , Mailing Address 640 LOCUST HILLS DRIVE) or Full O	Organization Name	Date of Receipt
	City WAYZATA	State MN	Zip Code 55391-1973	Transaction ID : PR2575938468827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	UHC	upation (for Individual) G Chief Dev Officer Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial RILEY, FELICITY, , , Mailing Address 3330 EDMUND BLVD) or Full O	Organization Name	Date of Receipt
	City MINNEAPOLIS FEC ID number of contributing	State MN	Zip Code 55406-2348	Transaction ID : PR2575943368827 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) Tax	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial DONAHUE, JEANINE, , , Mailing Address 164 MORNINGSIDE DRIVE) or Full O	Organization Name	Date of Receipt
	City	State	Zip Code	07 31 2023 Transaction ID : PR2575959268827
	MANDEVILLE FEC ID number of contributing federal political committee.	C	70448-7571	Amount of Each Receipt this Period
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	846.12
т	OTAL This Period (last page this line number on	ly)		

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 108 OF

	for each category of the Detailed Summary Page					
or for commercial purposes, other than using		ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group	PAC)				
Full Name of Individual (Last, First, Middl A. LEMKE, HEATHER, , ,		Date of Receipt				
Mailing Address 4135 TRILLIUM LANE E	AST State Zip Code	07 / <u>31</u> / <u>2023</u>				
MINNETRISTA	MN 55364-7730	Transaction ID : PR2575965868827 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	396.00				
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP People Team	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2820.07	P/R Deduction (\$198.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middl B. FRANK, DANIEL, , ,	e Initial) or Full Organization Name	Date of Receipt				
	Mailing Address 1373 PRAIRIE MEADOW RD					
City MINNETRISTA	StateZip CodeMN55359-6701	Transaction ID : PR2575970468827 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	Occupation (for Individual) Chief Clin Off	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Middl DICELLO, MARK, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 619 SAND CRANE CT		07 / D D / Y Y Y Y 2023				
City BRADENTON	StateZip CodeFL34212-5226	Transaction ID : PR2575977968827 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	Occupation (for Individual) Regn Pres Ntwk Mgmt	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optiona	۱)	808.60				
	nber only)					

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

FOR LINE NUMBER:

(check only one)

PAGE 109 OF

ITEIVIIZED RECEIPTS		Deteiled Currenters Date		11a [11b	11c	12	2	
		Detailed Summary Page		13	_	14	15	16	r	17
Any information copied from such Reports an or for commercial purposes, other than using							oliciting	g contri	ibutic	ons
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorport	rated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle A. SIEBERT, GREGORY, , ,	e Initial) or Full C	rganization Name	Da	te of	Red	ceipt				
Mailing Address 46 VIA BELLEZA			M	07	/	D D D 31	/ Y	2023		1
City	State	Zip Code	Т	ransa	ctio	on ID : P	R2575	979668	8827	
SAN CLEMENTE	CA	92673-6910	Am	nount	of E	Each Re	ceipt th	is Peri	iod	
FEC ID number of contributing federal political committee.	C					,	-gr.	20	00.00	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		Mer	mo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1500.00	P/R	Dedu	ictic	on (\$100.	.00 Bi-V	Veekly)	
Full Name of Individual (Last, First, Middle B. RICHARDS, ALISON, , ,	e Initial) or Full C	rganization Name	Da	te of	Red	ceipt				
Mailing Address 257 WEST GRANTLEY			M	07	/	D D D 31	/ Y	y 2023	Y Y	1
City	State	Zip Code	Т	ransa	ctic	on ID : P	R25759	987968	827	
ELMHURST	IL	60126-2237	An	nount	of E	Each Re	ceipt th	iis Peri	iod	
FEC ID number of contributing federal political committee.	С					,	-9-	38	84.60)
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sion CEO		Mer	mo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		2884.50	P/R	Dedu	ctio	ın (\$192.	30 Bi-V	Veekly)		
Full Name of Individual (Last, First, Middle C. GOLD, PAMELA, , ,	e Initial) or Full C	rganization Name	Da	te of	Red	ceipt				
Mailing Address 2821 E SWISS OAKS DR			M	07 [™]	/	D D D 31	/ Y	2023		
City	State UT	Zip Code	Т	ransa	icti	on ID : F	R2575	988668	3827	
SANDY	01	84093-6587	Am	nount	of E	Each Re	ceipt th	is Peri	iod	
FEC ID number of contributing federal political committee.	C			_		y	y		28.00	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		Me	mo	ltem				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		210.00	P/R	R Dedu	uctio	on (\$14.0	00 Bi-W	eekly)		
SUBTOTAL of Receipts This Page (optiona						,	,	6	12.60	
TOTAL This Period (last page this line num	ber only)					y	-9-		40	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 110 OF

					(checl	only	on on	ie)	l				
	EIVIIZED RECEIPIS							11b	\vdash				□ . -
					son for	the p		oose o	f sol	liciting	g con	ntributi	
		е.											
\rangle		I PAC (l	UnitedHealth Group	p PA	C)								
		l) or Full O	Organization Name				_						
Α.					Da	te of	Re		_	_			
						07	/			/ Y			Y
													•
	5	С									_		2
	United HealthCare Services Inc					Me	emo	Item					
	Primary General	Aggregate)	P/R	Dedu	uctio	on (\$38	8.46	Bi-W	ekly	')	
B.		l) or Full O	Organization Name		Da	te of	Re	ceipt					
		1-			Ň	07 [™]	/	D 31	D	/ Y			Y
	-												
			04020-3033		_ An	nount	of	Each I	Rece	eipt th			
	federal political committee.	U				<u>.</u>			-	7	_	384.6	0
] L	Me	emo	Item					
		Aggregate	Year-to-Date V		1								
			, 2884.50	0	P/R	Dedu	uctio	on (\$19	92.30) Bi-W	/eekl	у)	
С.		l) or Full O	Organization Name		Da	te of	Re	ceipt					
	Mailing Address 884 LAS PALOMAS DR				N	07 [™]	/			/ Y			Y
	•												,
	5	С				iount	U		nece	J	15 F 6		8
			· · · · /		1 [Me	emo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 245.10)	P/F	Ded	ucti	on (\$1)	6.34	Bi-W	eekly	')	
	UBTOTAL of Receipts This Page (optional)							7		5	=	494.2	0

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

FOR LINE NUMBER:

(check only one)

PAGE 111 OF

		Detailed Summary Page					1a 3	\mid	11 14	- H	11c	\vdash	12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the na					for	the p		pos	se of	soliciti		ontribut	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial SONERHOLM, KIMBERLY, , ,) or Full Or	rgar	ization Name		Dat	te of	Re	ecei	pt				
	Mailing Address 3380 SHELBORNE WOODS PA	RKWAY					07 ^M	/		31	/		2023	Y
	City	State		Zip Code		T	ransa	acti	ion	ID :	PR257	6033	26882	7
	CARMEL	IN		46032-8101		Am	nount	of	Ea	ch R	eceipt	this F	Period	
	FEC ID number of contributing federal political committee.	С							,		,	_	384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) n CEO			Me	emo) Ite	əm				
	Dessint For	Aggregate												
	Primary General Other (specify) ▼	Aggregate	7	2884.50	F	P/R	Ded	uctio	on	(\$192	2.30 Bi	-Wee	kly)	
в.	Full Name of Individual (Last, First, Middle Initial HOLZERSPARR, CYNTHIA, , ,) or Full Or	rgar	ization Name		Dat	te of	Re	ecei	pt				
	Mailing Address 30 BRIDGHAM FARM ROAD						07 ^M	1	ľ	31	1		023	Y
	City	State		Zip Code		Т	ransa	acti	on	ID : I	PR257	6034	868827	7
	RUMFORD	RI		02916-1304		Am	nount	of	Ea	ch R	eceipt	this F	Period	
	FEC ID number of contributing federal political committee.	С							-		- 7		28.0	08
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Sr M	•	ion (for Individual) Dir			Me	emo) Ite	əm				
	Primary General	Aggregate	Yea	r-to-Date ▼ 210,60	P	9/R	Dedu	uctio	on	(\$14.	04 Bi-\	Veek	ly)	
	Other (specify) v		,	210,00										
C.	Full Name of Individual (Last, First, Middle Initial MOSHER, MATTHEW, , ,) or Full Or	rgar	ization Name		Dat	te of	Re	ecei	pt				
	Mailing Address 4201 SUNSET DRIVE						07 [™]	/	Г	31	1		023	Y
	#108 City	State		Zip Code	- 1	L		acti	ion		PR257	-	856882	7
	SPRING PARK	MN		55384-4515							eceipt			-
	FEC ID number of contributing federal political committee.	С							,				83.3	32
	Name of Employer (for Individual) Optum Services, Inc	Occu VP Ir	•	on (for Individual) Fech			Me	emo	o Ite	em				
	Receipt For:	Aaareaate	Yea	r-to-Date ▼										
	Primary General Other (specify)		-	541.58	F	P/R	Ded	ucti	ion	(\$41.	.66 Bi-\	Neek	:ly)	
s	UBTOTAL of Receipts This Page (optional)			•••••					,				496.0	00
т	OTAL This Period (last page this line number on	y)		•••••		Ĺ			7		,		1.4	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 112 OF

			Use separate schedule(s		(check o	nly o	ne)	[
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	-	11b		11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group	p PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia BYRNES, CHRISTOPHER, , ,	l) or Full O	rganization Name		Date	of Re	eceipt				
	Mailing Address 3920 GLENWOOD STREET				07	, M /	3	D 1	/ Y	2023	Y
	City DULUTH	State MN	Zip Code 55804-1403							4286882	7
			33004 1403		Amou	int of	Each	Rece	eipt thi	is Period	
	FEC ID number of contributing federal political committee.	C				_	-	_	-	384.0	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO			Mem	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼		-						
	Primary General			-	P/R D	educt	ion (\$1	92 30) Bi-W	/eekly)	
	Other (specify)	L	2884.50)		cauol	ισπ (φ1	02.00	5 61 11	(CONTY)	
в.	Full Name of Individual (Last, First, Middle Initia KANDALAFT, KEVIN, , ,	ll) or Full O	rganization Name		Date	of Re	eceipt				
	Mailing Address 16118 LOMACITAS LN				07		3	D 1	/ Y	2023	Y
	City	State	Zip Code		Tra	nsact	ion ID	: PR	25760	4366882	7
	WHITTIER	CA	90603-1031		Amou	unt of	Each	Rece	eipt thi	is Period	
	FEC ID number of contributing federal political committee.	C					-		-	384.0	50
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)			Mem	o Item				
	Receipt For:		Year-to-Date ▼		-						
	Primary General	Ayyreyale		_							
	Other (specify)		2884.50	0	P/R De	educt	ion (\$0	0.00 B	i-Wee	kly)	
<u> </u>	Full Name of Individual (Last, First, Middle Initia STONE, LAURA, , ,	ll) or Full O	rganization Name		Date	of Re	eceipt				
	Mailing Address 1485 COUNTY RD 286				07		3	D 1	/ Y	2023	Y
	City	State	Zip Code		Tra	nsac	tion ID	: PR	25760	4516882	7
	COLLINSVILLE	ТХ	76233-2389		Amou	int of	Each	Rece	eipt thi	is Period	
	FEC ID number of contributing federal political committee.	С			ΙĽ	_	,	_	9	76.9	92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		1 🗆	Mem	o Item				
	Receipt For:	I	Year-to-Date V		-						
	Primary General Other (specify)		576.90	0	P/R D	educt	tion (\$3	38.46	Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)			►			, ,		7	846.′	2
т	OTAL This Period (last page this line number or	וy)		►					-		

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

FOR LINE NUMBER:

(check only one)

PAGE 113 OF

	EWIZED RECEIPTS	Detailed Summary								11c		12	
	y information copied from such Reports and Stat for commercial purposes, other than using the n										, con		
	NAME OF COMMITTEE (In Full)						uno	ution	5 110	JIII SUCI		mmue	
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHea	alth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initial GROENENDAAL, MICHAEL, , ,	l) or Full Oi	rganization Na	ame		Date of	f Re	ceipt					
	Mailing Address 620 FOREST AVENUE					м м 07	/		р 31	/ Y	ү 20	23	Y
	City	State	Zip Code			Trans	acti	on IC) : P	R2576)462	68827	,
	RIVER FOREST	IL	60305-	1710		Amount	t of	Each	Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						_		-ge		28.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for In Executive Con	,		M	emo	Item	1				
	Receipt For:	Aggregate	Year-to-Date	▼	_								
	Primary General Other (specify) ▼		, , ,	210.00	F	P/R Ded	luctio	on (\$	14.0	0 Bi-W	ekly	')	
В.	Full Name of Individual (Last, First, Middle Initial NELSON, KRISTA, , ,	l) or Full Oi	rganization N	ame		Date of	f Re	ceipt					
	Mailing Address 18202 SHAVERS LAKE DRIVE					M M	/	D	D 31	/ Y	202	23	Y
	City	State	Zip Code)		Trans	acti	on ID) : P	R25760)479(68827	
	WAYZATA	MN	55391-3	3338		Amount	t of	Each	Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С								-9	_	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for In UHC Operat	,		M	emo	Item	1				
	Receipt For:	Aggregate	Year-to-Date	•									
	Primary General Other (specify) V		4	2884.50	P	/R Ded	uctio	on (\$′	192.:	30 Bi-W	/eekl	y)	
с.	Full Name of Individual (Last, First, Middle Initial MONICAL, KENT, , ,	l) or Full Oi	rganization N	ame		Date of	f Re	ceipt					
	Mailing Address 9795 E PIEDRA DRIVE					^M 07	/		31 31	/ Y	202	23 [°]	Y
	City	State	Zip Code			Trans	acti	ion IE) : P	R2576)513	68827	,
	SCOTTSDALE	AZ	85255-9	231		Amount	t of	Each	Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,		y	_	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for In	dividual)		M	emo	lterr	I				
	Receipt For:	1 -	Year-to-Date	▼									
	Primary General Other (specify)		, ,	2884.50	F	P/R Ded	lucti	on (\$	192.	.30 Bi-V	Veek	ly)	
s	UBTOTAL of Receipts This Page (optional)			b	.							797.2	0
Т	OTAL This Period (last page this line number on	ly)			-								

FOR LINE NUMBER:

(check only one)

PAGE 114 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		ŀ		11b	11c	12	
Any information panied from such Dara to the	Otatamarita			13		14	15	16	17
Any information copied from such Reports and or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incorporat	ted PAC (UnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle Ir A. HUANG, JAMES, , ,	nitial) or Full C	Prganization Name	Da	ate of	Re	ceipt			
Mailing Address 6838 IDLEWOOD WAY				07 ^M	/	D D D 31	/ Y	2023	Y
	State MN	Zip Code				-		05996882	7
EDEN PRAIRIE		55346-3519	An	nount	of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					7	95-	76.	92
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin		Me	mo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		576.90	P/R	R Dedu	uctio	on (\$38.	46 Bi-W	eekly)	
Full Name of Individual (Last, First, Middle Ir B. REX, JOHN, , ,	nitial) or Full C	organization Name	Da	ate of	Re	ceipt			
Mailing Address 503 HARRINGTON ROAD			Ň	07	/	D D D 31	/ Y	2023	Y
City	State	Zip Code						06006882	7
WAYZATA	MN	55391-1512	An	nount	of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С			_		,		384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) G CFO		Me	mo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		2884.50	P/R	R Dedu	ictic	on (\$192	2.30 Bi-V	Veekly)	
Full Name of Individual (Last, First, Middle Ir C. MCEWAN, JOSHUA, , ,	nitial) or Full C	Prganization Name	Da	ate of	Re	ceipt			
Mailing Address 4916 ALDRICH AVE SOUTH			Ň	07 ^M	/	D D D 31	/ Y	2023	Y
City MINNEAPOLIS	State MN	Zip Code 55419-5353						08576882	7
		55419-5555	An	nount	of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					y	, ,	384.	60
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Tax		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify)		2884.50	P/F	R Dedu	uctio	on (\$192	2.30 Bi-V	Veekly)	
SUBTOTAL of Receipts This Page (optional)	1							846.	12
TOTAL This Period (last page this line number	r only)					,			

FOR LINE NUMBER:

(check only one)

PAGE 115 OF

				Detailed Summary Page		11a 13		11 14	- H		11c 15	12	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		pos	se of	sol	liciting	contribu	tions		
\backslash	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporated	`		•	(C)										
Α.	Full Name of Individual (Last, First, Middle Initial FREIBERG, BRIAN, , ,) or Full O	Organ	ization Name	ı	Date of	Re	cei	ipt						
	Mailing Address 9605 LEXINGTON CT	1 -				^M 07	1		31		/ Y	y y 2023	Y		
	City WESTON	State WI		Zip Code 54476-6730				-				9366882			
	FEC ID number of contributing federal political committee.	С			/	Amount	ot	Ea	ich R	ece	eipt thi	s Period 153.			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Strategy		Me	emo) Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1153.80	P	/R Ded	uctio	on	(\$76.	.92	Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initial OLUJIC, TAMMY, , ,		Drgar	ization Name		Date of	Re	cei	ipt						
	Mailing Address 36218 SE SAINT ANDREWS LA	1				M M 07	/		31		/ Y	2023	Y		
	City SNOQUALMIE	State WA		Zip Code 98065-9094	Transaction ID : PR2576097368827 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						,			-9-	30.	76		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		Me	emo) Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 230.70	P	P/R Deduction (\$15.38 Bi-Weekly)									
c.	Full Name of Individual (Last, First, Middle Initial PALMER, BRYAN, , ,) or Full O	Drgar	ization Name		Date of	Re	cei	ipt						
	Mailing Address 346 COUNTRY CLUB DRIVE	1				^M 07	/	L	31	J.		y y 2023			
	City TEQUESTA	State FL		Zip Code 33469-1944								9796882			
	FEC ID number of contributing federal political committee.	С				Amount	OT	Ea	ICH R	ece	apt thi	s Period 384.			
	Name of Employer (for Individual) United HealthCare Services Inc	•	ion (for Individual) n CEO	Memo Item											
		Aggregate	Yea	r-to-Date ▼											
	Other (specify)		-	2884.50	F	P/R Ded	uctio	on	(\$192	2.3	0 Bi-W	/eekly)			
s	UBTOTAL of Receipts This Page (optional)			•				y		l	7	569.	20		
т	OTAL This Period (last page this line number on	ly)						-			-				

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

FOR LINE NUMBER:

(check only one)

PAGE 116 OF

				tailed Summary Page	X	11a		11	b	11c		12				
						13		14		15		16	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n															
\backslash	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (L	Unit	edHealth Group PA	NC)											
Α.	Full Name of Individual (Last, First, Middle Initial LESUEUR, REHN, , ,) or Full Or	rganiz	ration Name		Date of	ⁱ Re	ecei	pt							
	Mailing Address 254 JASPERS CIR S					07 ^M	1		31	/ Y)23	Y			
	City	State	Z	Zip Code		Trans	acti	ion	ID : P	R2576	0989	68827	,			
	CHASKA	MN		55318-3210	_ /	Amount	t of	Ea	ch Re	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С						-		-9-	_	76.9	2			
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) Bus Dev		M	emo	o Ite	əm							
	Receipt For:	Aggregate `	Year-	to-Date 🔻												
	Primary General Other (specify) V		-y	576.90	P	P/R Ded	lucti	ion	(\$38.4	6 Bi-W	eekly	y)				
в.	Full Name of Individual (Last, First, Middle Initial DAHL, KEVIN, , ,) or Full Or	rganiz	ation Name		Date of	Re	ecei	pt							
	Mailing Address 12500 NW 20TH AVE				07 / D D / Y Y Y Y 07 31 2023											
	City	State	Z	Zip Code		Trans	acti	ion	ID : P	R2576 ⁻	1002	68827				
	VANCOUVER	WA		98685-2304	_ /	Amount	t of	Ea	ch Re	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С					_	-		-9-	_	28.0	8			
	Name of Employer (for Individual) Optum Services, Inc		upatio Comp	n (for Individual) li		M	emo	o Ite	əm							
		Aggregate	Year-	to-Date 🔻												
	Primary General Other (specify) ▼		,	, 210.60	P	/R Ded	uctio	on ((\$14.0	4 Bi-We	eekly	/)				
С.	Full Name of Individual (Last, First, Middle Initial DIAMOND, TIFFANY, , ,) or Full Or	rganiz	ration Name		Date of	Re	ecei	pt							
	Mailing Address 1801 SPANISH TRAIL					07	1		31	/ Y		23	Y			
	City DELRAY BEACH	State FL	Z	Zip Code 33483-4958						R2576						
	FEC ID number of contributing				\dashv	Amount	t of	Ea	cn Re	ceipt th	iis P	eriod	_			
	federal political committee.	С				<u>_</u>	-	9		y	_	396.0	0			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu SVP	•	n (for Individual)		M	emc	o Ite	əm							
		Aggregate `	Year-	to-Date 🔻												
	Other (specify)		- j -	2810.46	F	P/R Dec	lucti	ion	(\$198	.00 Bi-V	Veek	(ly)				
s	UBTOTAL of Receipts This Page (optional)							,		,		501.0	0			
т	OTAL This Period (last page this line number on	ly)		••••••				-		-						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 117 OF

	EMIZED RECEIPTS			r each category of the stailed Summary Page	X 11a 13		1c 12 5 10	
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma	ay no addres	t be sold or used by any personal be sold or used by any personal be any political committee	son for the p o solicit cont	urpose of soli ributions from	citing contr such com	ibutions nittee.
\setminus	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Unit	edHealth Group PA	C)			
A.	Full Name of Individual (Last, First, Middle Initial KIEWEL, NATHAN, , ,) or Full C	Organi	zation Name	Date of I	Beceint		
	Mailing Address 1137 PRAIRIE VIEW DR SW				MM	/ D D /	YY	Y Y
	City	State	-	Zip Code	07	31	202	
	HUTCHINSON	MN	4	55350-6725		ction ID : PR2 of Each Recei		
	FEC ID number of contributing federal political committee.	С						28.00
	Name of Employer (for Individual) Optum Services, Inc		•	n (for Individual) Engineer, TLCP	Mer	no Item		
		Aggregate	Year-	to-Date V				
	Other (specify)		-	210.00	P/R Dedu	ction (\$14.00 E	Bi-Weekly)	
В.	Full Name of Individual (Last, First, Middle Initial SANCHEZ, VINCENT, , ,) or Full C	Organia	zation Name	Date of I	Receipt		
	Mailing Address 5025 BRANFORD COURT				07	/ D D / 31	Y Y 2023	
	City DUBLIN	State CA	4	Zip Code 94568-7241		ction ID : PR2 of Each Recei		
	FEC ID number of contributing federal political committee.	С				7		28.08
	Name of Employer (for Individual) United HealthCare Services Inc		cupatio Gen I	on (for Individual) Agmt	Mer	no Item		
	Receipt For:	Aggregate	Year-	to-Date ▼ 210.60	P/R Dedu	ction (\$14.04 E	3i-Weekly)	
С.	Full Name of Individual (Last, First, Middle Initial LIRETTE, KARL, , ,) or Full C	Organi	zation Name	Date of I	Receipt		
	Mailing Address 9 WEST WOODLAWN DRIVE				M M M	/ D D / 31	Y Y 2023	Y Y Y
	City DESTREHAN	State LA	2	Zip Code 70047-2535		ction ID : PR2		
				70047-2535	Amount	of Each Recei	ipt this Per	iod
	FEC ID number of contributing federal political committee.	С	_			y	,	76.92
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Plan	n (for Individual) CEO	Mei	no Item		
	Receipt For:	Aggregate	Year-	to-Date ▼ 576.90	P/R Dedu	ction (\$38.46 I	Bi-Weekly)	
s	UBTOTAL of Receipts This Page (optional)			•		,	1:	33.00
Т	OTAL This Period (last page this line number onl	y)				-		-

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 118 OF

IT!	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	X 11a 11b 11c 12							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	NC)							
Α.	Full Name of Individual (Last, First, Middle Initia GROSSMAN, MICHAEL, , ,	al) or Full O	Drganization Name	Date of Receipt							
	Mailing Address 15725 56TH AVE N			07 / D D / Y Y Y Y 2023							
	City PLYMOUTH	State MN	Zip Code 55446-2984	Transaction ID : PR2576145868827 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 COO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia FRIDNER, JOHN, , ,	al) or Full O	Drganization Name	Date of Receipt							
	Mailing Address 782 PENFIELD DR			07 31 2023							
	City CAROL STREAM	State IL	Zip Code 60188-4738	Transaction ID : PR2576147568827 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		cupation (for Individual) NA VP SIs/Gen	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initia SCOTT, GARLAND, , ,	al) or Full O	Drganization Name	Date of Receipt							
	Mailing Address 111 CASTLE POND DRIVE			07 / D D / Y Y Y Y 2023							
	City WINSTON SALEM	State NC	Zip Code 27107	Transaction ID : PR2576151068827 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.46							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•	501.06							
т	OTAL This Period (last page this line number or	וy)									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 119 OF

				or each category of the Detailed Summary Page	X 11a 13		1c	12 16	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma name and a	ay n addre	ot be sold or used by any pe ess of any political committee	son for the p to solicit con	ourpose of soli tributions from	citing co such co	ntributio mmitte	ons e.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	J PAC (Uni	tedHealth Group PA	C)				
Α.	Full Name of Individual (Last, First, Middle Initia LENTZ, MICHEL, , , Mailing Address 4004 FOREST GLEN DRIVE	l) or Full C	Drgar	nization Name	Date of	Receipt)23	Y
	City GREENSBURG	State PA		Zip Code 15601-9062	Transa	action ID : PR2 of Each Rece	2576153	568827	
	FEC ID number of contributing federal political committee.	С					-y=- 1	115.3	8
	Name of Employer (for Individual) United HealthCare Services Inc		upat ec Di	ion (for Individual)	Me	mo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 865.35	P/R Dedu	uction (\$57.69	Bi-Weekl	y)	
в.	Full Name of Individual (Last, First, Middle Initia WARN, ROBERT, , ,	l) or Full C	Orgar	nization Name	Date of	·			_
	Mailing Address 2079 AUSTRIAN PINE LN				07	31)23	Ŷ
	City MINNETONKA	State MN		Zip Code 55305-2429		of Each Rece			
	FEC ID number of contributing federal political committee.	С						38.4	6
	Name of Employer (for Individual) Optum Services, Inc		cupat Fin	ion (for Individual)	Me	mo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 288.45	P/R Dedu	iction (\$19.23 I	Bi-Weekl	y)	
C.	Full Name of Individual (Last, First, Middle Initia BENSON, JEAN, , ,	l) or Full C	Orgar	ization Name	Date of	Receipt			
	Mailing Address 14951 HIGHLAND COURT NE	1-			07	/ D D / 31	20)23	
	City PRIOR LAKE	State MN		Zip Code 55372-4109		of Each Rece			,
	FEC ID number of contributing federal political committee.	С				9	y	384.60	0
	Name of Employer (for Individual) United HealthCare Services Inc		upat In CE	ion (for Individual) EO	Me	mo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2884.50	P/R Dedu	uction (\$192.30) Bi-Wee	kly)	
s	UBTOTAL of Receipts This Page (optional)			•			,	538.44	4
Т	OTAL This Period (last page this line number or	ıly)		····· •			45.1		

FOR LINE NUMBER:

(check only one)

PAGE 120 OF

	LIVIIZED RECEIFIS			Detailed Summary Page		(11a		11b	Γ	11c		12	
			'	Jelaneu Summary Page		13		14	F	15		16	17
	y information copied from such Reports and s for commercial purposes, other than using th												
\setminus	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporat	ed PAC (Un	itedHealth Group PA	AC)								
۹.	Full Name of Individual (Last, First, Middle In SAINATO, KRISTIN, , ,	iitial) or Full O)rgai	nization Name		Date o	f Re	eceip	t				
	Mailing Address 7 CARLTON TER					07	/		31	/ Y		023 023	Y
	City	State		Zip Code		Trans	sact	ion I	D :	PR2578	715	06882 ⁻	7
	STEWART MANOR	NY		11530-3821		Amoun	t of	Each	ח R	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С	_					- J -				28.0)6
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Qlty		M	emo	o Iter	n				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼									
	Primary General Other (specify) ▼		7	210.45	I F	P/R Dec	ducti	ion (\$	514.	03 Bi-W	eekl	y)	
в.	Full Name of Individual (Last, First, Middle In COMBSMORGAN, LAURIE, , ,	iitial) or Full O)rgai	nization Name		Date o	f Re	eceip	t				
	Mailing Address 513 RIVERVIEW DRIVE					07	/		31	/ Y)23	Y
	City	State		Zip Code		Trans	act	ion II) :	PR25787	7198	368827	,
	FRANKLIN	TN		37064-5512	_	Amoun	t of	Each	ו R	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С	_					-				38.4	10
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) k Contrctng		M	emo	o Iter	n				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼									
	Primary General Other (specify) ▼		,	288.00	F	P/R Dec	lucti	on (\$	19.	20 Bi-We	eekl	y)	
<u>с.</u>	Full Name of Individual (Last, First, Middle In EGELAND, DANIEL, , ,	iitial) or Full O)rgai	nization Name		Date o	f Re	eceip	t				
	Mailing Address 2659 E LAKE OF THE ISLES			1		07	1		31	/ Y)23 [°]	Y
		State MN		Zip Code						PR2578			7
	MINNEAPOLIS			55408-1052	_	Amoun	t of	Each	۱R	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С						y		,		384.6	60
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		N	lemo	o Iter	n				
	Optum Services, Inc	VP E	Bus	Dev									
	Receipt For:	Aggregate	Yea	ur-to-Date ▼									
	Primary General Other (specify)		-	2884.50		P/R Deo	duct	ion (\$	519:	2.30 Bi-V	Vee	kly)	
s	JBTOTAL of Receipts This Page (optional)			•	<u> </u>			9		9		451.0	6
Т	OTAL This Period (last page this line number	only)		••••••	•	L.		-	_			1	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 121 OF

		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedH	ealth Group PA	.C)
Full Name of Individual (Last, First, Middle Initial) A. DUFFEY, KRISTY, , , Mailing Address 42095 N 109TH PLACE City SCOTTSDALE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For:	State Zip Co	de 2-3293 Individual) fficer	Date of Receipt 07 31 2023 Transaction ID : PR2578823268827 Amount of Each Receipt this Period 384.60 Memo Item P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initial) B. BUSBEE, NATHANAEL, , , Mailing Address 122 ROSEWOOD AVE City CATONSVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Co	de 3-4938	Date of Receipt 07 / 31 / 2023 Transaction ID : PR2578826768827 Amount of Each Receipt this Period 76.92 Memo Item
United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Dir Bus Process		P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initial) C. MILLER, TRACI, , , Mailing Address 729 PINE TRAIL City ARNOLD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General Other (specify)	State Zip Co	de 2-1628 Individual) s	Date of Receipt 07 / 31 / 2023 Transaction ID : PR2578829968827 Amount of Each Receipt this Period 115.38 Memo Item P/R Deduction (\$57.69 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			576.90

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 122 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Stat for commercial purposes, other than using the n													
\backslash	NAME OF COMMITTEE (In Full)													
$\Big/$	UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial ELLIS, DENNIS, , ,) or Full C	Organization Name	Date of Receipt										
	Mailing Address 6001 DRIPPING SPRINGS			07 31 2023										
	City	State	Zip Code	Transaction ID : PR2595209168827										
	FRISCO	ТХ	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:	Aggregate	Year-to-Date ▼	_										
	Other (specify)		245.70	P/R Deduction (\$16.38 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initial HAREWOOD, JUNIOR, , ,) or Full C	Organization Name	Date of Receipt										
	Mailing Address 158 HAMPTON ROAD			07 31 2023										
	City GARDEN CITY	State NY	Zip Code 11530-1404	Transaction ID : PR2595231568827 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 ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initial LESTER, SHAUNA, , ,) or Full C	organization Name	Date of Receipt										
	Mailing Address 20550 PARKVIEW LANE			07 / D D / Y Y Y Y 07 31 2023										
	City SHOREWOOD	State MN	Zip Code 55331-4529	Transaction ID : PR2601154768827										
				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										
	Primary General	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)										
	Other (specify)		7											
s	UBTOTAL of Receipts This Page (optional)		····· •	445.44										
Т	OTAL This Period (last page this line number on	ly)												

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 123 OF

			Detailed Summary Page		(11a	a	_	11k		11c		12			
۸	u information conied from such Departs and Otat		what he cold or word he		13			14		15		16 	1		
or	y information copied from such Reports and State for commercial purposes, other than using the na														
\backslash	NAME OF COMMITTEE (In Full)														
\mathbb{Z}	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial) FRIAS, LORRAINE, , ,) or Full Oi	rganization Name		Date of Receipt										
	Mailing Address 2116 STANFORD AVENUE				[™] 07		/	D	31	1	Y	2023	Y		
	City	State	Zip Code		Transaction ID : PR2601159068827										
	SAINT PAUL	MN	55105-1219		Amo	unt d	of I	Eac	h Re	eceipt	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			Mer	no	Ite	m						
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼	3334.0	576.90	F	P/R D	edu	ctic	on (\$38.	46 Bi-\	Veek	dy)			
	Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name	-											
	KIMES, CARRIE, , ,				Date of Receipt										
	Mailing Address 1917 SW 27TH STREET	Otata	Zin Ood-		07 / D D / Y Y Y Y 2023										
	City TOPEKA	State KS	Zip Code 66611-1643	-						PR260			7		
					Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			Ľ	_		,				38.	46		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir (Memo Item											
		Aggregate	Year-to-Date ▼		1										
	Primary General Other (specify) ▼		288.45	P/R Deduction (\$19.23 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name												
C.	PERERA, SUSAN, , ,				Date		Red								
	Mailing Address 1201 UNITY AVE N				[™] 0'		/	D	31	/		023	Y		
	City	State	Zip Code		Tra	insa	cti	ion	ID :	PR260	1168	886882	7		
	GOLDEN VALLEY	MN	55422-4735		Amo	unt d	of I	Eac	h Re	eceipt	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) uty Gen Counsel			Mer	mo	lte	m						
	Pagaint For:		Year-to-Date ▼												
	Primary General	.99.09410)/R L)edu	ctic	0n (\$38	46 Bi-\	امم√	dv)			
	Other (specify)		576.90		/IX L	Juu		<u> </u>	ψυυ.		- Cer	viy/			
S	UBTOTAL of Receipts This Page (optional)			•				7		.,		192.	30		
т	OTAL This Period (last page this line number onl	y)		•	С			7		-					

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

FOR LINE NUMBER:

(check only one)

PAGE 124 OF

			Detailed Summary Page		11a 13		11b 14	11c 15	12 16	17						
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not be sold or used by any p ddress of any political committee	erson e to so	for the	purp ntrib	bose of s	oliciting	g contribu	tions						
$\overline{)}$	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P/	AC)												
A.	Full Name of Individual (Last, First, Middle Initia ESCHERJR, DELBERT, , ,	al) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 885 SUGAR HILL DRIVE				07	/	D D D 31	/ Y	y y 2023	Y						
	City	State	Zip Code		Trans	acti	ion ID : F	PR26011	17106882	27						
	MANCHESTER	MO	63021-6665	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) 1ed Dir		Me	emo	Item									
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		210.45] F	P/R Ded	ucti	on (\$14.0)3 Bi-We	ekly)							
В.	Full Name of Individual (Last, First, Middle Initia HUDSON, JEFFREY, , ,	al) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 1536 BREWSTER DRIVE				07 / D D / Y Y Y Y 2023											
	City	State	Zip Code		Trans	acti	on ID : P	R26057	70306882	7						
	CARROLLTON	TX	75010-6444	_	Amount	of	Each 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		upation (for Individual) Health Plan Operations		Memo Item											
	Receipt For:	Aggregate	Year-to-Date ▼		1											
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$14.00 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initia MCBEATH, ROBERT, , ,	al) or Full O	rganization Name	Date of Receipt												
	Mailing Address 2537 RED ARROW DRIVE				07 ^M	/	D D D 31	/ Y	ү ү 2023	Y						
	City LAS VEGAS	State NV	Zip Code 89135-1628						70896882							
	FEC ID number of contributing federal political committee.	С			Amount	OT	Each Re	ceipt th	iis Period 0.	00						
	Name of Employer (for Individual)		upation (for Individual) Seg Chief Med Off		Me	emo	Item									
	Optum Services, Inc Receipt For:		5	_	_											
	Primary General	Aggregate	Year-to-Date V													
	Other (specify)		2499.90	F	P/R Ded	ucti	on (\$0.00) Bi-We	əkly)							
s	UBTOTAL of Receipts This Page (optional)			•			,	9	56.	06						
т	OTAL This Period (last page this line number or	nly)		•			.									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 125 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia PATTEN, JASON, , ,	l) or Full O	Drga	nization Name	Date of Receipt									
	Mailing Address 7384 NARCISSUS LANE N	State		Zip Code	07 31 2023									
	MAPLE GROVE	MN		55311-1596	Transaction ID : PR2605711968827 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			400.00									
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) novation	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2800.00	P/R Deduction (\$200.00 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia ANDERSONHUTCHINS, LEIGH, , ,	l) or Full O	Drga	nization Name	Date of Receipt									
	Mailing Address 16786 RAINY VALE AVE				07 ^D ^D ^D ^V ^Y									
	City RIVERSIDE	State CA		Zip Code 92503-6535	Transaction ID : PR2605717868827 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		•	tion (for Individual) led Grp Non Physn	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia DAVIS, KELLY, , ,	l) or Full O	Drga	nization Name	Date of Receipt									
	Mailing Address 2285 N POWHATAN ST	1			07 / D D / Y Y Y Y 2023									
	City ARLINGTON	State VA		Zip Code 22205-2113	Transaction ID : PR2605734268827 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	Ì		384.60									
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP (•	tion (for Individual) nm	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2692.20	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			•	861.52									
т	OTAL This Period (last page this line number or	ıly)		•••••										

FOR LINE NUMBER:

(check only one)

PAGE 126 OF

				Detailed Summary Page		11a		-	1b 4	11c 15		12 16	17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		ро	se of s	oliciting		ntribut	ions				
$\overline{\ }$	NAME OF COMMITTEE (In Full)																
	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)												
A.	Full Name of Individual (Last, First, Middle Initia LEIGHPITSTICK, EMILY, , ,	l) or Full O	rga	nization Name		Date o	f Re	ece	əipt								
	Mailing Address 70 SNOW CREEK LN					[™] 07	/	ĺ	D D 31	/ Y	Y 20)23	Y				
	City LEAVENWORTH	State WA		Zip Code 98826-7802				-	n ID : P				7				
	FEC ID number of contributing	_	-		_	Amoun	t of	E	ach Re	ceipt th	nis P		_				
	federal political committee.	С	-			<u> </u>		-		-		76.9	2				
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) k Contrctng		N	lemo	o l	tem								
	Pagaint For:			ar-to-Date ▼													
	Primary General Other (specify) V		-	576.90	P	P/R Deo	ducti	ior	า (\$38.4	6 Bi-W	eekl	y)					
	Full Name of Individual (Last, First, Middle Initia MALONE, TRACY, , ,	l) or Full O	rga	nization Name		Date o	f Re	ece	əipt								
	Mailing Address 900 S 22ND ST					M M	/	ſ	D D D 31	/ Y	ү 20)23	Y				
	City	State		Zip Code					n ID : P				,				
	ARLINGTON	VA	-	22202-2625	- '	Amoun	t of	E	ach Re	ceipt th	nis P	Period					
	FEC ID number of contributing federal political committee.	С			384.60												
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) tternal Affs		Memo Item											
		Aggregate	Yea	ar-to-Date ▼													
	Primary General Other (specify) ▼		<u>,</u>	2884.50	P/R Deduction (\$192.30 Bi-Weekly) Date of Receipt												
с.	Full Name of Individual (Last, First, Middle Initia PETERSON, ERIC, , ,	l) or Full O	rga	nization Name													
	Mailing Address 7757 BECK LN					^M 07	/	l	D D D 31	/ Y)23	Y				
	City ZIONSVILLE	State IN		Zip Code 46077-9060	_				n ID : P				7				
	FEC ID number of contributing		-		'	Amoun	tor	E	ach Re	ceipt tr	IIS P						
	federal political committee.	С				<u>_</u>		y		y		76.9	2				
	Name of Employer (for Individual) Optum Services, Inc	Occi VP N	•	ion (for Individual)		N	lemo	οI	ltem								
		Aggregate	Yea	ar-to-Date 🔻													
	Other (specify)		-	576.90		P/R De	ducti	ior	n (\$38.4	6 Bi-W	'eekl	y)					
SI	JBTOTAL of Receipts This Page (optional)			•••••	.			,		y		538.4	4				
т	OTAL This Period (last page this line number on	ly)			.			,		-9-							

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

FOR LINE NUMBER:

(check only one)

PAGE 127 OF

		Detailed Summary Page	X 1	1a	11b		11c	12							
Annu information to the total total				3	14		15	16	17						
Any information copied from such Reports a or for commercial purposes, other than usin															
NAME OF COMMITTEE (In Full)															
CinitedHealth Group Incorpo	orated PAC (UnitedHealth Group P	AC)												
Full Name of Individual (Last, First, Mide SONSTEGARD, NATHAN, , ,	dle Initial) or Full C	rganization Name	Da	ite of R	Receipt	t									
Mailing Address 4216 ZENITH AVE S				07		31	/ Y	y y 2023	Y						
City MINNEAPOLIS	State MN	Zip Code 55410-1413						34446882							
		55410-1415	Am	nount o	f Each	n Red	ceipt th	is Period	ł						
FEC ID number of contributing federal political committee.	С				-			28	.08						
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin		Mem	no Iten	n									
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		710.60	P/R	Deduc	tion (\$	614.04	4 Bi-We	∋ekly)							
Full Name of Individual (Last, First, Mido B. RAWLINSON, DORIEN, , ,	dle Initial) or Full C	rganization Name	Da	ite of R	Receipt										
Mailing Address 4795 W RED ROCK DR	IVE			07 / D D / Y Y Y Y 2023											
City	State	Zip Code	T	ransac	tion II	D : Pl	R26068	35466882	27						
LARKSPUR	СО	80118-8413	Am	nount o	f Each	n Red	ceipt th	is Period	t l						
FEC ID number of contributing federal political committee.	С			28.08											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		Memo Item											
Receipt For:	Aggregate	Year-to-Date V		1											
Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)												
Full Name of Individual (Last, First, Mido C. FICKER, MARK, , ,	dle Initial) or Full C	rganization Name													
Mailing Address 945 MINERS RIDGE CO	OURT		M	07		31	/ Y	y y 2023	Y						
	State NV	Zip Code 89451-8801						8067688							
	INV	89451-8801	Am	nount o	f Each	n Red	ceipt th	is Period	t						
FEC ID number of contributing federal political committee.	С						y	76	.92						
Name of Employer (for Individual) Optum Services, Inc	Occ VP 0	upation (for Individual) Ops		Merr	no Iter	n									
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify)		576.90	P/R	Deduc	ction (\$	\$38.4	6 Bi-We	ekly)							
SUBTOTAL of Receipts This Page (option	al)				,		,	133	.08						
TOTAL This Period (last page this line nu	mber only)				-		- J -								

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

FOR LINE NUMBER:

(check only one)

PAGE 128 OF

			Detailed Summary Page		< 11a		11b		11c		12	_				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any pe address of any political committee	erson e to so	13 for the plicit cor	purp ntrib	14 pose outions	of so s fro	15 oliciting m such	L cor co	16 ntributi mmitte	17 ons e.				
$\overline{\ }$	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporate	d PAC (I	UnitedHealth Group PA	AC)												
A.	Full Name of Individual (Last, First, Middle Initi WELDON, BRIAN, , ,	al) or Full O	Organization Name		Date of	Re	eceipt									
	Mailing Address 1155 MOERS DRIVE				^M 07	1	D 3	D 31	/ Y	ү 20	023	Y				
	City CHASKA	State MN	Zip Code 55318-4629	-	Transaction ID : PR2608055568827 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) Corp Dev		M	emo	b Item	I								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	F	P/R Deduction (\$38.46 Bi-Weekly)											
в.	Full Name of Individual (Last, First, Middle Initi LANDO, LISA, , ,	al) or Full O	Organization Name		Date of	Re	eceipt									
	Mailing Address 60 PINEAPPLE STREET APT 3J															
	City BROOKLYN	State NY	Zip Code 11201-6839	Transaction ID : PR2608059568827 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		76.92												
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly) Date of Receipt												
с.	Full Name of Individual (Last, First, Middle Initi WRIGHT, NORMAN, , ,	al) or Full O	Organization Name													
	Mailing Address 26335 N 104TH WAY				07 ^M	1	3	^р 31	/ Y	20)23 [°]					
	City SCOTTSDALE	State AZ	Zip Code 85255-8009		Trans Amount				R26098			7				
	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) erprise Health Equity		M	emc	o Item	ו								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	I F	P/R Ded	lucti	ion (\$ ⁻	192.	30 Bi-V	Veeł	kly)					
s	UBTOTAL of Receipts This Page (optional)			•			,		,		538.4	4				
т	OTAL This Period (last page this line number o	nly)		•					-							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 129 OF

253

			Detailed Summar		×	11a		11b	11c			<u> </u>				
	y information copied from such Reports and Stat for commercial purposes, other than using the n										ributio					
	NAME OF COMMITTEE (In Full)				10 50						mille	σ.				
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth (Group PA	C)											
A.	Full Name of Individual (Last, First, Middle Initial PATEL, KETAN, , ,	l) or Full Or	rganization Name		[Date of Receipt										
	Mailing Address 1811 PITCAIRN DRIVE					07 / D D / Y Y Y Y 07 31 2023										
	City COSTA MESA	State CA	Zip Code 92626-4702			Transaction ID : PR2612523368827 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С														
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individua Pharm Ops	al)		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	576.90	P	/R Ded	ucti	on (\$38	.46 Bi-W	eekly)						
B.	Full Name of Individual (Last, First, Middle Initial STEVENS, J, , ,	l) or Full Or	rganization Name			Date of	Re	ceipt								
	Mailing Address 133 MEADERBORO ROAD				07 31 2023											
	City ROCHESTER	State NH	Zip Code 03867-4237						PR2612 eceipt th			_				
	FEC ID number of contributing federal political committee.	С			76.92											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individua Pir Tech Prod Mgmt		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼		P/R Deduction (\$38.46 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial BAKER, MICHAEL, , ,	l) or Full Or	rganization Name			Date of	Re	ceipt								
	Mailing Address 2383 HIGHOVER TRAIL					^M 07	/	31	/ Y	2023		Ŷ				
	City CHANHASSEN	State MN	Zip Code 55317-4744					-	PR2612 eceipt th							
	FEC ID number of contributing federal political committee.	С						y :	.,		84.60	0				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individua Segment COO	l)		M	emo	tem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	2884.50	P	/R Ded	ucti	on (\$19	2.30 Bi-\	Veekly	()					
s	UBTOTAL of Receipts This Page (optional)			•••••				, ,		5	38.44	1				
т	OTAL This Period (last page this line number on	ly)		····· ►							-					

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

FOR LINE NUMBER:

(check only one)

PAGE 130 OF

I EIVIIZED RECEIFIS		Deteiled Current Pare	X 11a 11b 11c 12												
		Detailed Summary Page													
			erson for the purpose of soliciting contributions to solicit contributions from such committee.												
NAME OF COMMITTEE (In Full)															
UnitedHealth Group Incor	porated PAC (I	JnitedHealth Group P	AC)												
Full Name of Individual (Last, First, M A. SHILTS, MATTHEW, , ,	,	rganization Name	Date of Receipt												
Mailing Address 10 WOODLAND ROA			07 31 2023												
City EDINA	State MN	Zip Code	Transaction ID : PR2612533268827												
		55424-1631	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		92.30												
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Tech Off	Memo Item												
Receipt For:	Aggregate	Year-to-Date V	-												
Other (specify) ▼		692.25	P/R Deduction (\$46.15 Bi-Weekly)												
Full Name of Individual (Last, First, M B. KIECKHAFER, REGINA, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt												
Mailing Address 28 BINNACLE LANE			07 31 2023												
City	State	Zip Code	Transaction ID : PR2612536268827												
KENNEBUNKPORT	ME	04046-5434	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:	Aggregate	Year-to-Date ▼													
Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)												
Full Name of Individual (Last, First, M C. HANSEN, KIMBERLY, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt												
Mailing Address 6227 UPLAND LN N			07 / D D / Y Y Y Y 07 31 2023												
	State	Zip Code	Transaction ID : PR2613383268827												
MAPLE GROVE	MN	55311-4003	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		28.08												
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item												
Optum Services, Inc	Dir N	Itwk Prgms													
Receipt For:	Aggregate	Year-to-Date V	_												
Other (specify)		210.60	P/R Deduction (\$14.04 Bi-Weekly)												
SUBTOTAL of Receipts This Page (opti	onal)		148.46												
TOTAL This Period (last page this line	number only)														

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

FOR LINE NUMBER:

(check only one)

PAGE 131 OF

			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1											
	y information copied from such Reports and Stat for commercial purposes, other than using the n			erson for the purpose of soliciting contributions											
$\overline{)}$	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group P	AC)											
	Full Name of Individual (Last, First, Middle Initial KREJCI, ANDREW, , ,	l) or Full Oi	rganization Name	Date of Receipt											
	Mailing Address 19880 LAKEVIEW AVENUE			07 / D D / Y Y Y Y 2023											
	City	State	Zip Code	Transaction ID : PR2614310768827											
	EXCELSIOR	MN	55331-9352	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		56.16 Memo Item											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm												
		Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		421.20	P/R Deduction (\$28.08 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initial THOMPSON, JOHN, , ,	Date of Receipt													
	Mailing Address 3100 NORTH OCEAN BOULEV	ARD		07 31 2023											
	City	State	Zip Code	Transaction ID : PR2614322368827											
	FORT LAUDERDALE	FL	33308-7191	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) S Dir SIs	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial RHODES, JOHN, , ,	l) or Full Oi	rganization Name	Date of Receipt											
	Mailing Address 12439 GLENLIVET LOWLAND			07 / D D / Y Y Y Y 2023											
	City LAS VEGAS	State NV	Zip Code 89138-6244	Transaction ID : PR2615075168827											
			03130-0244	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	Occu Mkt I	upation (for Individual) Pres	Memo Item											
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify)		288.45	P/R Deduction (\$19.23 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)			133.08											
T	OTAL This Period (last page this line number on	ly)													

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

FOR LINE NUMBER:

(check only one)

PAGE 132 OF

				Detailed Summary Page		11a		-	11b	_	11c		12 16				
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for the		rpo	ose of	soli		con					
	NAME OF COMMITTEE (In Full)									-				-			
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)												
A.	Full Name of Individual (Last, First, Middle Initia SOLOMON, RANDALL, , ,	l) or Full O	rgar	nization Name		Date (of R	ec	eipt								
	Mailing Address 760 HAIGHT STREET					^M 07	Λ	/	31	1	Y	ү 20)23	Y			
	City SAN FRANCISCO	State CA		Zip Code 94117-3317					o <mark>n ID : I</mark> Each Re					,			
	FEC ID number of contributing federal political committee.	С			76.92												
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) rl Med Dir		N	/lem	0	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)								()				
в.	Full Name of Individual (Last, First, Middle Initia BIRNBAUM, MICHAEL, , ,	l) or Full O	rgar	nization Name		Date (of R	ec	eipt								
	Mailing Address 55 DEAN STREET				07 / D D / Y Y Y Y Y 2023												
	City BROOKLYN	State NY		Zip Code 11201-6245						D : PR2615671668827 h Receipt this Period							
	FEC ID number of contributing federal political committee.	С				384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) care Econ		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initia SCALLY, MICHAEL, , ,	l) or Full O	rgar	nization Name	Date of Receipt												
	Mailing Address 601 PLYMOUTH RD					07		/	D D D 31		Ŷ	20	23				
	City BALTIMORE	State MD		Zip Code 21229-2213					on ID : I Each Re					7			
	FEC ID number of contributing federal political committee.	С						,			,		28.0	8			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		ľ	/lem	0	ltem								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)												
s	UBTOTAL of Receipts This Page (optional)			••••••							7		489.6	0			
т	OTAL This Period (last page this line number or	ıly)		•	-			,			-						

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

FOR LINE NUMBER:

(check only one)

PAGE 133 OF

				ailed Summary Page		X 11a		11b	11c	;	12	
						13		14	15		16	17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not b address	be sold or used by any po of any political committee	ersor e to :	n for the solicit cor	pur ntrib	oose of utions	solicit from s	ing co uch c	ontribut ommitt	tions ee.
\backslash	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporate	d PAC (Unite	dHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initi KIRBY, WESLEY, , ,	al) or Full C	Organiza	tion Name		Date of	Re	ceipt				
	Mailing Address 1302 N MALLARD LN					м м 07	/	D 31	> /	Y Y 2	2023	Y
	City	State		o Code		Trans	acti	ion ID :	PR26	15957	06882	7
	ROGERS	AR		72756-1610	_	Amount	of	Each F	leceipt	this I	Period	
	FEC ID number of contributing federal political committee.	С									28.0	08
	Name of Employer (for Individual) Optum Services, Inc		•	(for Individual) dvisory Svcs		Me	emc	Item				
	Receipt For:	Aggregate	Year-to	-Date 🔻								
	Primary General Other (specify) ▼			210.60		P/R Ded	ucti	on (\$14	.04 Bi-	Week	ly)	
в.	Full Name of Individual (Last, First, Middle Initi OSTRANDER, ROBERT, , ,	al) or Full C	Organiza	tion Name		Date of	Re	ceipt				
	Mailing Address 18 BARTON COURT					м м 07	1	31) /	ү ү 2	023	Y
	City	State	Zi	o Code		Trans	acti	on ID :	PR261	15960	<u>66882</u>	7
	PLEASANT HILL	CA	9	4523-2029		Amount	of	Each F	leceipt	this	Period	
	FEC ID number of contributing federal political committee.	С									76.9	92
	Name of Employer (for Individual) Optum Services, Inc		upation Comm	(for Individual)		Me	emc	Item				
	Receipt For:	Aggregate	Year-to	-Date 🔻								
	Primary General Other (specify) ▼		<u>,</u>	576.90		P/R Ded	ucti	on (\$38	.46 Bi-'	Week	ly)	
с.	Full Name of Individual (Last, First, Middle Initi LONGORIA, PATRICIA, , ,	al) or Full C	Organiza	tion Name		Date of	Re	ceipt				
	Mailing Address 906 BLUEBIRD					07	1	D 31			023	Y
	City	State TX		Code				ion ID :				7
	MANCHACA		1	8652-4154	_	Amount	of	Each F	leceipt	this I	Period	
	FEC ID number of contributing federal political committee.	С					28.08					
	Name of Employer (for Individual)		•	(for Individual)		Me	emo	ltem				
	United HealthCare Services Inc	Dir (Gen Mg	mt								
	Receipt For:	Aggregate	Year-to	-Date 🔻	_							
	Other (specify)			210.60		P/R Ded	lucti	on (\$14	.04 Bi-	Week	.ly)	
s	UBTOTAL of Receipts This Page (optional)			••••••				, .			133.0)8
Т	OTAL This Period (last page this line number o	nly)		••••••	-			<u></u>				

FOR LINE NUMBER:

(check only one)

PAGE 134 OF

TEMIZED RECEIPTS		for each category		X	11a [11b		11c	12	
		Detailed Summary	rage		13	_	14		15	16	17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n											
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorporated	I PAC (I	JnitedHealth G	Group PAC	C)							
Full Name of Individual (Last, First, Middle Initia TRAW, KEVIN , , ,	l) or Full O	rganization Name		Da	ate of	Rec	ceipt				
Mailing Address 518 13TH ST	1				07	/	D 34		/ Y	y y 2023	Y
	State CA	Zip Code			Transa	actio	on ID	: PI	R26173	6566882	.7
HUNTINGTON BEACH		92648-4038		Ar	nount	of E	Each	Rec	eipt thi	s Period	
FEC ID number of contributing federal political committee.	С						,		-7-	76.	92
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual Cust Service)	ון	Me	mo	ltem				
Pocoint For:	Aggregate	Year-to-Date 🔻		-							
Primary General Other (specify) ▼			576.90	P/F	R Dedu	uctio	on (\$3	8.46	8 Bi-We	ekly)	
Full Name of Individual (Last, First, Middle Initia B. MISKELLCLOUTIER, DOMINIQUE, , ,	l) or Full O	rganization Name		Da	ate of	Rec	ceipt				
Mailing Address 12101 STRETFORD FOREST C	OURT				07	/	3		/ Y	y y 2023	Y
City	State	Zip Code			Fransa		on ID	: PF	26189	8496882	7
BRISTOW	VA	20136-2078		Ar	nount	of E	Each	Rec	eipt thi	s Period	
FEC ID number of contributing federal political committee.	С				_		,		-	28.	08
Name of Employer (for Individual) Optum Services, Inc		upation (for Individua Med Clin Ops)		Me	mo	ltem				
Receipt For:	Aaareaate	Year-to-Date 🔻		1							
Primary General Other (specify) ▼			210.60	P/F	R Dedu	ictio	on (\$1-	4.04	Bi-We	ekly)	
Full Name of Individual (Last, First, Middle Initia C. DOMB, JULIET, , ,	l) or Full O	rganization Name		Da	ate of	Rec	ceipt				
Mailing Address 116 CHURCH ST					07	/	۰ ع		/ Y	y y 2023	Y
City	State	Zip Code			Transa	actio	on ID	: PI	R26189	8876882	27
WATERTOWN	MA	02472-4721		Ar	nount	of E	Each	Rec	eipt thi	s Period	
FEC ID number of contributing federal political committee.	С						,		9	192.	30
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual Gen Mgmt)	ון	Me	mo	Item				
Receipt For:	I	Year-to-Date ▼		-							
Primary General Other (specify)			442.25	P/F	R Dedu	uctic	on (\$9	6.1	5 Bi-We	ekly)	
SUBTOTAL of Receipts This Page (optional)			>	Γ						297.	30
TOTAL This Period (last page this line number on				Ē			,		-		

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 135 OF

			for each category of the Detailed Summary Page								
or for c	ommercial purposes, other than using the n										
\	ie of committee (in full) itedHealth Group Incorporated	I PAC (I	(UnitedHealth Group PA	C)							
AC(Name of Individual (Last, First, Middle Initia DNNOR, MARSHA, , ,	l) or Full O	Organization Name	Date of Receipt							
Maili City	ng Address 3845 WEST 143RD TERRACE	State	Zip Code	07 / D D / Y Y Y Y 2023							
-	WOOD	KS	66224-3911	Transaction ID : PR2618994368827 Amount of Each Receipt this Period							
	ID number of contributing ral political committee.	С		28.08							
	e of Employer (for Individual) m Services, Inc		cupation (for Individual) gn Exec Dir	Memo Item							
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
	Name of Individual (Last, First, Middle Initia SON, MARK, , ,	l) or Full O	Organization Name	Date of Receipt							
	ng Address 848 S CORONA ST	1		07 / D D / Y Y Y Y 07 31 2023							
City DEN	IVER	State CO	Zip Code 80209-4410	Transaction ID : PR2622561668827 Amount of Each Receipt this Period							
	ID number of contributing ral political committee.	С		76.92							
	e of Employer (for Individual) ed HealthCare Services Inc		cupation (for Individual) A VP SIs Acct Mgmt	Memo Item							
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)							
	Name of Individual (Last, First, Middle Initia	l) or Full O	Organization Name	Date of Receipt							
	ng Address 1030 ROBIN COURT			07 / 07 / 07 / 2023							
City WE	ST SALEM	State WI	Zip Code 54669-1919	Transaction ID : PR2623691068827 Amount of Each Receipt this Period							
	ID number of contributing ral political committee.	С		28.08							
Unite	e of Employer (for Individual) ed HealthCare Services Inc		cupation (for Individual) Regl Affs	Memo Item							
	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
SUBT	DTAL of Receipts This Page (optional)		•	133.08							
ΤΟΤΑΙ	- This Period (last page this line number on	ly)	▶								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 136 OF

	EMIZED RECEIPTS		for each category of Detailed Summary Pa		11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Gro	oup PAC)	
Α.	Full Name of Individual (Last, First, Middle Initia MOURAS, DENNIS, , , Mailing Address 5942 BRIARWOOD COURT	l) or Full C	Organization Name		Date of Receipt
	City CLARKSTON	State MI	Zip Code 48346-3176		07 31 2023 Transaction ID : PR2623702968827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Hlth	upation (for Individual) n Plan CEO Year-to-Date ▼		Memo Item
	Primary General Other (specify) ▼		2884	P.50	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia CAMP, MELISSA, , , Mailing Address 124 WOODFIELD BLVD	l) or Full C	Organization Name		Date of Receipt
	City MECHANICVILLE	State NY	Zip Code 12118-3038		07 31 2023 Transaction ID : PR2624436868827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1	28.08
	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	Year-to-Date ▼ 210	0.60 P	/R Deduction (\$14.04 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia GREIN, DEEDREA, , ,	l) or Full C	Drganization Name		Date of Receipt
	Mailing Address 6610 XERXES AVE S	State	Zip Code		07 / 31 / 2023 Transaction ID : PR2624442268827
	EDINA	MN	55435-3542		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			416.00
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	SVF	P Gen Mgmt		Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2904	F.00	P/R Deduction (\$208.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			····· ►	828.68
т	OTAL This Period (last page this line number on	ly)			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 137 OF

			Use separate sch		(che	eck only	y on	e)	L			
IIEMIZED	RECEIPTS		for each category Detailed Summar		`	11a 13		11b 14		1c 15	12 16	17
	n copied from such Reports and S cial purposes, other than using the								of soli	citing	contribu	tions
NAME OF	COMMITTEE (In Full)											
\ \	Health Group Incorporate	ed PAC (I	JnitedHealth (Group PA	C)							
	of Individual (Last, First, Middle Init REBECCA, , ,	ial) or Full O	rganization Name			Date of	Re	ceipt				
	Iress 1136 BATTERY AVENUE					м м 07	/			Y	y y 2023	Y
City		State	Zip Code		- '	Trans	acti	on ID	: PR2	26244	4266882	7
BALTIMOF	RE	MD	21230-4112			Amount	of	Each	Rece	ipt thi	s Period	
	mber of contributing tical committee.	С						7		-y	384.	60
	mployer (for Individual) IthCare Services Inc		upation (for Individua Govt Affs	l)		Me	emo	ltem				
Receipt Fo		Aggregate	Year-to-Date 🔻									
Other	ary General r (specify) ▼		2	2884.50	F	P/R Ded	uctio	on (\$19	92.30) Bi-W	eekly)	
Full Name B. SINGH, I	of Individual (Last, First, Middle Init KANWAR, , ,	ial) or Full O	rganization Name			Date of	Re	ceipt				
Mailing Add	Iress 10422 VERDI COURT					м м 07	/	D 31		Y	y 2023	Y
City		State	Zip Code			Trans	actio	on ID	: PR2	26244	4596882	7
ELLICOTT	CITY	MD	21042-2586		_ '	Amount	of	Each I	Rece	ipt thi	s Period	
	mber of contributing tical committee.	С						,		-9	28.	08
Name of E Optum Ser	mployer (for Individual) <i>v</i> ices, Inc		upation (for Individua Gen Mgmt	al)		Me	emo	Item				
Receipt Fo		Aggregate	Year-to-Date V									
Other	ary General r (specify) ▼		A I A I	210.60	P	/R Ded	uctic	on (\$14	4.04 E	Bi-We	ekly)	
Full Name C. SMITH,	of Individual (Last, First, Middle Init LISA, , ,	ial) or Full O	rganization Name			Date of	Re	ceipt				
	Iress 5040 INTERLACHEN BLUFF					^M 07	/	31	_	Y	2023 Y	
City EDINA		State MN	Zip Code 55436-1360								0376882 s Period	7
	mber of contributing tical committee.	С						y 1		,	384.	60
Optum Ser	-		upation (for Individua Gen Mgmt	l)		M	emo	Item				
Receipt Fo		Aggregate	Year-to-Date 🔻									
	(specify)		2	2884.50	F	P/R Ded	luctio	on (\$1	92.30) Bi-W	(eekly)	
SUBTOTAL (of Receipts This Page (optional)							9		,	797.2	28
TOTAL This	Period (last page this line number o	only)								-		

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

FOR LINE NUMBER:

(check only one)

PAGE 138 OF

	Any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such committee.												
						or the		po	se of s	oliciting		ntributi	
\		ame and a	adre	ess of any political committee	10 SO	IICIT CO	ntrib	outi	ions fro	om suc	1 CO	rnmitte) e.
\	ME OF COMMITTEE (In Full) InitedHealth Group Incorporated	PAC (I	Uni	itedHealth Group PA	C)								
/	· ·	•		· .	,								
	II Name of Individual (Last, First, Middle Initial IVERS, JEFFREY, , ,) or Full O	rgar	nization Name		Date o	f Re	ece	eipt				
	ailing Address 402 DERBY COURT					м м 07	/	ſ	D D D 31	/ Y	Y 2(023	Y
Cit	iy	State		Zip Code	- '	Trans	acti	ior	n ID : P	R2626	3460)68827	7
Μ	EBANE	NC		27302-9452	/	Amoun	t of	Ea	ach Re	ceipt th	is P	eriod	
	C ID number of contributing deral political committee.	С						,		-gr.	_	28.0	8
	me of Employer (for Individual) hited HealthCare Services Inc		upat ec Di	ion (for Individual) r		М	emc	o It	tem				
Re		Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-7-	210.60	P	/R Dec	lucti	ion	n (\$14.0	4 Bi-W	eekly	y)	
Fu B. _T	II Name of Individual (Last, First, Middle Initial ERRAL, RECCA, , ,) or Full O	Orgar	nization Name		Date o	f Re	ece	eipt				
Ma	ailing Address 6828 SIMMONS RD					м м 07	/	ľ	D D D 31	/ Y	ү 20)23	Y
Cit	•	State		Zip Code						R2626:			,
	ORTH RICHLAND HILLS	ТХ		76182-4259	- /	Amoun	t of	Ea	ach Re	ceipt th	is P	eriod	
	C ID number of contributing deral political committee.	С					_	,		-9-	_	28.0	8
	ame of Employer (for Individual) otum Services, Inc			ion (for Individual) Mgmt		М	emc	o It	tem				
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 210.60	P	/R Ded	lucti	on	(\$14.0	4 Bi-We	eekly	y)	
	II Name of Individual (Last, First, Middle Initial BONAR, BRUCE, , ,) or Full O	Orgar	nization Name		Date o	f Re	ece	eipt				
	ailing Address 2589 HONEYBELL LANE	1				^M 07		l	^D 31	/ Y	20)23 [°]	
Cit	y SCONDIDO	State CA		Zip Code 92027-1847	-					R2626			7
			-		- '	Amoun	t of	Ea	ach Re	ceipt th	iis P	eriod	_
	C ID number of contributing deral political committee.	С						9		y	_	28.0	8
	me of Employer (for Individual)		•	ion (for Individual)		M	emo	o li	tem				
	otum Services, Inc			ware Engineering	_								
	Primary General	Aggregate	Yea	r-to-Date ▼			4	:	(@ 4.4.c		laaki		
	Other (specify)		- y -	210.60		/R Dec	JUCI	ION	1 (ֆ14.0	94 Bi-W	еекі	y)	
SUB	TOTAL of Receipts This Page (optional)			•				,		,		84.2	4
тот	AL This Period (last page this line number on	ly)						,		-			

FOR LINE NUMBER:

(check only one)

PAGE 139 OF

			Detailed Summary Page		11a		11b	11	C I	12	
			Detailed Summary Page		13		14	15	- F	16	17
	v information copied from such Reports and for commercial purposes, other than using										
\setminus	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group PA	AC)							
۹.	Full Name of Individual (Last, First, Middle SCHENCK, ERIK, , ,	Initial) or Full C	organization Name		Date of	Re	ceipt				
	Mailing Address 18236 DOE TRAIL				м м 07	1	D 31	D /	Y	y y 2023	Y
	City BRAINERD	State MN	Zip Code 56401-7987		Trans Amount		on ID : Each F				
	FEC ID number of contributing federal political committee.	С									.08
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Product Manager		М	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	F	P/R Dec	lucti	on (\$14	l.04 Bi	-Wee	kly)	
В.	Full Name of Individual (Last, First, Middle SCOTT, NICOLE, , ,	Initial) or Full C	organization Name		Date of	Re	ceipt				
	Mailing Address 29039 HOBBLEBUSH				07	/	31	/	Y	y y 2023	Y
	City	State	Zip Code		Trans	acti	on ID :	PR26	2773	196882	27
	SAN ANTONIO	TX	78260-2249		Amoun	t of	Each F	Receip	t this	Period	l
	FEC ID number of contributing federal political committee.	С					,			28	.08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs		M	emo	Item				
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		210.60] P	/R Ded	uctio	on (\$14	.04 Bi	-Wee	kly)	
с.	Full Name of Individual (Last, First, Middle MORRIS, BARBARA, , ,	Initial) or Full C	organization Name		Date of	Re	ceipt				
	Mailing Address 1045 SWEET GUM WAY				^M 07	1	D 31		Y	y 2023	Y
	City MEBANE	State NC	Zip Code 27302-6511				ion ID :				
	MEDANE		27302-0311		Amoun	t of	Each F	Receip	t this	Period	
	FEC ID number of contributing federal political committee.	C					y			28	.08
	Name of Employer (for Individual)	Occ	upation (for Individual)		М	emc	Item				
	United HealthCare Services Inc	Dir (Clms								
		Aggregate	Year-to-Date ▼								
	Other (specify)		210.60] F	P/R Dec	lucti	on (\$14	1.04 B	-Wee	ekly)	

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

FOR LINE NUMBER:

(check only one)

PAGE 140 OF

253

				Detailed Summary Page		(11a		-	11b 14		11c	12		17
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for th		urp	ose of		oliciting	contri	ibuti	ons
$\overline{)}$	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia LINDLEY, SHEILA, , ,) or Full O	Orgar	ization Name		Date	of F	Red	ceipt					
	Mailing Address 3656 WINDING WOOD LANE					[™] 07	М	/	D 31		/ Y	y 2023	Y 3	Y
	City LEXINGTON	State KY		Zip Code 40515-1283							R26277 ceipt thi			
	FEC ID number of contributing federal political committee.	С							,			2	27.8	0
	Name of Employer (for Individual) Optum Services, Inc	Occu Med	•	ion (for Individual)			Vlen	no	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 208.50	I F	P/R D	educ	ctic	on (\$13	3.9	0 Bi-We	eekly)		
B.	Full Name of Individual (Last, First, Middle Initia DUKART, JENNIFER, , ,) or Full O	Orgar	ization Name		Date	of F	Red	ceipt					
	Mailing Address 2541 DRESDEN LANE					[™] 07		/	31		/ Y	2023		Y
	City GOLDEN VALLEY	State MN		Zip Code 55422-3617							R26277 ceipt thi			
	FEC ID number of contributing federal political committee.	С				<u> </u>		_	,		-9	38	34.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) gment Gen Counsel			Vlen	no	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2884.50	F	P/R De	educ	ctic	on (\$19)2.:	30 Bi-W	/eekly)		
с.	Full Name of Individual (Last, First, Middle Initial PARIS, KATHERINE, , ,) or Full O	Orgar	ization Name		Date	of F	Red	ceipt					
	Mailing Address 17365 62ND AVE N					[™] 07	1	/	D 31			2023	3	
	City MAPLE GROVE	State MN		Zip Code 55311-6405							R26283			
	FEC ID number of contributing federal political committee.	С				<u> </u>			y .		y	19	92.3	0
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP G		ion (for Individual) Affs			Men	no	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1442.25	I F	P/R D	eduo	ctio	on (\$96	5.1	5 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)			••••••	•				, .		,	60)4.7	0
т	OTAL This Period (last page this line number on	ly)		••••••	•				,		-		-	

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

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

FOR LINE NUMBER:

(check only one)

PAGE 141 OF

				Detailed Summary Page		11a 13		11b		11c		12 16	17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements mane and a	ay n addre	ot be sold or used by any pe ess of any political committee	erson f	or the	purp ntrib	pose	of s s fro	oliciting	cor cor	ntribut	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia SHJERVE, NICHOLAS, , ,	l) or Full C	Drgai	nization Name		Date of	Re	eceipt	:				
	Mailing Address 12126 94TH AVE N	1				^M 07	/		31	/ Y	Y 20)23	Y
	City	State		Zip Code		Trans	acti	ion II	D : P	R26283	298	868827	7
	MAPLE GROVE	MN		55369-7154	A	Amount	of	Each	n Red	ceipt th	s P	eriod	
	FEC ID number of contributing federal political committee.	С				_		-		-y		76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) Gen Counsel		Me	emo	lten	n				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	576.90	P	/R Ded	uctio	on (\$	38.4	6 Bi-We	ekly	y)	
в.	Full Name of Individual (Last, First, Middle Initial MANNING, KIM, , ,	l) or Full C	Drgai	nization Name		Date of	Re	eceipt	:				
	Mailing Address 12703 DEER CREEK DRIVE					M M 07	/		31	/ Y	ү 20	23	Y
	City	State		Zip Code		Trans	acti	on II) : P	R26283	314	68827	,
	ОМАНА	NE		68142-1762	/	Amount	of	Each	n Red	ceipt thi	s P	eriod	
	FEC ID number of contributing federal political committee.	С				_		-		-y=-		76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		cupa Mkte	iion (for Individual) 9		Me	emo	lten	n				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify)		Ļ.	576.90	P	/R Ded	uctio	on (\$	38.4	6 Bi-We	ekly	()	
с.	Full Name of Individual (Last, First, Middle Initial VANDERWALDE, LAMBERT, , ,	l) or Full C	Drgai	nization Name		Date of	Re	ceipt					
	Mailing Address 45 AUDUBON CAUSEWAY	1				^M 07	1		31	/ Y	20)23	
	City	State FL		Zip Code				-		R26283			7
	LANTANA			33462-4756	/	Amount	of	Each	n Red	ceipt th	s P	eriod	
	FEC ID number of contributing federal political committee.	С						9		y	_	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) G Research-Corp Affairs		Me	emo	b Iten	n				
	Receipt For:			r-to-Date ▼	-								
	Primary General Other (specify)		-	2884.50	P	/R Ded	ucti	ion (\$	5192.	30 Bi-W	/eeł	kly)	
s	UBTOTAL of Receipts This Page (optional)			••••••				9	Ξ	y		538.4	4
т	OTAL This Period (last page this line number on	ly)						_		-			

FOR LINE NUMBER:

(check only one)

PAGE 142 OF

			Detailed Summary Page	X	11a 13		11b		11c 15	12	17
	y information copied from such Reports and State for commercial purposes, other than using the na				or the p		oose		oliciting	contribu	tions
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initial) PIAZZA, ELIZABETH, , ,) or Full O	Organization Name	[Date of	Re	ceip	ot			
	Mailing Address 117 HILLSIDE LN	1 -			м м 07	/	D	31	/ Y	ү ү 2023	Y
	City POTTSTOWN	State PA	Zip Code 19465-8583							33416882	-
	FEC ID number of contributing federal political committee.	C			Amount	or	Eac	n Re	ceipt th	iis Period 76.	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops		Me	emo	Ite	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P	/R Dedi	uctio	on (\$38.4	6 Bi-W	eekly)	
B.	Full Name of Individual (Last, First, Middle Initial) KORNHAUSER, MICHAEL, , ,) or Full O	Organization Name		Date of	Re	ceip	ot			
	Mailing Address 180 SUMMIT LANE	1-			™M 07	/	D	31	/ Y	2023	Y
	City BALA CYNWYD	State PA	Zip Code 19004-2931	<i>F</i>						33576882 iis Period	
	FEC ID number of contributing federal political committee.	С					7		-9-	115.	92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir		Me	emo	Ite	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 869.40	P	/R Dedu	uctio	on (S	\$57.9	6 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) MILLER, DEBRA, , ,) or Full O	Organization Name	[Date of	Re	ceip	ot			
	Mailing Address 5218 PINEHURST COURT	1			м м 07	1	L	31		ү ү 2023	
	City WHITESTOWN	State IN	Zip Code 46075							79136882 iis Period	
	FEC ID number of contributing federal political committee.	С			Amount	OI	Lac		, ceipt ti	28.	_
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Product		Me	emo	lte	m			
		Aggregate	Year-to-Date 🔻								
	Other (specify)		210.60	P	/R Ded	ucti	on ((\$14.0)4 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)		►				9		,	220.	92
т	OTAL This Period (last page this line number onl	y)	>				,		-7-		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 143 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	
Any information copied from such Reports and			
or for commercial purposes, other than using th	e name and a	ddress of any political committe	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Incorporat	ted PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle Ir ERICKSON, ALYSSA, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address 6430 POLARIS LANE N			M M / D D / Y Y Y Y 07 31 2023
City	State	Zip Code	Transaction ID : PR2628798968827
MAPLE GROVE	MN	55311-4320	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) Found/Social Resp	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General		1442.25	P/R Deduction (\$96.15 Bi-Weekly)
Other (specify) v			1
Full Name of Individual (Last, First, Middle Ir B. THOMPSON, BRUCE, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address 2826 HEDGEROW DRIVE			07 31 Y Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2628833668827
DALLAS	TX	75235-7590	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) Gen Mgmt	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		, 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir C. BENJAMIN, GEORGANNE, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address 3439 S MILLSPUR WAY			07 31 / Y Y Y Y 2023
City BOISE	State ID	Zip Code	Transaction ID : PR2629554168827
		83716-8648	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) Gen Mgmt	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify)		225.00	P/R Deduction (\$15.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			606.90
TOTAL This Period (last page this line number	r only)		

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

FOR LINE NUMBER:

(check only one)

PAGE 144 OF

				Detailed Summary Page]11a		11b]11c		12	_
						13		14		15		16	17
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements mand a	ay no addre	ot be sold or used by any person of any political committee	erson f e to so	or the licit cor	purp ntrib	pose of utions	f so fro	oliciting m such	cor 1 co	ntribut mmitte	ions ee.
	NAME OF COMMITTEE (In Full)												
$\Big/$	UnitedHealth Group Incorporate	d PAC (Uni	tedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initi DREFAHL, JASON, , ,	ial) or Full C	Drgar	ization Name	1	Date of	Re	ceipt					
	Mailing Address 6104 FOX MEADOW LN					^M 07	1	D 31		/ Y	ү 20)23	Y
	City	State		Zip Code		Trans	acti	ion ID :	: Pl	R26320)789	68827	7
	EDINA	MN		55436-1217	/	Amount	of	Each F	Rec	eipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С								Ŧ	_	384.6	60
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) COO		M	emo	Item					
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	2884.50	P	/R Ded	ucti	on (\$1§	92.3	30 Bi-W	/eek	dy)	
в.	Full Name of Individual (Last, First, Middle Initi NAPOLITANO, DIANE, , ,	ial) or Full C	Drgar	ization Name		Date of	Re	ceipt					
	Mailing Address 9 CHESTNUT COURT					м м 07	/	D 31		/ Y	y 20	23	Ŷ
	City	State		Zip Code		Trans	acti	on ID :	PF	26320	877	68827	,
	BASKING RIDGE	NJ		07920-3100	/	Amount	of	Each F	Rec	eipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С								- 7 -	_	28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) apability		M	emo	Item					
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	210.60	P	/R Ded	uctio	on (\$14	1.04	1 Bi-We	ekly	/)	
с.	Full Name of Individual (Last, First, Middle Initi GORSUCH, KIRSTEN, , ,	ial) or Full C	Drgar	ization Name		Date of	Re	ceipt					
	Mailing Address 10020 E GRAYTHORN DRIVE					^M 07	/	D 31		/ Y		23	Y
	City	State		Zip Code		Trans	acti	ion ID	: P	R26320)878	86882	7
	SCOTTSDALE	AZ		85262-5134	/	Amount	of	Each F	Rec	eipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,		y	Ξ	384.6	60
	Name of Employer (for Individual)	Occ	cupati	ion (for Individual)	-	M	emo	ltem					
	United HealthCare Services Inc		P Cor	· · · ·									
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)	33 13 11		2884.50	P	/R Ded	lucti	on (\$19	92.:	30 Bi-W	√eek	dy)	
_			7										
s	UBTOTAL of Receipts This Page (optional)			•	.			,		y	_	797.2	8
Т	OTAL This Period (last page this line number c	only)		•••••				,		- y	Ξ		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 145 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17									
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay r addr	not be sold or used by any pe ess of any political committee	rson to s	for the purpose of soliciting contributions olicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (Un	itedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initia TUFFIN, MICHAEL, , , Mailing Address 5904 ASHBY MANOR PLACE	al) or Full C)rga	nization Name		Date of Receipt									
	City ALEXANDRIA	State VA		Zip Code 22310-2267		Transaction ID : PR2632087968827 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) ovt Affs		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2307.60		P/R Deduction (\$192.30 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia MEENTS, BENJAMIN, , ,	al) or Full C)rga	nization Name		Date of Receipt									
	Mailing Address 6531 BIG WOODS DRIVE					07 31 2023									
	City MINNETRISTA	State MN		Zip Code 55331-2026		Transaction ID : PR2632088168827 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		upa Mkt	tion (for Individual) g		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 576.90		P/R Deduction (\$38.46 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initia WALTHOUR, JOHN, , ,	al) or Full C	rga	nization Name		Date of Receipt									
	Mailing Address 5049 COLFAX AVE S	State		Zip Code		07 / D D / Y Y Y Y 07 31 2023									
	MINNEAPOLIS	MN		55419-1145		Transaction ID : PR2632877068827 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	•	tion (for Individual) 9		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2884.50		P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			•		846.12									
т	OTAL This Period (last page this line number or	nly)		••••••											

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

FOR LINE NUMBER:

(check only one)

PAGE 146 OF

	EIVIZED RECEIFIS		Detailed Summary Page				a		11	b	11c		12				
				and Jummary Faye		< 11a 13			14	[15		16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the																
\backslash	NAME OF COMMITTEE (In Full)																
$\Big $	UnitedHealth Group Incorporate	d PAC (l	Unite	edHealth Group PA	NC)												
Α.	Full Name of Individual (Last, First, Middle Initia PARR, MICHAEL, , ,	al) or Full O	rganiz	ation Name		Date	of	Red	cei	pt							
	Mailing Address 2625 LEROY LANE					07 / D D / Y Y Y Y 31 2023											
	City	State	Z	ip Code		Tra	nsa	acti	on	ID : F	PR2632	8835	56882	7			
	WEST BLOOMFIELD	MI		48324-2237	_	Amo	unt	of I	Ea	ch Re	eceipt t	nis P	Period				
	FEC ID number of contributing federal political committee.	С							,			_	28.	08			
	Name of Employer (for Individual) United HealthCare Services Inc		upatior c Dir	n (for Individual)			Me	mo	lte	эm							
	Receipt For:	Aggregate	Year-t	o-Date ▼													
	Primary General Other (specify) ▼			210.60		P/R D	edu	uctic	on	(\$14.0	04 Bi-W	'eekl	y)				
В.	Full Name of Individual (Last, First, Middle Initia SARGENT, GLORIA, , ,	al) or Full O	Irganiz	ation Name		Date	of	Red	cei	pt							
	Mailing Address 3750 CANAL STREET					M 0		/	Γ	31	/ Y)23	Y			
	City	State	Z	ip Code		Tra	nsa	actio	on	ID : F	PR2634	1193	36882	7			
	SAINT CHARLES	MO		63301-8510		Amo	unt	of I	Ea	ch Re	eceipt t	nis P	Period				
	FEC ID number of contributing federal political committee.	С			28.08												
	Name of Employer (for Individual) United HealthCare Services Inc		upation Plan	n (for Individual) CEO		Ц	Me	mo	lte	€							
	Receipt For:	Aggregate	Year-t	o-Date 🔻	-												
	Primary General Other (specify) ▼		, .	210.60	F	P/R Deduction (\$14.04 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initia HAPGOOD, WADE, , ,	al) or Full O	rganiz	ation Name		Date	of	Red	cei	pt							
	Mailing Address 330 NW 82ND					[™] 0'	М	/		31	/ Y)23 [°]	Y			
	City	State		ip Code		Tra	insa	acti	ion	ID : F	PR2634	1670	06882	7			
	ТОРЕКА	KS		66617-2223		Amo	unt	of I	Ea	ch Re	eceipt t	nis P	Period				
	FEC ID number of contributing federal political committee.	С							9		,	_	115.	38			
	Name of Employer (for Individual) United HealthCare Services Inc		upatior Govt At	n (for Individual)			Me	emo) Ite	эm							
	Receipt For:				_												
	Primary General	Aggregate	Year-t	o-Date V													
	Other (specify)			865.35		P/R C)edı	uctio	on	(\$57.6	69 Bi-W	leeki	y)				
s	UBTOTAL of Receipts This Page (optional)			•					9		,		171.	54			
т	OTAL This Period (last page this line number o	nly)		••••••	_				,								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 147 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	.C)									
Α.	Full Name of Individual (Last, First, Middle Initial ROALDI, MICHAEL, , , Mailing Address 4720 HARRIET AVENUE) or Full O	rganization Name	Date of Receipt									
	City MINNEAPOLIS	State MN	Zip Code 55419-5434	Transaction ID : PR2634169568827 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		77.00									
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	SVF	upation (for Individual) P Prd	Memo Item									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 577.50	P/R Deduction (\$38.50 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial HACKNEY, JOHN, , ,) or Full O	organization Name	Date of Receipt									
	Mailing Address 425 N 15TH ST City NASHVILLE FEC ID number of contributing	State TN	Zip Code 37206-2774	M M / D D / Y									
	federal political committee. 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 ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial PRIBLE, JOHN, , , Mailing Address 1923 SHIVER DR) or Full O	rganization Name	Date of Receipt									
	City ALEXANDRIA	State VA	Zip Code 22307-1629	Transaction ID : PR2634656668827 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 ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			538.52									
т	OTAL This Period (last page this line number on	ly)	•										

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

FOR LINE NUMBER:

(check only one)

PAGE 148 OF

		for each category of the	X 11a 11b 11c 12										
		Detailed Summary Page											
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)													
UnitedHealth Group Incorp	orated PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Mid A. SIEVERS, NORA, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 18605 75TH AVE N			07 / D D / Y Y Y Y 2023										
	State	Zip Code	Transaction ID : PR2634880968827										
MAPLE GROVE	MN	55311-2244	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		400.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Recruit	Memo Item										
Receipt For:	Aaareaate	Year-to-Date ▼	7										
Primary General Other (specify) ▼		2800.00	P/R Deduction (\$200.00 Bi-Weekly)										
Full Name of Individual (Last, First, Mid THOMPSON, DUSTIN, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3037 E BDE MAKA Sk	A PKWY		07 31 Y Y Y Y 07 31 2023										
City	State	Zip Code	Transaction ID : PR2634882768827										
MINNEAPOLIS	MN	55408-2520	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		416.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2704.00	P/R Deduction (\$208.00 Bi-Weekly)										
Full Name of Individual (Last, First, Mic C. WARGIN, AMY, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 11149 SWEETWATEF	R PATH		07 31 Y Y Y Y Y 2023										
City	State	Zip Code	Transaction ID : PR2634883868827										
WOODBURY	MN	55129-5293	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		400.00										
Name of Employer (for Individual)		upation (for Individual)	Memo Item										
Optum Services, Inc Receipt For:		-	-										
Primary General	Aggregate	Year-to-Date V											
Other (specify)		2800.00	P/R Deduction (\$200.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optic	nal)	••••••	1216.00										
TOTAL This Period (last page this line n	umber only)	••••••											

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 149 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Stat for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated		UnitedHealth Group PA	C)										
	Full Name of Individual (Last, First, Middle Initial	`	•											
Α.	WOJCIK, ADAM, , ,			Date of Receipt										
	Mailing Address 11424 BOULDER DRIVE	Chata	Zin Onda	07 / D D / Y Y Y Y 2023										
	City ORLAND PARK	State IL	Zip Code 60467-7419	Transaction ID : PR2634886568827										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 398.00										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.03	P/R Deduction (\$199.00 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initial PESCATELLO, SARA, , ,) or Full C	Organization Name	Date of Receipt										
	Mailing Address 1311 HAMLIN STREET NE			07 31 2023										
	City	State DC	Zip Code	Transaction ID : PR2634888568827										
		DC	20017-2451	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 ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initial POWER, ROBERT, , ,) or Full C	Organization Name	Date of Receipt										
	Mailing Address 20 SMITH LANE			07 / D D / Y Y Y Y 07 31 2023										
	City SAINT JAMES	State NY	Zip Code 11780-3810	Transaction ID : PR2634892868827										
	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) Gen Mgmt	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2659.38	P/R Deduction (\$212.00 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			1014.30										
Т	OTAL This Period (last page this line number on	ly)												

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

FOR LINE NUMBER:

(check only one)

PAGE 150 OF

			Detailed Summary Page	×	11a		11b	11c	12						
٨	, information popied from such Departs and Ot-	tomonto ===	w not ho cold or used by any m		13 for the		14	15	16		17				
	/ information copied from such Reports and Sta for commercial purposes, other than using the r														
$\overline{)}$	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia PAYET, KEITH, , ,	l) or Full O	rganization Name		Date of Receipt										
	Mailing Address 26495 SE KENT KANGLEY RD				07 31 2023										
	City	State	Zip Code		Transaction ID : PR2635440068827										
-	RAVENSDALE	WA	98051-9427	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		М	emo	tem								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		2884.50	F	P/R Dec	lucti	on (\$192	.30 Bi-W	/eekly)						
	Full Name of Individual (Last, First, Middle Initia MANN, MELISSA, , ,	l) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 15526 ELM RD				07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
	City	State	Zip Code		Trans	acti	on ID : P	R26354	42168	827					
-	MAPLE GROVE	MN	55311-3941		Amoun	t of	Each Re	ceipt th	is Peri	od					
	FEC ID number of contributing federal political committee.	С				_			3	38.46					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) People Team		М	emo	tem								
	Receipt For:	Aggregate	Year-to-Date V	P/R Deduction (\$19.23 Bi-Weekly)											
	Other (specify) ▼		288.45												
с.	Full Name of Individual (Last, First, Middle Initia MIRAU, ANTHONY, , ,	l) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 770 HAWKCREST CIR				м м 07	/	D D D 31	/ Y	2023						
	City CHANHASSEN	State MN	Zip Code 55317-4860				ion ID : F								
-			55517-4800		Amoun	t of	Each Re	ceipt th	is Peri	od					
	FEC ID number of contributing federal political committee.	С			<u>_</u>		y	y	19	92.30					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		М	emc	tem								
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Other (specify)		1442.25	F	P/R Dec	lucti	ion (\$96.′	15 Bi-We	ekly)						
SI	JBTOTAL of Receipts This Page (optional)		•••••				, .	9	61	5.36					
тс	OTAL This Period (last page this line number or	ıly)					T	-		-					

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

FOR LINE NUMBER:

(check only one)

PAGE 151 OF

			Detailed Summary Page			11a 13] 1 [.] 1.	1b 4	11c		12 16	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		po	se of :	solicitir		ntribut	ions			
	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	NC)											
A.	Full Name of Individual (Last, First, Middle Initial ELLER, JESSE, , ,) or Full O	Orga	nization Name		Date of Receipt										
	Mailing Address 28108 N 17TH DR	1				07 / <u>31</u> / <u>2023</u>										
	City PHOENIX	State AZ		Zip Code 85085-5352	Transaction ID : PR2635445168827 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		cupa ec Di	tion (for Individual) r		М	emo	o It	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.60	P	P/R Dec	lucti	ion	(\$0.0) Bi-We	ekly)				
в.	Full Name of Individual (Last, First, Middle Initial ROOS, THOMAS, , ,) or Full O	Orga	nization Name		Date of	f Re	ece	eipt							
	Mailing Address 3199 KAGEN AVE NE					м м 07	/	ľ	D D 31)23	Y			
	City SAINT MICHAEL	State MN		Zip Code 55376-3416		Trans				PR2635			,			
	FEC ID number of contributing federal political committee.	С				384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) hief Acctng Off		M	emo	o It	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2884.50	P	/R Ded	uctio	on	(\$192	.30 Bi-'	Weel	kly)				
C.	Full Name of Individual (Last, First, Middle Initial NELSON, MICHAEL, , ,) or Full O	Orga	nization Name		Date of	f Re	ece	eipt							
	Mailing Address 2048 STAGHORN DRIVE					^M 07	1	l	D 31)23 [°]	Y			
	City SHAKOPEE	State MN		Zip Code 55379-5412		Trans Amount				PR263			7			
	FEC ID number of contributing federal political committee.	С						,		,	_	28.0	8			
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) Business Partner		М	emo	o li	tem							
		Aggregate	Yea	ar-to-Date 🔻												
	Primary General Other (specify)		-p-	210.60	F	P/R Dec	lucti	ion	n (\$14.	04 Bi-V	Veek	ly)				
s	UBTOTAL of Receipts This Page (optional)			•				,		,		440.7	6			
т	OTAL This Period (last page this line number on	ly)		•				,								

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

FOR LINE NUMBER:

(check only one)

PAGE 152 OF

				Detailed Summary Page		11a		11b		11c		12					
						13		14		15		16	17				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and a	ay n addr	ot be sold or used by any peess of any political committee	person for the purpose of soliciting contributions se to solicit contributions from such committee.												
\backslash	NAME OF COMMITTEE (In Full)																
$\Big/$	UnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	AC)												
Α.	Full Name of Individual (Last, First, Middle Initia MADONDO, JOHN, , ,	l) or Full C	Orga	nization Name		Date of	Re	ceipt									
	Mailing Address 10 WINSTON ROAD					07 / D D / Y Y Y Y 2023											
	City	State MA		Zip Code		Transaction ID : PR2636726168827											
	HOLLISTON	MA		01746-1454	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		•	tion (for Individual) n CEO		Me	emo	Item									
	Receipt For:	Aggregate	Yea	ur-to-Date ▼													
	Other (specify) ▼		-	576.90	P/R Deduction (\$38.46 Bi-Weekly)												
в.	Full Name of Individual (Last, First, Middle Initia DEMPSEY, MICHAEL, , ,	l) or Full C	Orga	nization Name		Date of	Re	ceipt									
	Mailing Address 6614 PARKWOOD LANE					07 / D D / Y Y Y Y Y 2023											
	City	State		Zip Code		Trans	acti	on ID :	PR	26367	263(68827	,				
	EDINA	MN		55436-1734	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		cupa Fin	tion (for Individual)		Memo Item											
	Receipt For:	Aggregate	Yea	ar-to-Date ▼	-												
	Other (specify) ▼		,	576.90	P	P/R Deduction (\$38.46 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initia HILL, DAVID, , ,	l) or Full C	Drga	nization Name		Date of	Re	ceipt									
	Mailing Address 1800 RIDGE AVENUE UNIT 30	3				^M 07	/	D 31		/ Y	ү 202	23	Y				
	City EVANSTON	State IL		Zip Code 60201-5980				ion ID :					7				
			_	00201-5960	- '	Amount	of	Each F	Rece	eipt thi	s Pe	eriod					
	FEC ID number of contributing federal political committee.	С					_	,	_	y		76.9	2				
	Name of Employer (for Individual)		•	tion (for Individual)		Me	emc	Item									
	United HealthCare Services Inc	Dep	outy	Gen Counsel Mgr													
	Receipt For: Primary General	Aggregate	Yea	ur-to-Date ▼													
	Other (specify)		-	576.90	F	P/R Ded	ucti	on (\$38	8.46	Bi-We	ekly	/)					
s	UBTOTAL of Receipts This Page (optional)			•				,		9		230.7	6				
Т	OTAL This Period (last page this line number or	ıly)		••••••	.			_		-	_						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 153 OF

	.	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 Grou	p Incorporated PAC (I	UnitedHealth Group PA	AC)											
A. LUSIC, TANYA, , ,	st, First, Middle Initial) or Full O	Date of Receipt												
Mailing Address 20840 SAV		Zie Oode	07 31 2023											
City JORDAN	State MN	Zip Code 55352-9633	Transaction ID : PR2636727568827											
FEC ID number of contribut federal political committee.	ing C		Amount of Each Receipt this Period											
Name of Employer (for Indiv United HealthCare Services	,	upation (for Individual) Gen Mgmt	Memo Item											
Receipt For: Primary Gen Other (specify) ▼	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)											
Full Name of Individual (Las B. PEDERSEN, NICHOLA	st, First, Middle Initial) or Full O S, , ,	rganization Name	Date of Receipt											
Mailing Address 1862 CLOV	ER MEADOW DR		07 / D D / Y Y Y Y 2023											
City	State	Zip Code	Transaction ID : PR2637684768827											
CHASKA	MN	55318-5400	Amount of Each Receipt this Period											
FEC ID number of contribut federal political committee.	ing		28.08											
Name of Employer (for Indiv United HealthCare Services	,	upation (for Individual) Comp	Memo Item											
Receipt For: Primary Gen Other (specify) ▼		Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)											
Full Name of Individual (Las C. CALABRESE, DAVID	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 12 FARM F			07 / D D / Y Y Y Y 2023											
City CAPE ELIZABETH	State ME	Zip Code 04107-2220	Transaction ID : PR2639708368827											
FEC ID number of contribut federal political committee.	ing C		Amount of Each Receipt this Period 384.60											
Name of Employer (for Indiv Optum Services, Inc	,	upation (for Individual) ff Clin Off	Memo Item											
Receipt For: Primary Gen Other (specify)		Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This	Page (optional)		604.98											
TOTAL This Period (last page	this line number only)													

FOR LINE NUMBER:

(check only one)

PAGE 154 OF

•••		Detailed Summary Page					11b	11c		12						
Δr	y information copied from such Reports and S	Statements m	av not be sold or used by any n	erson	13 for the	 	14	15 soliciting		16 tributi	000S					
	for commercial purposes, other than using the			tee to solicit contributions from such committee.												
$ \rangle$	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporat	ed PAC (UnitedHealth Group P/	4C)												
•	Full Name of Individual (Last, First, Middle In	itial) or Full C	organization Name		Date of Receipt											
Α.	MESSING, KEITH, , ,				Date of Receipt											
	Mailing Address 9 BUTTERFIELD DR				07 ^M	1	D D 31	/ Y	20	23	Y					
	City	State	Zip Code		Transaction ID : PR2639734968827											
	GREENLAWN	NY	11740-2001	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) Software Engineering		М	emc	Item									
	Receipt For:															
	Primary General	Aggregate	Year-to-Date ▼				/ * • •			`						
	Other (specify)		210.60	1	P/R Dec	lucti	on (\$14.	04 Bi-Wo	eekly	")						
в.	Full Name of Individual (Last, First, Middle In SMITH, ANTHONY, , ,	itial) or Full C	organization Name		Date of	Re	eceipt									
	Mailing Address 1 ROCKAWAY AVE				07 31 / Y Y Y Y 2023											
	City	State	Zip Code		Trans	acti	on ID :	PR26397	74626	68827						
	MARBLEHEAD	MA	01945-1726		Amoun	t of	Each R	eceipt th	is Pe	eriod						
	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:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)												
<u> </u>	Full Name of Individual (Last, First, Middle In WIGGIN, MATTHEW, , ,	itial) or Full C	Prganization Name		Date of	Re	eceipt									
	Mailing Address 6 MIDDLEBROOK RD				07	1	D D D 31	L	202							
	City WEST HARTFORD	State CT	Zip Code 06119-1014		Trans	act	ion ID :	PR2639	7593	68827	,					
			00119-1014	_	Amoun	t of	Each R	eceipt th	is Pe	eriod						
	FEC ID number of contributing federal political committee.	С			Ľ.	_	y			115.3	8					
	Name of Employer (for Individual)		upation (for Individual)		М	emo	tem									
	United HealthCare Services Inc	VP	Comm													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		865.35		P/R Deduction (\$57.69 Bi-Weekly)											
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			- I		_	y .	· ·		220.3	8					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 155 OF

T	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	`	(check only one)									
			Detailed Summary Page	X 11a	۱	11b	11c	12						
An	y information copied from such Reports and Sta	tements ma	l ay not be sold or used by any pe	erson for th	ne pui	14 rpose c	15 If solicitin	g contribu	l 17 tions					
	for commercial purposes, other than using the n													
\backslash	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	NC)										
A.	Full Name of Individual (Last, First, Middle Initia ZUCCO, BETHANY, , ,	l) or Full O	rganization Name	Date of Receipt										
д.	Mailing Address 2608 CROMWELL COURT			_										
			7.0.1	07 31 2023										
	City MINNEAPOLIS	State MN	Zip Code 55410-2519		Transaction ID : PR2639760068827 Amount of Each Receipt this Period									
	FEC ID number of contributing	C						384.	30					
	federal political committee.	С			-	-gr. 1		004.						
	Name of Employer (for Individual)		upation (for Individual)		Mem	o Item								
	Optum Services, Inc Receipt For:		Mktg	_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) V		2884.50	P/R D	educt	ion (\$1	92.30 Bi-	Weekly)						
				1										
B	Full Name of Individual (Last, First, Middle Initia DUTTA, SUMIT, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1112 W WRIGHTWOOD AVE			M	M /	D		Y Y	Y					
	City	State	Zin Codo	07		3′		2023						
	City CHICAGO	State IL	Zip Code 60614-1315					77386882 his Period	7					
	FEC ID number of contributing					Laun	neceipi i		_					
	federal political committee.	С		384.60										
	Name of Employer (for Individual)		upation (for Individual)	Memo Item										
	Optum Services, Inc	Bus	s Seg Chief Med Off	_										
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify) ▼		2884.50	P/R D	P/R Deduction (\$192.30 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initia SMITH, DELYLE, , ,	l) or Full O	rganization Name	Date	of Re	eceipt								
	Mailing Address PO BOX 447			M	M /	D		Y Y Y	Y					
	<u></u>	Otata	Zin Ond-	0	_	3		2023	_					
	City MT PROSPECT	State IL	Zip Code 60056-0447					980156882 his Period	1					
	FEC ID number of contributing	0							22					
	federal political committee.	C			76.92									
	Name of Employer (for Individual)	Осси	upation (for Individual)		Memo Item									
	Optum Services, Inc	Sr D	Pirector Technology											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)	576.90	576.90 P/R Deduction (\$38.46											
					_									
s	UBTOTAL of Receipts This Page (optional)		••••••	L		,		846.	12					
т	OTAL This Period (last page this line number or	ıly)	••••••											

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

FOR LINE NUMBER:

(check only one)

PAGE 156 OF

	D RECEIPTS		Detailed Summary Page			11a		1	1b	11c		12					
• • • •						13		_	4	15		16	17				
	ation copied from such Reports and Stan nercial purposes, other than using the r																
\ \	OF COMMITTEE (In Full)																
/ Unite	dHealth Group Incorporated	d PAC (l	Un	itedHealth Group PA	AC)												
	ne of Individual (Last, First, Middle Initia OWAY, MERCEDEIS, , ,	al) or Full O	rgai	nization Name		Date o	of Re	ece	eipt								
Mailing A	Address 6737 LANCER DRIVE					07 / 07 / 2023											
City		State		Zip Code		Tran	sact	tio	n ID : P	R2640	4520	68827	7				
CHARLO	JIE	NC		28226-7729	_ /	Amoui	nt of	E	ach Re	ceipt th	is P	eriod					
	number of contributing political committee.	С						,		-9-	_	28.0	8				
	Employer (for Individual) ervices, Inc		•	tion (for Individual) It Executive		N	/lemo	οI	tem								
Receipt	For:	Aggregate	Yea	ar-to-Date ▼													
	mary General her (specify) ▼		-	210.60	P	/R De	ducti	ior	n (\$14.0	4 Bi-W	eekly	y)					
	ne of Individual (Last, First, Middle Initia R, ALISSA, , ,	al) or Full O	rgai	nization Name		Date o	of Re	ece	eipt								
Mailing A	Address 10633 NW 74TH PLACE					[™] 07	/		31	/ Y	ү 20	23	Y				
City		State		Zip Code		Tran	sact	io	n ID : P	R26404	4610	68827	,				
JOHNST	TON	IA		50131-2342	/	Amour	nt of	Е	ach Re	ceipt th	is P	eriod					
	number of contributing olitical committee.	С			115.38												
	f Employer (for Individual) ealthCare Services Inc	Occi VP	•	tion (for Individual)		Memo Item											
Receipt	For:	Aggregate	Yea	ur-to-Date ▼	-												
	mary General her (specify) ▼		,	865.35	P	P/R Deduction (\$57.69 Bi-Weekly)											
Full Nam C. STOV	ne of Individual (Last, First, Middle Initia V, CHRISTINA, , ,	al) or Full O	rgai	nization Name		Date o	of Re	ece	eipt								
Mailing A	Address 5505 30TH ST NW					[™] 07	/	'	31	/ Y)23	Y				
City		State		Zip Code		Tran	sact	tio	n ID : P	R2640	4664	16882	7				
WASHI	NGTON	DC		20015-1249	_ /	Amour	nt of	Е	ach Re	ceipt th	is P	eriod					
	number of contributing olitical committee.	С						9		y	_	384.6	0				
	Employer (for Individual) Services, Inc	Occu VP (•	ion (for Individual)		N	/lemo	οI	ltem								
Receipt	-			ur-to-Date ▼	-												
Pri	mary General	riggrogato	100				duct	tion	n (\$192.	30 Bi-V	امم//	dv)					
Otl	her (specify)		-	2884.50		// DC	uuuu		Π (ΦΤΟΖ	.00 BI V	VCCI	(iy)					
SUBTOTA	L of Receipts This Page (optional)			•••••				,		,		528.0	6				
TOTAL Th	is Period (last page this line number or	nly)					i.	,		-							

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 157 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page								
			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	orated PAC (U	nitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Midd A. <u>WILJANEN HATHAWAY, AMY, , ,</u> Mailing Address 369 135TH AVE	lle Initial) or Full Org	ganization Name	Date of Receipt							
City WAYLAND	State MI	Zip Code 49348-9402	07 31 2023 Transaction ID : PR2640835268827 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: Primary General Other (specify) ▼	Bus D	oation (for Individual) Ovlp Cons /ear-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Midd SHARKEY, S PAUL, , , Mailing Address 8607 ELLISTON DRIVE	lle Initial) or Full Org	ganization Name	Date of Receipt							
City WYNDMOOR	Zip Code 19038-7957	07 31 2023 Transaction ID : PR2640845468827 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		57.70							
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP G	pation (for Individual) en Mgmt	Memo Item							
Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 432.75	P/R Deduction (\$28.85 Bi-Weekly)							
Full Name of Individual (Last, First, Midd BRISSON, SAMUEL, , ,	,	ganization Name	Date of Receipt							
Mailing Address 2454 GETTYSBURG A	State	Zip Code	07 31 2023 Transaction ID : PR2640854568827							
ST LOUIS PARK	MN	55426-2345	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.00							
Name of Employer (for Individual) Optum Services, Inc Receipt For:	Sr Dir	pation (for Individual) ector Technology	Memo Item							
Primary General Other (specify)	Aggregate Y	éar-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		113.78							
TOTAL This Period (last page this line nur	mber only)	••••••								

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

FOR LINE NUMBER:

(check only one)

PAGE 158 OF

				Detailed Summary Page		(11a		1	1b 🗌	11c	; [12				
				Jetalleu Sullillary Paye		13		1	- H	15		16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r															
\backslash	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (I	Un	itedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia PIERCEHARRIS, PHELISHA, , ,	al) or Full O	rga	nization Name		Date o	f Re	ece	eipt							
	Mailing Address 3041 DEE ANN DRIVE					^M 07	/	l	31	1	Y	y y 2023	Y			
	City	StateZip CodeMEMPHISTN38119-9132								PR26	1086	63688	27			
	MEMPHIS									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	ion (for Individual) Dir Clin Pract Perf	Memo Item													
	Receipt For:	Aggregate	Yea	ır-to-Date ▼												
	Primary General Other (specify) ▼		-	210.60] F	P/R Dec	lucti	ion	(\$14.	04 Bi-	Wee	kly)				
в.	Full Name of Individual (Last, First, Middle Initia ESTESS, SHARON, , ,	al) or Full O	rga	nization Name		Date o	f Re	ece	eipt							
	Mailing Address 128 ASHBROOKE TRAIL	07 / 07 / 01 / 2023 Transaction ID : PR2640876568827														
	City	State		Zip Code		Trans	acti	ior	n ID : I	PR264	1087(356882	27			
	MADISON	MS		39110-6855	·	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.92											
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) Mgmt		М	emc	o li	em							
	Receipt For:	Aggregate	Yea	ur-to-Date ▼												
	Primary General Other (specify) V		,	576.90	P	P/R Ded	lucti	ion	(\$38.4	46 Bi-	Weel	<ly)< td=""><td></td></ly)<>				
с.	Full Name of Individual (Last, First, Middle Initia METKO, SARA, , ,	al) or Full O	rga	nization Name		Date o	f Re	ece	eipt							
	Mailing Address 23665 HIGHVIEW LANE					^M 07	/	I	D D D 31	1		2023	Y			
	City	State		Zip Code		Trans	sact	tio	n ID :	PR26	4087	73688	27			
	LAKEVILLE	MN		55044-6025	·	Amoun	t of	Ea	ach Re	eceipt	this	Period	k			
	FEC ID number of contributing federal political committee.	С						9		. ,	_	76	.92			
	Name of Employer (for Individual) United HealthCare Services Inc								tem							
	Receipt For:	Aggregate	Yea	r-to-Date ▼	<u> </u>											
	Primary General	, iggi oguto	100		P/R Deduction (\$38.46 Bi-Weekly)											
	Other (specify)	L	7	576.90			JUCI		ι (φοο.	-10 01-	**66	му <i>)</i>				
s	UBTOTAL of Receipts This Page (optional)				•			,				181	.92			
т	OTAL This Period (last page this line number or	וy)			•			,								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 159 OF

			Use separate schedule(s)	(0	heck onl	y or	ne)						
1T	EMIZED RECEIPTS		for each category of the Detailed Summary Page	`	X 11a 13	Ē	11b 14		11c 15	12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group P	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia ADVANI, PROTIMA, , ,	l) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 7618 BRITTANY PARC CT				07 31 2023								
	City FALLS CHURCH	State VA	Zip Code 22043-2907	_						0241688			
	FEC ID number of contributing federal political committee.	С			Amoun			nec		iis Perioo 384			
	Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) Rsch		М	emc	ltem							
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 2884.50]	P/R Dec	ducti	on (\$1	92.3	30 Bi-V	Veekly)				
в.	Full Name of Individual (Last, First, Middle Initia STRAND, UTE, , ,	ll) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 2323 SPRINGDALE DRIVE				07	/	۵ ع	D 1	/ Y	y 2023	Y		
	City NASHVILLE	State TN	Zip Code 37215-1134							02556882 nis Perioc			
	FEC ID number of contributing federal political committee.	С					7		- p		.46		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		М	emc	ltem						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		288.45]	P/R Ded	lucti	on (\$1	9.23	Bi-We	eekly)			
с.	Full Name of Individual (Last, First, Middle Initia JENSEN, GINA, , ,	ll) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 6287 JUNEAU LANE N				^M 07	J.	3	_	/ Y	y y 2023	_		
	City MAPLE GROVE	State MN	Zip Code 55311-4166							0314688 iis Perioc			
	FEC ID number of contributing federal political committee.	С					y		y	38	.46		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel		М	lemo	b Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 288.45]	P/R Dec	ducti	ion (\$1	9.23	3 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)						,		,	461	.52		
т	OTAL This Period (last page this line number or	ıly)		•			-						

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

FOR LINE NUMBER:

(check only one)

PAGE 160 OF

ITENIZED RECEIPTS						(11a		11	1b	1	11c		12		
				Detailed Summary Page	ΙË	13		14	-	_	15		16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		po	se of	soli	iciting	con	ntribut	ions	
$\overline{)}$	NAME OF COMMITTEE (In Full)														
\sum	UnitedHealth Group Incorporated	PAC (l	Jn	tedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia MARTIN, STEPHANIE, , ,	l) or Full Oi	rgar	nization Name		Date of	f Re	ece	ipt	_		_			
	Mailing Address 7002 N VIA DE MANANA				07 31 / Y Y Y Y Y 2023										
	City	CityStateZip CodeSCOTTSDALEAZ85258-3951								PR2	26428	18 0	68827	7	
	SCUTISDALE									ece	ipt thi	s Pe	eriod		
	FEC ID number of contributing federal political committee.				-			-		153.8	4				
	Name of Employer (for Individual) United HealthCare Services Inc	ion (for Individual) ket VP SIs AM	Memo Item												
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify) ▼	P/R Deduction (\$76.92 Bi-Weekly)													
В.	Full Name of Individual (Last, First, Middle Initia KIRK, ARETHUSA, , ,	l) or Full Oi	rgai	nization Name		Date of	f Re	ece	ipt						
	Mailing Address 16 OTHORIDGE ROAD					^M 07	1	ľ	D D 31	/	Y	Y 202	23 23	Ŷ	
	City	State	_	Zip Code		Trans	acti	ion	ID :	PR2	26428	302	68827	,	
	LUTHERVILLE	MD		21093-5413		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			ion (for Individual) I Clin Ops		M	emo	o It	em						
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify) V		,	210.45	F	P/R Ded	uctio	on	(\$14.	03 E	Bi-We	ekly	')		
с.	Full Name of Individual (Last, First, Middle Initia LONG, RICHARD, , ,	l) or Full Oi	rgai	nization Name		Date of	f Re	ece	ipt						
	Mailing Address 4825 PENN AVE S	1				^M 07	/	l	D D D	/	Y	202	23	Y	
	City MINNEADOLIS	State MN		Zip Code		Trans		-				-		7	
	MINNEAPOLIS			55419-5258		Amount	t of	Ea	ach R	ece	ipt thi	s Pe	eriod		
	FEC ID number of contributing federal political committee.	С						,			y		76.9	2	
	Name of Employer (for Individual)		•	ion (for Individual)		Μ	emc	o It	tem						
	United HealthCare Services Inc	G													
		Aggregate	Yea	r-to-Date 🔻											
	Other (specify)		-	576.90	F	P/R Dec	lucti	ion	(\$38.	.46	Bi-We	ekly	/)		
s	UBTOTAL of Receipts This Page (optional)			•••••	•			,			,		258.8	2	
т	OTAL This Period (last page this line number on	ıly)			•			-			-				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 161 OF

			for each categ Detailed Sumr		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealtl	n Group PAC	C)
Α.	Full Name of Individual (Last, First, Middle Initia FOX, ELIZABETH, , , Mailing Address 611 SECOND STREET	l) or Full O	rganization Name	;	Date of Receipt
	City ALEXANDRIA	State VA	Zip Code 22314-141	6	07 31 2023 Transaction ID : PR2642832068827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP	upation (for Indivi Govt Affs	dual)	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	2884.50	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia HASAN, NADIA, , ,		rganization Name)	Date of Receipt
	Mailing Address 16731 LAKE STREET EXTENSI	ON State	Zip Code		07 31 2023 Transaction ID : PR2642832968827
	MINNETONKA	MN	55345-2745	5	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			218.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Indivi Assc Gen Counse	,	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1308.00	P/R Deduction (\$109.00 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia KEISERJENKINS, KAREN, , ,	l) or Full O	rganization Name)	Date of Receipt
	Mailing Address 9325 MARTINS LAKE DRIVE	State	Zip Code		07 31 2023
	City ROSWELL	State GA	Zip Code 30076-2865	5	Transaction ID : PR2642834468827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			28.08
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Dir N	upation (for Indivi Mktg Bus Dev	dual)	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	210.60	P/R Deduction (\$14.04 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			•	630.68
т	OTAL This Period (last page this line number on	ly)			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 162 OF

				each category of the tailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n										
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (Unite	edHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia RUDOLPH, CLAYTON, , , Mailing Address 4937 RUSSELL AVENUE SOUT	Organiz	ation Name	_	Date of	Rec	eipt	/ Y	YYY	Y	
	City MINNEAPOLIS	State	Z	lip Code 55410-1916	_	07 Trans				2023 9936882	
	FEC ID number of contributing federal political committee.	C		33410-1910	_	Amount	of E	Each Re	ceipt thi	s Period 409.	_
	Name of Employer (for Individual) Optum Services, Inc	Occi VP	•	n (for Individual)		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-1	to-Date ▼ 2746.65	F	P/R Ded	uctio	n (\$204	.85 Bi-W	/eekly)	
В.	Full Name of Individual (Last, First, Middle Initia CRAGLE, STEVE, , ,	l) or Full O	Organiz	ation Name		Date of	Rec				
	Mailing Address 6604 MOHAWK TRAIL City	State	Z	íip Code		07 Transa	/ actio	31 on ID : P	/ Y R26432	2023 0066882	
	EDINA FEC ID number of contributing federal political committee.	C		55439-1030		Amount	of E	Each Re	ceipt thi	s Period 384.	_
	Name of Employer (for Individual) Optum Services, Inc		•	n (for Individual) nent CMO		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-1	to-Date ▼ 2884.50	F	P/R Dedu	uctio	n (\$192.	.30 Bi-W	eekly)	
C.	Full Name of Individual (Last, First, Middle Initia NEELY, MARC, , ,	l) or Full O	Organiz	ation Name		Date of	Rec	eipt			
	Mailing Address 1159 BUFFALO RIDGE RD	State	Z	ip Code	_	07	/ actic	31	/ Y	2023 20316882	
	CASTLE PINES	со		80108-8190	_					s Period	
	FEC ID number of contributing federal political committee.	С	_				,		9	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Hlth	Plan (Me	emo	ltem			
	Primary General Other (specify)	Aggregate	rear-	2884.50	F	P/R Ded	uctio	n (\$192	.30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)			····· •			. ,		9	1178.	90
т	OTAL This Period (last page this line number on	ly)									

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 163 OF

			Detailed Summary Page	×	11a		-	1b		11c	12			
Δ	information panied from such D		u wak ha wald an una 10		13		14			15	16	17		
	information copied from such Reports and State r commercial purposes, other than using the na													
N /	AME OF COMMITTEE (In Full)													
<i>∕</i> ι	JnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)										
	ull Name of Individual (Last, First, Middle Initial) WINNEROSKI, KEVIN, , ,	or Full Or	rganization Name	Date of Receipt										
N	lailing Address 5100 ABBOTT AVE S				07 31 2023									
	ity	State	Zip Code		Trans	act	ior	ו ID :	PR	26446	4716882	27		
	/INNEAPOLIS	MN	55410-2143	_ /	Amoun	t of	Ea	ach F	Rece	eipt thi	s Period	1		
	EC ID number of contributing deral political committee.	С					-			-	28	.08		
	ame of Employer (for Individual) ptum Services, Inc	ipation (for Individual) /Iktg		M	emc	o It	em							
	againt For:		Year-to-Date ▼											
	Primary General Other (specify) ▼		210.60	P	/R Dec	lucti	ion	(\$14	1.04	Bi-We	ekly)			
	ull Name of Individual (Last, First, Middle Initial) MCKOY, PHILIP, , ,	or Full Or	rganization Name		Date of	f Re	ece	eipt						
N	ailing Address 927 LINCOLN AVE			07 / D D / Y Y Y Y 2023										
	ity	State	Zip Code		Trans	acti	ion	ID :	PR	26446	5166882	27		
- 5	AINT PAUL	MN	55105-3149		Amoun	t of	Ea	ach F	Rece	eipt thi	s Period			
	EC ID number of contributing deral political committee.			384.60										
	lame of Employer (for Individual) ptum Services, Inc		upation (for Individual) Grp CIO		М	emc	o It	em						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P	/R Ded	lucti	ion	(\$19	2.30) Bi-W	eekly)			
	ull Name of Individual (Last, First, Middle Initial) JEZARIAN, WENDY, , ,	or Full Or	rganization Name		Date of	f Ro	200	aint						
	lailing Address 5251 HUMBOLDT AVE S				07			31		/ Y	2023	Y		
	ity	State	Zip Code		Trans	sact	tior	n ID :	: PR	26446	596688	27		
1	/INNEAPOLIS	MN	55419-1121	/	Amount	t of	Ea	ach F	Rece	eipt thi	s Perioc	1		
	EC ID number of contributing deral political committee.	С					,			y	38	.46		
	ame of Employer (for Individual) Inited HealthCare Services Inc		ipation (for Individual) ktg Rsch Cnslt		М	emo	o It	tem						
R	eceipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify)		288.45	F	/R Dec	ducti	ion	ı (\$19	9.23	Bi-We	ekly)			
SU	BTOTAL of Receipts This Page (optional)		•				,			,	451	14		
то	TAL This Period (last page this line number only	y)	•				-			-				

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

FOR LINE NUMBER:

(check only one)

PAGE 164 OF

			Detailed Summary Page		_	11a 13	_	11b 14	\mid	11c 15	12		17	
	y information copied from such Reports and St				n fo	or the		pose o		liciting	contrib	butic		
or	for commercial purposes, other than using the	name and	address of any political committe	e to s	soli	cit cor	ntrib	outions	fron	n such	n comm	hitte	e.	
$ \rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC ((UnitedHealth Group P	AC)										
A .	Full Name of Individual (Last, First, Middle Initi CHAPMAN, GREGORY, , ,	ial) or Full (Organization Name		Date of Receipt									
	Mailing Address 1724 SECOND STREET				07 31 2023									
		State	Zip Code			Trans	act	ion ID	: PR	₹26451	03068	827		
	NEW ORLEANS	LA	70113-1632		A	mount	t of	Each	Reco	eipt thi	is Perio	bc		
	FEC ID number of contributing federal political committee.	С			ĺ		_	7	_	7	10	0.00)	
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Acct Mgmt SB KA		[Me	emc	o Item						
	Receipt For:	Aggregate	e Year-to-Date ▼											
	Other (specify) ▼		750.00]	P/I	R Ded	lucti	ion (\$5	50.00) Bi-W€	ekly)			
В.	Full Name of Individual (Last, First, Middle Initi VALLI, MICHAEL, , ,	ial) or Full (Organization Name		D	Date of	Re	ceipt						
	Mailing Address 351 JEFFERSON DRIVE					^M 07	1	31		/ Y	y y 2023	Y		
		State Zip Code Transaction ID : PR2645168868827 PA 15228-2166 Amount of Each Beceint this Period												
	PITTSBURGH	Amount of Each Receipt this Period									bc			
	FEC ID number of contributing federal political committee.	С		_	400.00									
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) ? Gen Mgmt		L	Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2800.00	י נ	P/F	R Dedi	ucti	on (\$20	00.0	0 Bi-W	/eekly)			
<u> </u>	Full Name of Individual (Last, First, Middle Initi MAHRT, JONATHAN, , ,	ial) or Full (Organization Name	+		Date of	Ro	ceint						
9.	Mailing Address 4640 N TOMSIK ST				_	07	/	31		/ Y	y 2023			
	City LAS VEGAS	State NV	Zip Code 89129-4816					-			176968	-		
	FEC ID number of contributing federal political committee.	C			A	mount	l of	each	Hec	eipt th	is Perio 38	od 4.60)	
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) s Segment COO		ĺ	Me	emo	o Item						
	Receipt For:	I	e Year-to-Date ▼	-										
	Primary General Other (specify)	, iggi egalt	2884.50]	P/	'R Ded	lucti	ion (\$1	92.3	30 Bi-W	Veekly)			
	UBTOTAL of Receipts This Page (optional)			▶	[[-	-		-	9	88	4.60)	
Т	OTAL This Period (last page this line number of	only)	······ }		I.	_	<u>.</u>	7	_	-		-	المعد	

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

FOR LINE NUMBER:

(check only one)

PAGE 165 OF

	LED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				to solicit contributions from such committee.
	OF COMMITTEE (In Full)			
/ Uni	tedHealth Group Incorporatec	I PAC (U	nitedHealth Group PA	(C)
A. PRI	lame of Individual (Last, First, Middle Initia CE, CASSANDRA, , ,	l) or Full Org	anization Name	Date of Receipt
	g Address 7903 S 193 AVENUE	1		07 / D D / Y Y Y Y Y 2023
City		State	Zip Code	Transaction ID : PR2646263668827
GRE	INA	NE	68028-5017	Amount of Each Receipt this Period
	D number of contributing al political committee.	С		76.92
	of Employer (for Individual) HealthCare Services Inc		eation (for Individual) ealth Plan Operations	Memo Item
Recei	pt For:	Aggregate Y	ear-to-Date ▼	7
	Primary General Other (specify) v		576.90	P/R Deduction (\$38.46 Bi-Weekly)
	lame of Individual (Last, First, Middle Initia LNER, KYLE, , ,	l) or Full Org	anization Name	Date of Receipt
Mailin	g Address 1641 WHITE PINE WAY			07 31 2023
City		State	Zip Code	Transaction ID : PR2646268368827
CAR\	/ER	MN	55315-4563	Amount of Each Receipt this Period
	D number of contributing al political committee.	С		30.76
	e of Employer (for Individual) d HealthCare Services Inc		pation (for Individual) en Mgmt	Memo Item
Recei	pt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) v		230.70	P/R Deduction (\$15.38 Bi-Weekly)
	lame of Individual (Last, First, Middle Initia FFMAN, SHERRI, , ,	l) or Full Org	anization Name	Date of Receipt
	g Address 3409 DEEP WILLOW AVENUE	1		07 / D D / Y Y Y Y 2023
City		State	Zip Code	Transaction ID : PR2646294668827
PIKE	SVILLE	MD	21208-3116	Amount of Each Receipt this Period
	D number of contributing al political committee.	С		76.92
Name	of Employer (for Individual)	Occur	ation (for Individual)	Memo Item
	n Services, Inc	· ·	nt Svc Acct Mgt	_
Recei	pt For:	Aggregate Y	ear-to-Date ▼	7
	Primary General	00 00 00		P/R Deduction (\$38.46 Bi-Weekly)
	Other (specify)		576.90	
SUBTO	TAL of Receipts This Page (optional)			184.60
TOTAL	This Period (last page this line number on	ly)	•••••	· · · · · · · · · · · · · · ·

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 166 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (UnitedHealth Group PA	4C)
Full Name of Individual (Last, First, Middle A. STANKIEWICZ, DENNIS, , , Mailing Address 17761 WEAVER LAKE D		rganization Name	Date of Receipt
City MAPLE GROVE	State	Zip Code 55311-1328	07 31 2023 Transaction ID : PR2646304068827
FEC ID number of contributing federal political committee.	С	33311-1320	Amount of Each Receipt this Period 384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Corp Controller	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. SWENSSON, CHARLES, , ,		rganization Name	Date of Receipt
Mailing Address 6312 MERRIMAC LANE N City MAPLE GROVE	State MN	Zip Code 55311-3835	07 31 2023 Transaction ID : PR2698403968827
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CMO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. ROSENHAUS, MORGANNE, , ,		organization Name	Date of Receipt
Mailing Address 724 FARRAGUT STREE	T NW State	Zip Code	07 31 2023 Transaction ID : PR2698409868827
WASHINGTON	DC	20011-4012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.38
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Dir I	upation (for Individual) Found/Social Resp	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 865.35	P/R Deduction (\$57.69 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona)		884.58
TOTAL This Period (last page this line num	ber only)		

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 167 OF

			Detailed Summary Page	×	11a	Ш	11b		11c	12				
				1	13		14		15	16	17			
or for commercial pu	urposes, other than using the		ay not be sold or used by any po ddress of any political committee											
	. ,													
/	· · ·		JnitedHealth Group PA	AC)										
Full Name of Indi A. ZENICK, GEO	ividual (Last, First, Middle Initi DFFREY, , ,	ial) or Full O	rganization Name	Date of Receipt										
Mailing Address	7714 TWISTED OAKS CIRCLI	E			07 07 07 <u>7 2023</u>									
City		State	Zip Code		Trans	acti	on ID	: PI	R26984	1086882	7			
DALLAS		TX	75231-4711		Amount	of	Each	Rec	eipt thi	s Period				
FEC ID number of federal political co	0	С							-y	76.9	92			
Name of Employe Optum Services, I	,		upation (for Individual) 9 Sales		Me	emo	Item							
Receipt For:		Aggregate	Year-to-Date ▼											
Other (spec	Primary General 576.90 Content (specify) ▼								6 Bi-We	ekly)				
	;, •													
Full Name of Indi B.	ividual (Last, First, Middle Initi SHUA, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Address			м м 07	/	D 3		/ Y	y 2023	Y					
City		State	Zip Code							1676882	7			
WOODBRIDGE		СТ	06525-1037		Amount	of	Each	Rec	eipt thi	s Period				
FEC ID number of federal political co	0		38.46											
Name of Employe Optum Services, I	()		upation (for Individual) Gen Mgmt		Me	emo	Item							
Receipt For:		Aggregate	Year-to-Date ▼											
Primary	General	_	288.45	P	/R Ded	uctio	on (\$1	9.23	3 Bi-We	ekly)				
Other (spec		<u> </u>	200,43				τ.			,				
Full Name of Indi	ividual (Last, First, Middle Initi MELODY	ial) or Full O	rganization Name		Date of	Re	ceint							
	529 N EVERGREEN ST				07	/	3		/ Y	y y 2023	Y			
City		State	Zip Code		Trans	acti	ion ID) : Pl	R26991	8256882	7			
GARDNER		KS	66030-1819		Amount	of	Each	Rec	eipt thi	s Period				
FEC ID number of federal political co	0	С					,		y	76.9	92			
Name of Employe	. ,		upation (for Individual) Aed Clin Ops		M	emo	Item							
Receipt For:			Year-to-Date ▼	_										
Primary	General	, iggi oguto			P/R Ded	luctio	on (\$3	38 44	6 Bi-\//	eklv)				
Other (spec	cify)	L	576.90	'	, 11 000					,				
SUBTOTAL of Rec	eipts This Page (optional)		•••••	.			,		y	192.3	30			
TOTAL This Period	I (last page this line number o	only)		-			,		-					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 168 OF

ITEMIZED RECEIPTS		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 th												
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorporat	ted PAC (UnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle Ir A. AHLSTROM, ALEXIS, , ,	nitial) or Full C	Organization Name	Date of Receipt									
Mailing Address 3421 OAKWOOD TERRACE			07 31 2023									
City	State	Zip Code	Transaction ID : PR2699187168827									
WASHINGTON	DC	20010-1819	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 ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ir	hitial) or Full C	Organization Name										
B. ZHOU, JINGXIN, , , Mailing Address 12011 FAIRVIEW CT			Date of Receipt									
	07 31 2023											
City MINNETONKA	State MN	Zip Code 55343-4516	Transaction ID : PR2699187868827									
FEC ID number of contributing			Amount of Each Receipt this Period									
federal political committee.	С		76.92									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Fin	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ir C. HECK, DARRYL, , ,	nitial) or Full C	Organization Name	Date of Receipt									
Mailing Address 202 CALLAWAY CHASE LN	l		07 31 2023									
City PANAMA CITY	State FL	Zip Code 32404-6188	Transaction ID : PR2700831968827									
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) Bus Anlys Cnslt	Memo Item									
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			489.60									
TOTAL This Period (last page this line number	r only)											

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

FOR LINE NUMBER:

(check only one)

PAGE 169 OF

				etailed Summary Page		11a		-	1b	11c	12				
٨٣	v information appind from such Deports and Otat	omonto ma		the cold or used by says		13 for the		14		15	16	17			
or	y information copied from such Reports and Stat for commercial purposes, other than using the na														
\setminus	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	`		•	4C)										
Α.	Full Name of Individual (Last, First, Middle Initial GOMEZ, REYNALDO, , ,	l) or Full Oi	organ	ization Name		Date of	f Re	ece	eipt						
	Mailing Address 2633 SOUTH WEST 31 AVENU	E				м м 07	/		D D D	/ Y	y y 2023	Y			
	City	State		Zip Code		Trans	act	tior	n ID : F	PR2700	83396882	27			
	COCONUT GROVE	FL		33133-2905	/	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		•	on (for Individual) SIs Mgr Field		Μ	emc	o It	em						
	Receipt For:	Aggregate	Year	-to-Date ▼											
	Primary General Other (specify) ▼		-	210.45] P	?/R Dec	lucti	ion	(\$14.0)3 Bi-W	eekly)				
в.	Full Name of Individual (Last, First, Middle Initial OFFIELD, MIRANDA, , ,	l) or Full Oi	rgan	ization Name		Date of	f Re	ece	eipt						
	Mailing Address 1906 N MEYERS RD					м м 07	_	_	31	/ Y	2023	Y			
	City	State		Zip Code		Transaction ID : PR2700857568827									
	LIBERTY LAKE	WA		99016-5049	/	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		•	on (for Individual) Iger Data Analytics		Μ	emc	o It	em						
	Peopipt For:	Aggregate													
	Primary General Other (specify) ▼		,	230.70] P	'/R Ded	lucti	ion	(\$15.3	38 Bi-W	eekly)				
с.	Full Name of Individual (Last, First, Middle Initial STEARNS, SALLIE, , ,	l) or Full Oi	rgan	ization Name		Date of	f Re	ece	eipt						
	Mailing Address 211 COLONIAL HOMES DRIVE	NW				м м 07	1 ′	Γ	D □ D 31	/ Y	2023	Y			
	#1505 City	State		Zip Code			act	tion		R2700	2023 8617688	27			
	ATLANTA	GA	_	30309-1293							nis Perioc				
	FEC ID number of contributing federal political committee.	С						1		,	28	_			
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Cons CInt Svc		М	emo	o It	tem						
	Receipt For:	Aggregate	Year	-to-Date ▼											
	Primary General Other (specify)		-	210.60] F	?/R Dec	ducti	tion	ı (\$14.0	04 Bi-W	eekly)				
s	UBTOTAL of Receipts This Page (optional)			······	•		-	9		9	86.	90			
Т	OTAL This Period (last page this line number on	ly)			•			-							

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

FOR LINE NUMBER:

(check only one)

PAGE 170 OF

	Detailed Summary Page					11a		-	11b	11c		12	47
	y information copied from such Reports and Sta for commercial purposes, other than using the r					for the		rpo	ose of s				
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	d PAC (l	Uni	itedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initia WARNER, JONATHAN, , ,	l) or Full O	rgar	nization Name		Date c	f Re	ec	eipt				
	Mailing Address 258 CAMBRIDGE DRIVE					^M 07	1	′	D D D 31	1	2	2023	Y
	City RAMSEY	State NJ		Zip Code 07446-1260					o <mark>n ID : F</mark> Each Re				7
	FEC ID number of contributing federal political committee.	С						-7				28.	08
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Svc Acct Mgt		N	lemo	0	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 210.60	F	P/R De	ducti	tio	n (\$14.()4 Bi-'	Week	dy)	
B.	Full Name of Individual (Last, First, Middle Initia WAYLAND, CHARLES, , ,	ll) or Full O	rgar	nization Name		Date c	f Re	ec	eipt				
	Mailing Address 5601 MATOAKA RD					^M 07	1	′	D D D 31	1	Y 2	023	Y
	City RICHMOND	State VA		Zip Code 23226-2329					n ID : P Each Re				7
	FEC ID number of contributing federal political committee.	С						-,	p	-1		384.	60
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ansformation		N	lemo	0	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2884.50	F	P/R Dec	ducti	ior	n (\$192	.30 Bi	-Wee	kly)	
C.	Full Name of Individual (Last, First, Middle Initia MCSWEENEY, ERIN, , ,	l) or Full O	rgar	nization Name		Date c	f Re	ec	eipt				
	Mailing Address 1128 EDINGTON PLACE	1-				^M 07	1	′	D D D 31	1	2	2023	
	City MARCO ISLAND	State FL		Zip Code 34145-2006					on ID : F Each Re				7
	FEC ID number of contributing federal political committee.	С						,			_	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ef People Officer		N	lemo	0	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2884.50	F	P/R De	duct	tio	n (\$192	.30 B	i-Wee	∍kly)	
s	UBTOTAL of Receipts This Page (optional)			••••••								797.	28
т	OTAL This Period (last page this line number or	וy)		•••••	-					-,			

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

FOR LINE NUMBER:

(check only one)

PAGE 171 OF

		Detailed Summary Page		11a		11b	11c	12					
Any information copied from such Report	s and Statements m	av not be sold or used by any n		13 or the		14	15	contribu	tions				
or for commercial purposes, other than u													
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incor	porated PAC (UnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, M OCONNELL, DANIEL, , ,	iddle Initial) or Full C	rganization Name	[Date of	Re	eceipt							
Mailing Address 33 LATIGO PLACE				м м 07	/	D D D 31	/ Y	y 2023	Y				
City	State	Zip Code		Trans	acti	ion ID : F	R27018	1966882	7				
COLUMBINE VALLEY	CO	80123-6683	A	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		Me	emo	tem							
Receipt For:	Aggregate	Year-to-Date 🔻											
Primary General Other (specify) ▼		1730.70	P.	/R Ded	ucti	on (\$115	.38 Bi-W	/eekly)					
Full Name of Individual (Last, First, M BRUCE, JAMIE, , ,	iddle Initial) or Full C	rganization Name		Date of	Re	eceipt							
Mailing Address 1433 POWDER DRIV				™ 07	1	D D D 31	/ Y	y y 2023	Y				
City	State MO	Zip Code				on ID : P			7				
O FALLON		63366-1398	A	Mount	of	Each Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C						- 15-	384.	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/	′R Ded	uctio	on (\$192.	.30 Bi-W	/eekly)					
Full Name of Individual (Last, First, M SPARKS, KEVIN, , ,	ddle Initial) or Full C	rganization Name		Date of	Re	eceipt							
Mailing Address 10681 S CEDAR NILI	1			^M 07	1	D D D 31		2023 Y					
City OLATHE	State KS	Zip Code 66061-7415				ion ID : F							
		00001-7413	A	Amount	of	Each Re	ceipt th	is 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		M	emc	tem							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		1442.25	P.	/R Ded	lucti	ion (\$96.1	15 Bi-We	eekly)					
SUBTOTAL of Receipts This Page (opti	nal)					y	9	807.	66				
TOTAL This Period (last page this line i	number only)		. [-	-						

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

FOR LINE NUMBER:

(check only one)

PAGE 172 OF

				Summary Page		(11a		111		11c		12	_
	y information copied from such Reports and Stat for commercial purposes, other than using the n								se of s				
	NAME OF COMMITTEE (In Full)			, , , , , , , , , , , , , , , , , , ,									
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedH	lealth Group P/	AC)								
A.	Full Name of Individual (Last, First, Middle Initial KRAMER, NANCY, , ,	l) or Full Or	rganization	Name		Date o	f Re	eceip	pt				
	Mailing Address 4672 BITTERN LANE					^M 07	/	D	31	/ Y	Y 20	023	Y
	City LEBANON	State OH	Zip Co 4503	ode 36-7562		Trans Amoun				R2702			,
	FEC ID number of contributing federal political committee.	С						-		-	_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc		upation (for Clin Ops	r Individual)		М	emc	o Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	te ▼ 576.90] F	P/R Dec	lucti	ion ((\$38.4	6 Bi-We	eekl	y)	
B.	Full Name of Individual (Last, First, Middle Initial BERKE, ETHAN, , ,	l) or Full Or	rganization	Name		Date o	f Re	eceip	pt				
	Mailing Address 4624 TOWER ST					07	1	D	31	/ Y	ү 20)23	Y
	City EDINA	State MN	Zip Co 5542	ode 4-1549		Trans Amoun				R27032 ceipt th			,
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		-7	_	80.0	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for D/VP Publi	r Individual) c Health		M	emc	o Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	te ▼ 560.00] F	P/R Ded	ucti	on ((\$40.00	0 Bi-We	ekly	/)	
C.	Full Name of Individual (Last, First, Middle Initial MERZLICKER, CAREY, , ,	l) or Full Or	rganization	Name		Date o	f Re	eceip	pt				
	Mailing Address 950 BENTLEY PARK CIRCLE					^M 07	L.	L	31	/ Y	20)23	
	O FALLON	State MO	Zip Co 6336	ode 8-8022		Trans Amoun		-		R2703: ceipt th			7
	FEC ID number of contributing federal political committee.	С				<u> </u>		9		9	_	76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	•	Individual)		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Da	te ▼ 576.90] F	P/R Dec	lucti	ion ((\$38.4	6 Bi-W	eekl	у)	
s	UBTOTAL of Receipts This Page (optional)				•			7		9		233.8	4
т	OTAL This Period (last page this line number on	ly)			•			-		-			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 173 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial BROWN, DIANE, , , Mailing Address 502 BERRYMANS LANE) or Full O	Drganization Name	Date of Receipt
	REISTERSTOWN	MD	21136-6003	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) Clin Pract Perf	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial CRIPPIN, TODD, , ,) or Full O	Organization Name	Date of Receipt
	Mailing Address 11328 W 142ND STREET			07 31 2023
	City OVERLAND PARK	State KS	Zip Code 66221-8060	Transaction ID : PR2703639568827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 210.60	P/R Deduction (\$14.04 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial WESTRA, ROBERT, , ,) or Full O	Organization Name	Date of Receipt
	Mailing Address 4042 E ROBIN LANE	State	Zin Code	07 31 2023
	City PHOENIX	AZ	Zip Code 85050-6875	Transaction ID : PR2704143468827 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) S VP SIs Acct Mgmt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.45	P/R Deduction (\$14.03 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	84.22
т	OTAL This Period (last page this line number on	ly)		

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

FOR LINE NUMBER:

(check only one)

PAGE 174 OF

				or each category of the		11a		1	1b	1	l1c		12	
				Detailed Summary Page		13		1	-	_	15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
\backslash	NAME OF COMMITTEE (In Full)													
$\Big)$	UnitedHealth Group Incorporated	d PAC (l	Uni	tedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia HOROHO, PATRICIA, , ,	l) or Full O	rgar	nization Name		Date of	f Re	ece	eipt					
	Mailing Address 7808 PALMILLA COURT	1				^M 07	1	l	D D D	/	Y		23	Y
	City REUNION	State FL		Zip Code 34747-6417		Trans								7
		1.5		34747-0417		Amoun	t of	Ea	ach R	ece	ipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С					_	,			-	_	384.6	0
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ment CEO		М	emo	o It	em					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		-	2884.50	F	P/R Dec	lucti	ion	(\$192	2.30) Bi-W	'eek	ly)	
В.	Full Name of Individual (Last, First, Middle Initia DELANY, ANDREW, , ,	l) or Full O	rgar	nization Name		Date of	f Re	ece	eipt					
	Mailing Address 209 GARLAND AVENUE					^M 07	1	ſ	D D 31	/	Y	y 202	23 23	Ŷ
	City	State		Zip Code		Trans	acti	ior	ID :	PR2	27041	<u>963</u>	68827	,
	DECATUR	GA		30030-4940	_	Amoun	t of	Ea	ach R	ece	ipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,			- y		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upat Ops	ion (for Individual)		M	emo	o lt	em					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		,	2884.50	P	/R Ded	uctio	on	(\$192	2.30	Bi-W	eekl	ly)	
с.	Full Name of Individual (Last, First, Middle Initia JOHAR, RAVI, , ,	l) or Full O	rgar	nization Name		Date of	f Re	ece	eipt					
	Mailing Address 405 ARGUS MANOR CT					^M 07	/	l	D D D	/	Y	202	23	Y
	City	State		Zip Code		Trans	act	io	n ID :	PR	27050	651	6882	7
	CHESTERFIELD	MO		63017-2469		Amoun	t of	Ea	ach R	ece	ipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						9			y		28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Sr M		ion (for Individual) Dir		М	emc	o li	tem					
	Receipt For:			r-to-Date ▼	-									
	Primary General Other (specify)		-	210.60	F	P/R Dec	lucti	ion	ı (\$14.	.04	Bi-We	ekly	/)	
s	JBTOTAL of Receipts This Page (optional)			••••••				,			,		797.2	8
Т	OTAL This Period (last page this line number or	ıly)						,			-			

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 175 OF

		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Mic A. DAUN, JESSICA, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address W273N6194 BASHAM	LANE		07 31 Y Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2705966268827
SUSSEX	WI	53089-4702	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) VP, Key Accts-Spec Ben	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Mic ZELLER, TRISHA, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 290 PRESERVE CT			07 31 2023
City	State	Zip Code	Transaction ID : PR2705971468827
CHANHASSEN	MN	55317-8716	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) ef of Staff	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Mic C. SPADE, NATHAN, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1060 ELLIOTT LANE			07 / D D / Y Y Y Y 2023
City YORK	State PA	Zip Code 17403-3421	Transaction ID : PR2705987068827
	FA	17403-3421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		153.84
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		1153.80	P/R Deduction (\$76.92 Bi-Weekly)
SUBTOTAL of Receipts This Page (optio	nal)		210.00
TOTAL This Period (last page this line n	umber only)		

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

FOR LINE NUMBER:

(check only one)

PAGE 176 OF

			Detailed Summary Page	2	X			11b		11c	12	
	y information copied from such Reports and S					the			of sol			
	for commercial purposes, other than using the											
$ \rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)								
/	Full Name of Individual (Last, First, Middle In	,	•	,								
A.	BARBARO, PHILIP, , ,	ual) of Full C	nyanizalion Name		Dat	te of	Re	eceipt				
	Mailing Address 670 ARBUTUS STREET					07 [™]	/	31		/ Y	y 2023	Y
	City	State	Zip Code		Т	rans	act	ion ID	: PR	270598	3826882	27
	MIDDLETOWN	СТ	06457-7106	_	Am	ount	of	Each	Rece	eipt this	8 Perioc	l
	FEC ID number of contributing federal political committee.	С			Ē	_				-	384	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) National Sales			Me	emc	b Item				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		2884.50		P/R	Ded	ucti	ion (\$1	92.30	0 Bi-We	eekly)	
В.	Full Name of Individual (Last, First, Middle In KMIEC, ADAM, , ,	itial) or Full C	Organization Name		Dat	te of	Re	eceipt				
	Mailing Address 4736 PRAIRIE DUNES WAY					07 [™]	1	31		/ Y	2023	Y
	City	State MN	Zip Code								3926882	
	EAGAN		55123-2352	\neg	Am	ount	of	Each	Rece	eipt this	S Perioc	
	FEC ID number of contributing federal political committee.	С			Ļ	-		-		7	384	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		L	Me	emc	o Item				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) V		, 2884.50		P/R	Ded	ucti	on (\$19	92.30) Bi-We	eekly)	
<u>с</u> .	Full Name of Individual (Last, First, Middle In PETRONE, DAMIAN, , ,	itial) or Full C	Organization Name		Dat	te of	Re	eceipt				
	Mailing Address 703 DEAN CT				L	07 [™]	1	3	1		2023	
	City WEST CHESTER	State PA	Zip Code 19382-2100	\vdash							1896882	
		_			Am	ount	to i	Each	Rece	eipt this	S Perioc	
	FEC ID number of contributing federal political committee.	С			Ļ	-		y .		ŗ	38	46
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Gen Mgmt		L	Me	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		288.45		P/R	Ded	lucti	ion (\$1	9.23	Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)		••••••	 _				, ,		9	807.	66
Т	OTAL This Period (last page this line number	only)	•••••					-		-		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 177 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial BARTHOLET, DANIEL, , , Mailing Address 5918 VALEWOOD DRIVE City MINNETONKA FEC ID number of contributing federal political committee.	I) or Full O State MN	Zip Code 55345-6545	Date of Receipt 07 / 31 / 2023 Transaction ID : PR2706451168827 Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	VP '	upation (for Individual) Tax Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial MULDOON, ALLISON, , , Mailing Address 519 E LURAY AVENUE City ALEXANDRIA FEC ID number of contributing	State VA	Zip Code 22301-1605	Date of Receipt 07 ' 31 ' 2023 Transaction ID : PR2706452768827 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) United HealthCare Services Inc	Gov	cupation (for Individual) vt Affs Dir Year-to-Date ▼ 1442,25	P/R Deduction (\$96.15 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initial MOORE, KEVIN, , , Mailing Address 9405 EAGLE NEST LANE City MIDDLETON FEC ID number of contributing federal political committee.	State WI	Zip Code 53562-5647	Date of Receipt 07 31 2023 Transaction ID : PR2706453568827 Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify)	Hlth	upation (for Individual) Plan CEO Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			961.50
Т	OTAL This Period (last page this line number on	ly)	····· •	

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

FOR LINE NUMBER:

(check only one)

PAGE 178 OF

		Detailed Summary Page		11a 13		11b 14	11c	$\left - \right $	12 16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the na				for the		pose of	soliciting		ntribut	ions
	NAME OF COMMITTEE (In Full)										
\sum	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial MCMAHON, ANDREW, , ,) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 4125 DREW AVENUE SOUTH				07 ^M	1	31) / Y	Y 20)23	Ŷ
	City	State MN	Zip Code		Trans	act	ion ID :	PR27405	5090	6882	7
	MINNEAPOLIS		55410-1018	_	Amount	t of	Each R	leceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С								28.0)6
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Regl Affs		M	emc	tem				
		Aggregate `	Year-to-Date ▼								
	Primary General Other (specify) ▼		210.45	F	P/R Ded	lucti	ion (\$14	.03 Bi-We	ekly	/)	
B.	Full Name of Individual (Last, First, Middle Initial HUNT, TIMOTHY, , ,) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 5594 MARSHALL HOUSE CT				м м 07	1	D D D 31	/ Y	y 20	23	Y
	City	State	Zip Code					PR27405			7
	BURKE	VA	22015-2141	_	Amount	t of	Each R	leceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С					-	-		76.9	92
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Gen Mgmt		M	emc	tem				
	Receipt For:	Aggregate `	Year-to-Date 🔻								
	Primary General Other (specify) ▼		, 576.90	I F	P/R Ded	ucti	on (\$38.	.46 Bi-We	ekly	/)	
с.	Full Name of Individual (Last, First, Middle Initial WEINBERG, EDWARD, , ,) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 224 N MILL VIEW WAY				^M 07	1	31) / Y		23	Y
	City PONTE VEDRA BEACH	State FL	Zip Code 32082-4389					PR27405			7
		' -	52002-4309		Amount	t of	Each R	leceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С			Ļ	_	9		_	76.9	92
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) en Mgmt		M	emo	o Item				
		Aggregate `	Year-to-Date ▼								
	Primary General Other (specify)		576.90	F	P/R Ded	lucti	ion (\$38	.46 Bi-We	eekly	y)	
s	UBTOTAL of Receipts This Page (optional)		•••••	•			,	9		181.9	0
т	OTAL This Period (last page this line number on	ly)	•••••	•							

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

FOR LINE NUMBER:

(check only one)

PAGE 179 OF

			for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group P	4C)
۹.	Full Name of Individual (Last, First, Middle Ir DELANEY, KEVIN, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 2876 GENEVA ST			07 31 / Y Y Y Y 2023
	City	State CO	Zip Code	Transaction ID : PR2740759268827
	DENVER	00	80238-3035	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 VP F	ipation (for Individual) Fin	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Ir PONS, NATALIE, , ,	l nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 3209 GALLERIA UNIT 803			07 31 2023
	City	State	Zip Code	Transaction ID : PR2740761968827
	EDINA	MN	55435-2547	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) ef Compli Off/SD Gen Cnsl	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Ir ALTIERI, DOMINIQUE, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 6611 HIGHWAY 100			07 31 / Y Y Y Y 2023
	City	State	Zip Code	Transaction ID : PR2740762568827
	NASHVILLE	TN	37205-4226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.06
	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	United HealthCare Services Inc	Dir G	Gen Mgmt	_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		210.45	P/R Deduction (\$14.03 Bi-Weekly)
S	JBTOTAL of Receipts This Page (optional)			489.58
т	OTAL This Period (last page this line number	only)	······	

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

FOR LINE NUMBER:

(check only one)

PAGE 180 OF

		Detailed Summary Page		11a		11b	11c	12	
				13		14	15	16	17
Any information copied from such Reports or for commercial purposes, other than usi									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpo	orated PAC (UnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mide FEHR, STEPHANIE, , ,	dle Initial) or Full C	rganization Name	Da	ate of	Re	ceipt			
Mailing Address 6601 BLACKFOOT PAS	SS			м м 07	/	D D 31	/ Y	ү ү 2023	Y
City	State	Zip Code	1	Transa	acti	on ID : F	PR2748	0205688	27
EDINA	MN	55439-1103	Ar	nount	of	Each Re	ceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					, .		384	4.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Mkt Grp Chief People Off		Me	emo	Item			
Receipt For:		Year-to-Date ▼	_						
Primary General Other (specify) ▼		2884.50	P/F	R Dedi	uctio	on (\$192	.30 Bi-V	Veekly)	
Full Name of Individual (Last, First, Mide B. PROCHNO, MICHAEL, , ,	dle Initial) or Full C	rganization Name	Da	ate of	Re	ceipt			
Mailing Address 4640 ST JAMES GATE				м м 07	/	31	/ Y	2023	Y
City	State	Zip Code		Transa	actio	on ID : P	R27480	<u>)219688</u>	27
EXCELSIOR	MN	55331-9397	Ar	nount	of	Each Re	ceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С			_		,	- 49-	76	6.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		576.90	P/R	R Dedu	uctio	on (\$38.4	6 Bi-We	ekly)	
Full Name of Individual (Last, First, Mide C. SEVERANCE, DAVID, , ,	dle Initial) or Full C	rganization Name	Da	ate of	Re	ceipt			
Mailing Address 2160 N MARION ST			Γ	07	/	31	/ Y	y y 2023	Y
City	State	Zip Code		Trans	acti	on ID : F	PR2750	2881688	27
DENVER	CO	80205-5245	Ar	nount	of	Each Re	ceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					,	,	76	6.92
Name of Employer (for Individual) Optum Services, Inc	Occ	upation (for Individual)	10	Me	emo	Item			
Receipt For:		Year-to-Date ▼							
Primary General	Aggregate			2 Dadi	ucti	on (\$38.4	16 Bi-\//	ookly)	
Other (specify)		576.90		1 Deui	ucin	011 (\$30	+0 DI-VV	eekiy)	
SUBTOTAL of Receipts This Page (option	ial)					,	,	538	3.44
TOTAL This Period (last page this line nu	mber only)					,	-		

FOR LINE NUMBER:

(check only one)

PAGE 181 OF

				Detailed Summary Page		X 11a		1	1b		11c		12			
			Ľ			13		1	4		15		16	17		
	v information copied from such Reports and for commercial purposes, other than using th															
	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorpora	ted PAC (I	Un	itedHealth Group PA	AC)											
٩.	Full Name of Individual (Last, First, Middle I TAIT, ROBYN, , ,	nitial) or Full O	Orgar	nization Name		Date of	Re	ece	ipt							
	Mailing Address 31 LIPTON LANE					07 / D D / Y Y Y Y 07 31 2023										
	City	State		Zip Code		Trans	acti	io	ו ID :	PF	27542	2159	6882	7		
	LANGHORNE	PA		19047-5782	_	Amount	of	Ea	ach F	Rec	eipt th	is P	eriod			
	FEC ID number of contributing rederal political committee.	С						,			-7-		28.0)8		
	Name of Employer (for Individual) United HealthCare Services Inc		upat Proc	ion (for Individual) luct		Me	emc	o li	em							
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-	210.60		P/R Ded	ucti	ion	(\$14	.04	Bi-We	eekly	/)			
3.	Full Name of Individual (Last, First, Middle II ORIE, TIMOTHY, , ,	nitial) or Full O	Drgar	nization Name		Date of	Re	ece	ipt							
	Mailing Address 2317 RESIDENCE CIRCLE #B4-102					^M 07	/	ľ	D 1		/ Y		23 [°]	Y		
	City	State		Zip Code		Trans	acti	ior	ID :	PR	27542	441	68827	7		
	NAPLES	FL		34105-3104		Amount	of	Ea	ach F	Rec	eipt th	is P	eriod			
	FEC ID number of contributing rederal political committee.	C						,			-7-		384.6	60		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) pople Team		Me	emc	o li	em							
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		,	2884.50		P/R Ded	ucti	on	(\$19	2.3	0 Bi-W	/eek	ly)			
<u> </u>	Full Name of Individual (Last, First, Middle II PAGET, JAMIE, , ,	nitial) or Full O	Drgar	nization Name		Date of	Re	ece	ipt							
	Mailing Address 15268 LOUISIANA AVE					07	1	l	31		/ Y		23	Y		
	City SAVAGE	State MN		Zip Code 55378-5654	+			-			R27542			7		
			_	55578-5054	_	Amount	of	Ea	ach F	Rec	eipt th	is P	eriod			
	FEC ID number of contributing rederal political committee.	С				Ľ.	_	9			9	_	76.9	92		
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		M	emo	o l	em							
	Optum Services, Inc	Dir C	Gen	Mgmt												
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify)		-	576.90		P/R Ded	lucti	ior	(\$38	8.46	8 Bi-We	eekl	y)			
s	JBTOTAL of Receipts This Page (optional)				•			,		Ì			489.6	60		

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

FOR LINE NUMBER:

(check only one)

PAGE 182 OF

			Detailed Summary Page		11a 13		11b 14		11c		12	1 -7		
	y information copied from such Reports and Stat for commercial purposes, other than using the n				or the		pose d							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)										
<u> </u>	Full Name of Individual (Last, First, Middle Initial KONTOR, JOHN, , ,		•		Date of	Re	ceipt							
	Mailing Address 123A SPA VIEW AVE				м м 07	/	D 3		/ Y	Y 20	023	Y		
	City ANNAPOLIS	State MD	Zip Code 21401-3542						R2754			7		
	FEC ID number of contributing federal political committee.	С					-		-y	_	192.3	0		
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Advisory Svc		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1442.25	P	/R Ded	ucti	on (\$9	96.1	5 Bi-We	eekl	y)			
B.	Full Name of Individual (Last, First, Middle Initial BOTHRA, SIDDHARTH, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 17200 SE 45TH STREET				м м 07	/	D 3		/ Y	20)23	Y		
	City BELLEVUE	State WA	Zip Code 98006-6510	/					R27547 ceipt th			,		
	FEC ID number of contributing federal political committee.	С							-9-	_	384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 2884.50	P.	P/R Deduction (\$192.30 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial WILSON, DANIEL, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 15619 SWANSCOMBE LOOP	Otata	7.0.0.1		07 ^M	/	the second se	1	/ Y	20)23			
	City UPPER MARLBORO	State MD	Zip Code 20774-8412	/					R2755 ceipt th			/		
	FEC ID number of contributing federal political committee.	С					,		y	_	38.4	0		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir N	ipation (for Individual) Iktg		M	emo	ltem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 288.00] P	/R Ded	lucti	on (\$1	19.2	20 Bi-W	eekl	y)			
s	UBTOTAL of Receipts This Page (optional)		••••••	.			,		y		615.3	0		
т	OTAL This Period (last page this line number on	ly)	•	-			_		-					

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

FOR LINE NUMBER:

(check only one)

PAGE 183 OF

			Detailed	Summary Page		11a		11	- H	11c	12					
				-		13		14		15	16	17				
or	y information copied from such Reports and State for commercial purposes, other than using the na															
\backslash	NAME OF COMMITTEE (In Full)															
$\overline{)}$	UnitedHealth Group Incorporated	I PAC (l	JnitedH	ealth Group PA	AC)											
	Full Name of Individual (Last, First, Middle Initial) ABRAHAM, SANTIAGO, , ,) or Full Oi	rganization	Name		Date of	f Re	ecei	ipt							
	Mailing Address 4320 COTTONWOOD LN					^M 07	/	Γ	D D 31	/ Y	y y 2023	Y				
	City	State	Zip Co	de		Trans	acti	ion	ID : I	PR2755	65216882	27				
	EXCELSIOR	MN	5533	1-9328	_	Amoun	t of	Ea	ch Re	eceipt th	is Period	I				
	FEC ID number of contributing federal political committee.	С						-			384	.60				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Seg CIO	Individual)		M	emo	o Ite	em							
	Dessint For:		Year-to-Date													
	Primary General Other (specify) ▼			2884.50	F	P/R Dec	lucti	ion	(\$192	2.30 Bi-V	Veekly)					
	Full Name of Individual (Last, First, Middle Initial, KRAUTKRAMER, MITCHELL, , ,) or Full O	rganization	Name		Date of	f Re	ecei	ipt							
	Mailing Address 800 LAKEVIEW PKWY					07	/	Γ	31	/ Y	2023	Y				
	City	State	Zip Co	de		Trans	acti	ion	ID : I	PR2755	9576882	27				
-	MOUND	MN	55364	1-2307		Transaction ID : PR2755995768827 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				<u> </u>		-			76	.92				
	Name of Employer (for Individual) United HealthCare Services Inc	Occu M A	upation (for VP	Individual)		Μ	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Dat	e ▼ 576.90	F	P/R Ded	luctio	on	(\$38.4	46 Bi-We	eekly)					
).	Full Name of Individual (Last, First, Middle Initial) ASHENHURST, KARLA, , ,) or Full O	rganization	Name		Date of	f Re	ecei	ipt							
	Mailing Address 865 BRINSMERE DRIVE					07	/	Γ	31	/ Y	y y 2023	Y				
	City	State	Zip Co			Trans	sacti	ion	ID :	PR2756	1736688	27				
-	ELM GROVE	WI	53122	2-2102		Amoun	t of	Ea	ch Re	eceipt th	iis Perioc	1				
	FEC ID number of contributing federal political committee.	С				<u> </u>		y		, <u>,</u>	115	.38				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Affs Dir	Individual)		М	emo	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Dat	865.35	F	P/R Dec	ducti	ion	(\$57.	69 Bi-W	eekly)					
SI	JBTOTAL of Receipts This Page (optional)				•			7			576	90				
тс	OTAL This Period (last page this line number onl	ly)						-		1.40						

FOR LINE NUMBER:

(check only one)

PAGE 184 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle MASONER, AUDREY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 15400 MAPLE STREET			07 / D D / Y Y Y Y 2023
City OVERLAND PARK	State KS	Zip Code 66223-3262	Transaction ID : PR2756359868827
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) Health Plan Operations	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. HERMELINGIII, THEODORE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 117 5TH STREET			07 31 Y Y Y Y Y 2023
City WILMETTE	State IL	Zip Code 60091-3405	Transaction ID : PR2756521668827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg Bus Dev	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. TANG, SHI, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 142 WOOSTER STREET APT 3B			07 / D D / Y Y Y Y 2023
City NEW YORK	State NY	Zip Code 10012-3195	Transaction ID : PR2756690668827
FEC ID number of contributing federal political committee.	C	10012-3193	Amount of Each Receipt this Period 416.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
United HealthCare Services Inc	VP	Gen Mgmt	_
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2704.00	P/R Deduction (\$208.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional))	b	877.52
TOTAL This Period (last page this line numb	per only)		

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 185 OF

	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	and Statements may not be sold or used by any p ng the name and address of any political committe	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Midd SATTERWHITE, ERIN, , ,		Date of Receipt
Mailing Address 1722 MONUMENT STR	EET State Zip Code	07 31 2023 Transaction ID : PR2757435768827
CONCORD	MA 01742-5310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	396.00
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) SVP Gen Mgmt	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	2810.46	P/R Deduction (\$198.00 Bi-Weekly)
Full Name of Individual (Last, First, Midd B. BARTLES, SARA, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 25263 RODEO LANE		07 31 2023
City PARMA	StateZip CodeID83660-7107	Transaction ID : PR2759243368827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.06
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Beh Affordability, Assc Dir	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210,45	P/R Deduction (\$14.03 Bi-Weekly)
Full Name of Individual (Last, First, Midd C. AZAM, MISHAEL, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 629 JEFFERSON AVEN		07 / ^D D / ^Y Y Y Y Y 2023
City CHERRY HILL	State Zip Code NJ 08002-3704	Transaction ID : PR2759343868827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Govt Affs	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 577.50	P/R Deduction (\$38.50 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	al)	501.06
TOTAL This Period (last page this line nur	nber only)	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 186 OF

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.
\mathbf{X}	OMMITTEE (In Full) ealth Group Incorporate	d PAC (I	UnitedHealth Group PA	NC)
A. HUNT, BR	Individual (Last, First, Middle Initi ITTNEY, , , ^{SSS} 7820 JARED WAY	al) or Full O	rganization Name	Date of Receipt
City TALLAHASS	EE	State FL	Zip Code 32309-8110	07 31 2023 Transaction ID : PR2759756468827 Amount of Each Receipt this Period
FEC ID numl federal politic	per of contributing al committee.	С		76.92
	oloyer (for Individual) Care Services Inc	Dir	upation (for Individual) Govt Affs	Memo Item
Primary	general specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)
B. SCHLAIFE	Individual (Last, First, Middle Initi R, MARISSA, , , ss 1050 N STUART ST #400	al) or Full O	rganization Name	Date of Receipt
City ARLINGTON		State VA	Zip Code 22201-5727	07 31 2023 Transaction ID : PR2759756868827 Amount of Each Receipt this Period
FEC ID num federal politic	per of contributing al committee.	С		384.60
Name of Em Optum Servic Receipt For:	ployer (for Individual) es, Inc	VP	upation (for Individual) Regl Affs	Memo Item
Primary	general specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
C. DIFRONZ	Individual (Last, First, Middle Initi O, CHRISTINE, , ,	al) or Full O	rganization Name	Date of Receipt
Mailing Addre	ess 6 CRAIG LN	State	Zip Code	07 31 2023 Transaction ID : PR2759978168827
HINGHAM FEC ID numb	per of contributing	MA	02043-3411	Amount of Each Receipt this Period 76.92
federal politic	al committee.	C	upation (for Individual)	Memo Item
Optum Servic Receipt For: Primary Other (General	VP A	Analytics Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)
	Receipts This Page (optional)		•	538.44

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 187 OF

			Use separate schedule(s)		(check only one)									
IT	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 Sta for commercial purposes, other than using the n													
$\overline{)}$	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	NC)										
Α.	Full Name of Individual (Last, First, Middle Initia KELLOGG, PETER, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1515 JEFFERSON AVENUE				07	/	3		/ Y	y y 2023	Y			
	City NEW ORLEANS	State LA	Zip Code 70115-4120	Transaction ID : PR2759984168827 Amount of Each Receipt this Period										
			70113 4120	-	Amount	t of	Each	Rec	eipt th	is Period				
	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) Assc Gen Counsel		M	emo	Item							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		576.90	F	P/R Ded	lucti	on (\$3	8.46	8 Bi-We	eekly)				
_	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name											
в.	ROBERT, MICHAEL, , , Mailing Address 79373 FITZGERALD			_	Date of	r Re	ceipt	D	/ Y	YY	Y			
	CHURCH ROAD				07		3′	1		2023				
	City COVINGTON	State LA	Zip Code 70435-7809							8606882 is Period				
	FEC ID number of contributing federal political committee.	С							-	76.	_			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼	-	-									
	Primary General Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia REYNOLDS, MARK, , ,	l) or Full O	rganization Name		Date of	f Re	ceipt							
	Mailing Address 106 SE 68TH STREET				07	/	3 [.]	D 1	/ Y	y y 2023	Y			
	City OAK ISLAND	State NC	Zip Code 28465-4549							04636882 is Period				
	FEC ID number of contributing federal political committee.	С					J	neci	J	285.				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops		M	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	regate Year-to-Date ▼ 1428.50				on (\$1	42.8	35 Bi-V	Veekly)				
						_		_	_					
S	UBTOTAL of Receipts This Page (optional)		•••••	-	<u> </u>	-	,	-	9	439.	54			
т	OTAL This Period (last page this line number or	ıly)	•		L		-		-					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 188 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 13 14	11c	12 16	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
\setminus	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA)								
Α.	Full Name of Individual (Last, First, Middle Initia ALTMAN, KIMBERLY, , ,	l) or Full C	rga	nization Name	Date of Receipt								
	Mailing Address 1861 TRANQUILITY COURT				07 3 ⁴		2023	Y					
	City	State		Zip Code	Transaction ID	: PR2760	04656882	27					
	PROSPER	TX		75078-9744	Amount of Each	Receipt th	nis Perioc	l					
	FEC ID number of contributing federal political committee.	С					416	.00					
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) Svc Acct Mgmt	Memo Item								
		Aggregate	Yea	ar-to-Date 🔻									
	Other (specify)		-	2704.00	P/R Deduction (\$2	08.00 Bi-V	Veekly)						
в.	Full Name of Individual (Last, First, Middle Initia DECKER, WYATT, , ,	l) or Full C	rga	nization Name	Date of Receipt								
	Mailing Address 1482 HUNTER DRIVE				07 3 [·]		2023	Y					
	City	State		Zip Code	Transaction ID								
	WAYZATA	MN	_	55391-9658	Amount of Each	Receipt th	nis Perioc						
	FEC ID number of contributing federal political committee.	С					384	60					
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) nief Phys, Innov & VBC	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia MASTEN, DALE, , ,	l) or Full C	rga	nization Name	Date of Receipt								
	Mailing Address 9845 BENNINGTON DRIVE	-		1	07 [/] 3		y y 2023	Ŷ					
	City SHARONVILLE	State OH		Zip Code 45241-3619	Transaction ID								
			-	+5241-5013	Amount of Each	Receipt th	nis Perioc						
	FEC ID number of contributing federal political committee.	С					384	60					
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) I Affs	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2884.50	P/R Deduction (\$1	92.30 Bi-\	Veekly)						
s	UBTOTAL of Receipts This Page (optional)			•	, .	. ,	1185.	20					
Т	OTAL This Period (last page this line number on	ly)		•••••	-	-							

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

FOR LINE NUMBER:

(check only one)

PAGE 189 OF

				Detailed Summary Page		(11a		11		11c	12	· _
	y information copied from such Reports and Sta for commercial purposes, other than using the n								e of s			
<u> </u>	NAME OF COMMITTEE (In Full)							Juil	-110 11(ouur	. Jonnill	
\rangle	UnitedHealth Group Incorporated	א PAC (l	Uni	tedHealth Group PA	۹C)							
	Full Name of Individual (Last, First, Middle Initia DELMONICO, SUSAN, , ,	I) or Full O)rgan	ization Name		Date of	Re	ecei	pt			
	Mailing Address 12 MULBERRY CIRCLE		_			07	1	Ľ	31	/ Y	2023	Y
	City JOHNSTON	State RI		Zip Code 02919-2519							8176882	
	FEC ID number of contributing federal political committee.	С	-				_	-		-	230	76
	Name of Employer (for Individual) Optum Services, Inc			ion (for Individual) en Counsel		M	emo	o Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 1730.70] F	י∕R Ded	lucti	ion	(\$115.	.38 Bi-W	/eekly)	
B.	Full Name of Individual (Last, First, Middle Initia CRAWFORD, KEVIN, , ,	I) or Full O	rgan	ization Name		Date of	ⁱ Re	ecei	pt			
	Mailing Address 744 SHELLEY LANE					м м 07	/		31	/ Y	2023	Y
	City FRANKLIN	State TN		Zip Code 37064-1621							2516882 is Perioc	
	FEC ID number of contributing federal political committee.	С				<u> </u>	_	-		-1	230	76
	Name of Employer (for Individual) United HealthCare Services Inc		upati Govt	ion (for Individual) t Affs		M	emo	o Ite	əm			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 1730.70] P	⁰/R Ded	uctio	ion ((\$115.	38 Bi-W	'eekly)	
с.	Full Name of Individual (Last, First, Middle Initia VELASCO, JOEL, , ,	l) or Full O)rgan	ization Name		Date of	i Re	ecei	pt			
	Mailing Address 6352 31 PLACE NW ST					07	J.	L	31		2023	
	City WASHINGTON	State DC		Zip Code 20015-2358							3856882 is Perioc	
	FEC ID number of contributing federal political committee.	С				Ē	_	y		9	384	60
	Name of Employer (for Individual) United HealthCare Services Inc	SVP	P Intl	ion (for Individual) Relations		M	emc	o Ite	əm			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2884.50] F	₽/R Ded	lucti	ion	(\$192	.30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)				•		Ξ	y		J	846.	12
т	OTAL This Period (last page this line number on	ıly)			•			-				

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE 190 OF

			Detailed Summary Page	🗠	11a		11	- F	11c		12	
۸	/ information conied from such Departs and Ot 1		not be cold or year by any		13 for the		14		15 solicitin		16 tributi	17 005
	y information copied from such Reports and State for commercial purposes, other than using the na											
<u> </u>	NAME OF COMMITTEE (In Full)						_					
\sum	UnitedHealth Group Incorporated	PAC (U	InitedHealth Group PA	\C)								
Α.	Full Name of Individual (Last, First, Middle Initial) MILLER, CORINNA, , ,	or Full Or	ganization Name		Date o	f Re	cei	ipt				
	Mailing Address 6083 OLD BRICKSTORE ROAD				м м 07] ′	ſ	31	/ Y	y 20:	23 23	Y
	City	State NC	Zip Code						PR2761			
	GREENSBORO		27455-8335	_	Amoun	t of	Ea	ich R	eceipt tl	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-	4		38.4	6
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) en Mgmt		М	lemo	o Iti	em				
			′ear-to-Date ▼									
	Primary General Other (specify) ▼		288.45	F	P/R Dec	ducti	ion	(\$19.	23 Bi-W	eekly)	
	Full Name of Individual (Last, First, Middle Initial) OBRIEN, MICHAEL, , ,	or Full Or	ganization Name		Date o	f Re	cei	ipt				
	Mailing Address 11017 CAVELL CIR				м м 07	/	[D D 31	/ Y	y 202	23	Y
	City	State	Zip Code						PR2761			
	BLOOMINGTON	MN	55438-2284	- 1	Amoun	t of	Ea	ich R	eceipt tl	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С			Ľ						96.1	4
	Name of Employer (for Individual) United HealthCare Services Inc	Occup Dir Ta	pation (for Individual) ax		М	lemo	o Iti	em				
		Aggregate Y	⁄ear-to-Date ▼									
	Other (specify) ▼	4	721,05	F	VR Ded	luctio	ion	(\$48.	07 Bi-W	eekly))	
с.	Full Name of Individual (Last, First, Middle Initial) ARYA, RAJIV, , ,	or Full Or	ganization Name		Date o	f Re)cei	ipt				
	Mailing Address 4 GALWAY ROAD				07		_	D D D 31	/ Y	Ý 202	23	Y
	City	State	Zip Code						PR2762			
	SKILLMAN	NJ	08558-1731	- :	Amoun	t of	Ea	ich R	eceipt tl	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С			Ľ	_	,	-	. ,		76.9	2
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) rector, Advisory Svcs		М	lemo	o It	em				
	Receipt For:	1	∕ear-to-Date ▼									
	Primary General Other (specify)		576.90	F	₽/R Dec	ducti	ion	(\$38.	.46 Bi-W	/eekly	')	
s	UBTOTAL of Receipts This Page (optional)						-				211.5	2
	OTAL This Period (last page this line number only		· ·				-					

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

FOR LINE NUMBER:

(check only one)

PAGE 191 OF

			Detailed Summary Page		< 11a	ı _	_	1b	11c	12	
Any information conic	d from such Reports and Sta	atomonto m	av not be sold or used by a		13 for th		1. rno		15 soliciting	16	tions
	poses, other than using the										
	. ,										
	n Group Incorporate	d PAC (I	UnitedHealth Group	PAC)							
Full Name of Indivi A. SONNIER, SUS	idual (Last, First, Middle Initi SAN, , ,	al) or Full O	rganization Name		Date	of R	lece	eipt			
Mailing Address 30	01 DEMONBREUN ST UNIT	1805			M 07	7 7	/	D D D 31	/ Y	y y 2023	Y
City		State	Zip Code		Tra	nsac	tior	ו ID :	PR27626	64996882	7
NASHVILLE		TN	37201-2248		Amou	unt of	f Ea	ach R	eceipt th	is Period	
FEC ID number of federal political cor	0	С					,		-	230.	
Name of Employer United HealthCare	. ,		upation (for Individual) Mktg Bus Dev			Mem	io It	em			
Receipt For:		Aggregate	Year-to-Date V								
Other (specif	General ÿ) ▼		1730.70	.	P/R D	educt	tion	(\$115	5.38 Bi-V	Veekly)	
Full Name of Indivi B. CLAYTON, JUS	idual (Last, First, Middle Initi STIN, , ,	al) or Full O	rganization Name		Date	of R	lece	eipt			
Mailing Address 16	63 BRIER RIDGE DRIVE				[™] 07		/	D D D 31	/ Y	2023	Y
City		State NC	Zip Code 27703-0339							4996882	7
	oontributin -		21103-0339		Amou	unt of	t Ea	ach R	eceipt th	is Period	
FEC ID number of federal political cor	0	С			Ļ		7		-	153.	84
Name of Employer United HealthCare	, ,		upation (for Individual) Govt Affs		Ц	Mem	io It	em			
Receipt For:	General	Aggregate	Year-to-Date ▼	_	ם ח/ר	l	·:	(070)			
Other (specif	ý) v	L	1153.80		-7R D	eauci	tion	(\$76.	92 Bi-We	екіу)	
Full Name of Indivi C. BIDINGER, D	idual (Last, First, Middle Initi ANIEL, , ,	al) or Full O	rganization Name		Date	of R	lece	eipt			
	757 INDEPENDENCE RD				M 07		′	D D D 31	/ Y	2023 Y	Y
City MAPLE PLAIN		State MN	Zip Code 55359-9759							95756882	
			00008-8108		Amou	unt of	f Ea	ach R	eceipt th	is Period	
FEC ID number of federal political cor	0	С			Ľ		9			40.	00
Name of Employer United HealthCare	, ,		upation (for Individual) of of Staff			Mem	no li	tem			
Receipt For:		Aggregate	Year-to-Date V								
Other (specif	General y)		300.00		P/R D	educ	tion	ı (\$20.	.00 Bi-W	eekly)	
SUBTOTAL of Recei	ipts This Page (optional)			🕨	Γ.	ï	,			424.	60
TOTAL This Period ((last page this line number o	nly)		►			,		, , , , , , , , , , , , , , , , , , ,		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 192 OF

			Use separate schedule(s)			(check only one)									
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	F	11b 14		11c 15	12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r				on for the		pose c	of so	liciting	contribut	ions				
$\overline{)}$	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group	PAC	;)										
Α.	Full Name of Individual (Last, First, Middle Initia DAVIS, JENNIFER, , ,	l) or Full O	rganization Name	Date of Receipt											
	Mailing Address 4330 CROWN POINT DR				07	/	D 34		/ Y	2023	Y				
	City COLUMBUS	State OH	Zip Code 43220-4424		Transaction ID : PR2763180368827 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			96.14										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		М	emo	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 721.05		P/R Dec	ducti	on (\$4	8.07	Bi-We	ekly)					
в.	Full Name of Individual (Last, First, Middle Initia LAUSCH, KERSTEN, , ,	l) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 236 E NEWELL STREET				м м 07	/	D 3 [,]		/ Y	y y 2023	Y				
	City WINTER GARDEN	State FL	Zip Code 34787-2800							4776882 s Period	7				
	FEC ID number of contributing federal political committee.	С							-7	28.0	06				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		М	emo	ltem								
	Receipt For:	Aggregate	Year-to-Date V		_										
	Primary General Other (specify) ▼		210.45		P/R Deduction (\$14.03 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia FOLEY, BARBARA, , ,	ll) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 6260 BLACK FOX WAY	01-1-			07		3		/ Y	2023					
	City TALLAHASSEE	State FL	Zip Code 32312-4504							3926882 s Period	1				
	FEC ID number of contributing federal political committee.	С			<u> </u>		9		y	92.3	30				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /Iktg Bus Dev		M	lemc) Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.25		P/R Dec	ducti	ion (\$4	6.15	Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)			. 🕨			, .		y	216.5	50				
т	OTAL This Period (last page this line number or	ıly)							-11-						

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

FOR LINE NUMBER:

(check only one)

PAGE 193 OF

	EIVIZED RECEIPTS			Detailed Summary Page	X	11a		1	1b	1	11c		12	
						13		1	4	·	15		16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n													
\backslash	NAME OF COMMITTEE (In Full)													
\sum	UnitedHealth Group Incorporated	I PAC (I	Uni	tedHealth Group PA	NC)									
Α.	Full Name of Individual (Last, First, Middle Initial OBARSKI, DANIEL, , ,) or Full O	Drgar	nization Name		Date of	f Re	ece	eipt					
	Mailing Address 2035 S CLARKSON ST					07	/	I	D D 31	1	Y		23 23	Y
	City	State		Zip Code		Trans	acti	io	n ID : I	PR	27692	439	68827	,
	DENVER	CO		80210-4105	_ /	Amoun	t of	Ea	ach R	ece	ipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,			-y		30.7	6
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) Contrctng		М	emc	o li	tem					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) V		-	230.70	P	P/R Dec	lucti	ion	ı (\$15.	.38	Bi-We	ekly	')	
B.	Full Name of Individual (Last, First, Middle Initial MOORE, MALVIN, , ,) or Full O	Drgar	nization Name		Date of	f Re	ece	eipt					
	Mailing Address 4520 SUNSET RIDGE					07	/	l	D D 31	1	Y	ү 202	23	Y
	City	State		Zip Code		Trans	acti	ior	ו ID : I	PR	27698	664	68827	
	MINNEAPOLIS	MN		55416-3333	_ '	Amoun	t of	Ea	ach R	ece	ipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,			-y	_	28.0	6
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) nd/Social Resp		М	emc	o li	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 210.45	P	/R Ded	lucti	ion	(\$14.	03 I	Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial HAUSMAN, ERIC, , ,) or Full O	Drgar	nization Name		Date of	f Re	ece	eipt					
	Mailing Address 1617 WEST 25TH STREET	1 -				м м 07	J.	l	D D D 31			20		
	City MINNEAPOLIS	State MN		Zip Code 55405-2466	_				n ID :					,
						Amoun	t of	Ea	ach R	ece	ipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,			y		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		cupat Com	ion (for Individual) m		M	emo	o l'	tem					
	Receipt For:	Aggregate	Yea	r-to-Date 🔻										
	Primary General Other (specify)		-9-	2884.50	F	P/R Dec	ducti	ior	n (\$192	2.30) Bi-W	/eek	ly)	
s	UBTOTAL of Receipts This Page (optional)			•••••	.			,		l	9		443.4	2
т	OTAL This Period (last page this line number on	ly)		••••••				,			-		_	

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

FOR LINE NUMBER:

(check only one)

PAGE 194 OF

			Detailed Summary Page	×	11a		11b	11c	12	
	y information copied from such Reports and Star									
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	uuress of any political committe	ษ เ0 SO	NICIT COL	ITID	utions fr	JIII SUC		ee.
\rangle	UnitedHealth Group Incorporated	I PAC (I	JnitedHealth Group P	AC)						
/	Full Name of Individual (Last, First, Middle Initia	•	-			D	ooist			
4.	BAKER, OMAR, , ,			-	Date of		·	_		
	Mailing Address 8100 SPRING HILL FARM DR				м м 07	/	D D D 31	/ Y	2023	Y
	City	State	Zip Code		Trans	acti	ion ID : F	PR27789	98666882	7
	MCLEAN	VA	22102-2330		Amount	of	Each Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С							384.	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D/SVP Strat Intv		Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) V		2884.50]	P/R Ded	uctio	on (\$192	.30 Bi-W	/eekly)	
в.	Full Name of Individual (Last, First, Middle Initia PIERINI, RYAN, , ,	l) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 3761 SAN YSIDRO WAY				м м 07	1	D D D 31	/ Y	y y 2023	Y
	City	State CA	Zip Code						8736882	7
	SACRAMENTO	CA	95864-2866	'	Amount	of	Each Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С							76.	92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P	/R Ded	uctio	on (\$38.4	l6 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initia GHAZANFARIANTALEGHANI, AZITA		rganization Name		Date of	Re	ceipt			
	Mailing Address 1039 MOUNTAIN AVE				^M 07	/	31	/ Y	y y 2023	Y
	City BERKELEY HEIGHTS	State NJ	Zip Code 07922-2343						60216882	7
			01522-2545		Amount	of	Each Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	- y	- y	76.	92
	Name of Employer (for Individual) Optum Care, Inc.		upation (for Individual) Gen Mgmt		M	emo	ltem			
		Aggregate	Year-to-Date 🔻							
	Other (specify)		576.90] F	P/R Ded	ucti	on (\$38.4	46 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional))			_	,	,	538.	44
Т	OTAL This Period (last page this line number on	ıly)				-	T			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 195 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	JnitedHealth Group PA	.C)
Α.	Full Name of Individual (Last, First, Middle Initial ROMANOW, KATHLEEN, , , Mailing Address 6804 MARBURY ROAD) or Full O	rganization Name	Date of Receipt
	City BETHESDA	State MD	Zip Code 20817-6052	Transaction ID : PR2782733068827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) v	Dir (upation (for Individual) Govt Affs Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial SABAL, PETER, , , Mailing Address 6151 WILLOW ROCK ST) or Full O	rganization Name	Date of Receipt
	City LAS VEGAS FEC ID number of contributing	State NV	Zip Code 89135-1482	Transaction ID : PR2783559968827 Amount of Each Receipt this Period
		VP	upation (for Individual) Gen Mgmt Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		, 576.90	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial MOYER, CASEY, , , Mailing Address 7568 W SNOWBERRY) or Full O	rganization Name	Date of Receipt
	City BOISE	State ID	Zip Code 83709-1674	Transaction ID : PR2783746868827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.76
	Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) Software Engineering	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.70	P/R Deduction (\$15.38 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			299.98
т	OTAL This Period (last page this line number on	ly)	••••••	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 196 OF

171				Jse separate schedule(s)	(ch	neck only	/ or	e)				
111	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X 11a		11b	11c		12	
	y information copied from such Reports and Sta									ig con		
or	for commercial purposes, other than using the r	ame and a	addre	ess of any political committee	to s	olicit cor	ntrib	utions	from suc	ch cor	nmitte	е.
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full)				\sim							
/	UnitedHealth Group Incorporated) PAC (Un	ItedHealth Group PA	C)							
	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Drgai	nization Name								
Α.	BRADY, NICOLE, , ,					Date of	Re	ceipt				
	Mailing Address N7623 OLSON RD	1				07	/	D 31	D /		23	Y
	City ONEIDA	State WI		Zip Code 54155-9619					PR2786			
			_	54155-9019	_	Amount	of	Each F	Receipt t	his Pe	eriod	
	FEC ID number of contributing federal political committee.	C									28.0	6
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		Me	emo	Item				
	United HealthCare Services Inc	Sr M	Med	Dir								
	Receipt For:	Aggregate	Yea	ır-to-Date ▼								
	Primary General					P/R Ded	ucti	on (\$14	1.03 Bi-V	Veeklv	()	
	Other (specify) v	L	-	210.45						,	,	
	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Drgai	nization Name								
Β.	OWEN, CHRISTOPHER, , ,					Date of	Re	ceipt				
	Mailing Address 9011 LESLIES GATE					07	/	31		202	23	Y
	City BOERNE	State TX		Zip Code 78015-4779					PR2786			
			_	70013-4779	_	Amount	of	Each F	Receipt t	this Pe	eriod	
	FEC ID number of contributing federal political committee.	C					_				384.6	0
	Name of Employer (for Individual) Optum Services, Inc		cupa P MI	tion (for Individual)		Me	emo	Item				
	Receipt For:			ur-to-Date ▼	\neg							
	Primary General	Aggregate	100					مە (¢10	0 00 D: I	Maald	5	
	Other (specify) v	L	,	2884.50		P/R Ded	ucuo	או (קופ	12.30 DI-	vveeki	iy)	
с.	Full Name of Individual (Last, First, Middle Initia CONWAY, PATRICK, , ,	l) or Full C	Drgai	nization Name		Date of	Ro	ceint				
J.	Mailing Address 190 WINDING RIVER RD				-					Y V	Y	Y
	0					07	Ľ	31		202		
	City	State		Zip Code		Trans	acti	on ID :	PR278	78755	68827	
	WELLESLEY	MA		02482-7320		Amount	of	Each F	Receipt t	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С					_	y	, j		384.6	0
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	-	Me	emo	Item				
	Optum Services, Inc	Bus	Uni	t CEO								
	Receipt For:	Aggregate	Yea	ur-to-Date ▼								
	Primary General			2884.50		P/R Ded	ucti	on (\$19	92.30 Bi-	Week	ly)	
	Other (specify)	L	7	2004.JU								
s	UBTOTAL of Receipts This Page (optional)			•••••				,			797.20	6
т	OTAL This Period (last page this line number or	nly)		•••••				,			- 40	

FOR LINE NUMBER:

(check only one)

PAGE 197 OF

		Detailed Summary Page		1 1a		11b		11c	\square	12	
			13		14		15		16	17	
Any information copied from such Reports and Si or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group	PAC)								
Full Name of Individual (Last, First, Middle Init A. CLARKE, LACEY, , ,	ial) or Full C	Organization Name		Date of	ⁱ Re	eceipt	t				
Mailing Address 15 MILO STREET				^M 07	1		31	/ Y	Ŷ 20	23 23	Y
City	State	Zip Code		Trans	acti	ion II	D : P	R27896	682	68827	,
HUDSON	NY	12534-2722		Amount	t of	Each	n Red	ceipt th	is Pe	eriod	
FEC ID number of contributing federal political committee.	С					-		-	_	153.8	4
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		M	emo	lten	n				
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		1153.80	F	P/R Ded	lucti	on (\$	576.9	2 Bi-We	ekly	r)	
Full Name of Individual (Last, First, Middle Init MORDEN, NANCY, , ,	ial) or Full C	Organization Name		Date of	Re	eceipt	t				
Mailing Address 4624 TOWER ST				м м 07	/		31	/ Y	202	23 23	Y
City	State	Zip Code		Trans	acti	ion II) : P	R27901	5860	68827	_
EDINA	MN	55424-1549		Amount	t of	Each	n Red	ceipt th	is Pe	eriod	
FEC ID number of contributing federal political committee.	С			<u> </u>		Ţ.		-1	_	80.0	0
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO		M	emo	lten	n				
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		, 560.00	F	P/R Ded	uctio	on (\$	40.0	0 Bi-W€	ekly))	
Full Name of Individual (Last, First, Middle Init C. FISHER, HEIDI, , ,	ial) or Full C	Organization Name		Date of	Re	eceipt	t				
Mailing Address 40 SPYGLASS PLACE				^M 07	/		31	/ Y	202	23	Y
City	State MN	Zip Code						R2790			,
DELLWOOD		55110-1250		Amount	t of	Each	n Ree	ceipt th	is Pe	eriod	
FEC ID number of contributing federal political committee.	С					y		y		416.0	0
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr		M	emc	b Iten	n				
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify)		2704.00	F	P/R Ded	lucti	ion (\$	\$208.	00 Bi-V	Veek	ly)	
SUBTOTAL of Receipts This Page (optional)			· •			1		9		649.8	4
TOTAL This Period (last page this line number of	only)					, ,					

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

FOR LINE NUMBER:

(check only one)

PAGE 198 OF

		Detailed Summary Page		11a		11b	11c	12	
Any information conied from such Ponets	and Statements me	w not be sold or used by any n		13 for the		14	15 soliciting	16	17
Any information copied from such Reports or for commercial purposes, other than usin									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorport	orated PAC (l	JnitedHealth Group P/	AC)		_				
Full Name of Individual (Last, First, Mide BILLS, MATTHEW, , ,	dle Initial) or Full O	rganization Name	[Date of	Re	eceipt			
Mailing Address 18961 DEVONSHIRE S	т			^M 07] ′	31	/ Y	y y 2023	Y
City BEVERLY HILLS	State MI	Zip Code 48025-4031						55876882 nis Period	
FEC ID number of contributing federal political committee.	С							92.	30
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt		Me	emo	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.25	P	/R Ded	lucti	on (\$46	.15 Bi-W	eekly)	
Full Name of Individual (Last, First, Mide SEGERMAN, ANDREW, , ,	dle Initial) or Full O	rganization Name	(Date of	[:] Re	eceipt			
Mailing Address 7306 REDBRIDGE CT				^M 07	/	D D 31	/ Y	ү ү 2023	Ŷ
City SPRINGFIELD	State VA	Zip Code 22153-1511						47586882 his Period	
FEC ID number of contributing federal political committee.	С						1 - 4F	38.	46
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	emo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.45] P/	/R Ded	uctio	on (\$19.	.23 Bi-Wo	eekly)	
Full Name of Individual (Last, First, Mide C. HAINES, CAROL, , ,	dle Initial) or Full O	rganization Name	(Date of	i Re	eceipt			
Mailing Address 203 NESHAMINY ROAI				07	Ŀ.	31	JL	2023	
City CROYDON	State PA	Zip Code 19021-5427						47696882 his Period	
FEC ID number of contributing federal political committee.	С					,		400.	_
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		M	emc	tem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2800.00] P	⁰/R Ded	lucti	ion (\$20	0.00 Bi-V	Veekly)	
SUBTOTAL of Receipts This Page (option	[,] al)		,		-	,,		530.	76
TOTAL This Period (last page this line nu			- 1		I	T			

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

FOR LINE NUMBER:

(check only one)

PAGE 199 OF

			Detailed Summary Page	×	11a		11b	11c		12	
٨	information popilod from such Deposts and Otati	monto mo	what he cold or used by one re-		13 for the		14	15		16 tributi	17
	information copied from such Reports and State or commercial purposes, other than using the na										
	AME OF COMMITTEE (In Full)								_		
) I	JnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)							
	ull Name of Individual (Last, First, Middle Initial) SMITH, TAMEEKA, , ,	or Full Or	ganization Name		Date of	Re	eceipt				
_	lailing Address 12201 CAPWELL DRIVE				м м 07	/	31) / Y	Y 20	23	Ŷ
	ity	State	Zip Code		Trans	acti	ion ID :	PR2791	8329	68827	
1	AIDLOTHIAN	VA	23113-2002	- :	Amount	t of	Each R	Receipt th	is Pe	eriod	
	EC ID number of contributing ederal political committee.	С					-			384.6	
	lame of Employer (for Individual) Inited HealthCare Services Inc		pation (for Individual) Plan CEO		M	emo	tem				
F		Aggregate `	Year-to-Date V								
	Primary General Other (specify) ▼		2884.50	F	P/R Ded	lucti	on (\$19	2.30 Bi-V	Veekl	ly)	
	ull Name of Individual (Last, First, Middle Initial) BRADY, WILLIAM, , ,	or Full Or	ganization Name		Date of	Re	eceipt				
_	lailing Address 5110 ALVARADO LAN N				м м 07	/	31) / Y	y 202		Y
		State	Zip Code					PR27941			
_		MN	55446-3063		Amount	t of	Each R	Receipt th	is Pe	eriod	_
	EC ID number of contributing ederal political committee.	С				_				400.0	0
	lame of Employer (for Individual) Inited HealthCare Services Inc		pation (for Individual) , Medicare STARS		M	emo	tem				
F	Peceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 2800.00	P	/R Ded	uctio	on (\$20	0.00 Bi-V	/eekl	у)	
٦ ۲ ۲	ull Name of Individual (Last, First, Middle Initial) MORSE, SARA, , ,	or Full Or	ganization Name		Date of	Re	eceipt				
_	lailing Address 6398 VALE STREET	1			м м 07	1	31	J L	202		
	ity ALEXANDRIA	State VA	Zip Code 22312-1435					PR2794			
_					Amount	t of	⊢ach R	Receipt th	iis Pe	eriod	_
	EC ID number of contributing ederal political committee.	С			<u></u>		<u>y</u>	y		384.6	0
	lame of Employer (for Individual) Inited HealthCare Services Inc		pation (for Individual) ovt Affs		M	emc	tem				
F		Aggregate `	Year-to-Date 🔻								
	Other (specify)		2884.50	F	P/R Dec	lucti	ion (\$19	2.30 Bi-V	Veek	ly)	
SU	BTOTAL of Receipts This Page (optional)		•				, .	. ,	1	169.2)
то	TAL This Period (last page this line number only	y)	•••••				-				

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

FOR LINE NUMBER:

(check only one)

PAGE 200 OF

				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			fo	r the p		oose		soliciting		ntribut	ions		
	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia TOWSLEY, JACK, , ,	l) or Full O)rga	nization Name		Da	ate of	Re	ceipt					
	Mailing Address 10210 SAN FRANCISCO RD N	Ξ				Γ	м м 07	/		р 31	/ Y	ү 20	023	Y
	City ALBUQUERQUE	State NM		Zip Code 87122-3452							PR2795			7
	FEC ID number of contributing federal political committee.	С				Ę			-		- 7	_	80.0	00
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) ed Grp Non Physn			Me	emo	Item	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 560.00	'	P/F	R Dedu	ucti	on (\$4	40.4	00 Bi-W	eekl	у)	
B.	Full Name of Individual (Last, First, Middle Initia ALBERT, MATTHEW, , ,	l) or Full O)rga	nization Name		Da	ate of	Re	ceipt					
	Mailing Address 5365 CEDAR POINT RD					[м м 07	/		д 31	/ Y)23)	Y
	City MINNETRISTA	State MN		Zip Code 55364-9394							PR2805 eceipt th			7
	FEC ID number of contributing federal political committee.	С				Ē			- j -			_	384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) n Auditor		ļ	Me	emo	Item	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ , 2692.20	F	P/F	R Dedu	uctio	on (\$′	192	2.30 Bi-V	Veek	dy)	
с.	Full Name of Individual (Last, First, Middle Initia VINYARD, ANDREA, , ,	l) or Full O)rga	nization Name		Da	ate of	Re	ceipt					
	Mailing Address 4019 E MITCHELL DR	1				L	07	/	3	31 ^D	/ Y	20)23 [°]	
	City PHOENIX	State AZ		Zip Code 85018-5911							PR2805 eceipt th			7
	FEC ID number of contributing federal political committee.	С				ļ			,		9	_	400.0	00
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) Exec			Me	emo	lterr	I				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2800.00		P/f	R Ded	ucti	on (\$	200).00 Bi-V	Veel	kly)	
s	UBTOTAL of Receipts This Page (optional)					[, .				864.6	60
т	OTAL This Period (last page this line number on	ıly)		••••••		Ĺ			,		-			

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

FOR LINE NUMBER:

(check only one)

PAGE 201 OF

				etailed Summary Page		11a		-	11b	11c	_	12 16	17
	y information copied from such Reports and Stat					for the		rpo	ose of	solicitir		ntribu	ions
or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	arne and a	addre	ss of any political committee	e to so	DIICIT CO	ontril	but	uons fr	om su	n cc	mmitt	ee.
\rangle	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initial MILLAR, JAMES, , ,) or Full O	Drgan	ization Name		Date of	of R	ece	eipt				
	Mailing Address 1101 BAYBERRY DRIVE					м 07	Λ	/	D D 31		Y 2	023	Y
	City CHAPEL HILL	State NC		Zip Code 27517-9113						PR281			7
	FEC ID number of contributing federal political committee.	С						,				400.	
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) ustry Relations		N	1em	io I	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2800.00	F	P/R De	duct	tior	n (\$200).00 Bi-	Weel	kly)	
B.	Full Name of Individual (Last, First, Middle Initial SALAMA, DANIEL, , ,) or Full O	Drgan	ization Name		Date o	of R	ece	eipt				
	Mailing Address 120 SNOWY OWL TERRACE	1-				м 07		/	D D 31		20)23 [°]	Y
	City PLANTATION	State FL		Zip Code 33324-2105						PR2817 eceipt 1			7
	FEC ID number of contributing federal political committee.	С						,				454.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Mgmt		N	1em	io I	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 2497.00	F	P/R De	duct	tior	ו (\$227	′.00 Bi-'	Neeł	<ly)< td=""><td></td></ly)<>	
c.	Full Name of Individual (Last, First, Middle Initial WALTHALL, TODD, , ,) or Full O	Organ	ization Name		Date of	of R	ece	eipt				
	Mailing Address 1948 ROCKINGHAM ST			7.0.1		07		/	31		20)23 [°]	_
	City MCLEAN	State VA		Zip Code 22101-4922						PR281			/
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		. ,		400.0	00
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) CEO		N	/lem	io I	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 2800.00	F	P/R De	duc	tior	n (\$200).00 Bi-	Wee	kly)	
s	UBTOTAL of Receipts This Page (optional)			••••••	•							1254.0	00
т	OTAL This Period (last page this line number on	ly)			- •			,					

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

FOR LINE NUMBER:

(check only one)

PAGE 202 OF

		Detailed Summary Page										
Any information copied from such Reports or for commercial purposes, other than us				or the		oose of	soliciting		ntributi	ions		
NAME OF COMMITTEE (In Full)	-											
VinitedHealth Group Incorp	oorated PAC (JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Mid EINODSHOFER, MICHAEL, , ,	,	rganization Name		Date of	Re	ceipt						
Mailing Address 11 WILLOW LINKS DF	R			м м 07	/	D D D 31	/ Y	ү 20)23	Ŷ		
City	State PA	Zip Code		Trans	acti	on ID :	PR2817	9614	68827	7		
BELLE VERNON	PA	15012-4334	A	mount	of	Each R	eceipt th	nis P	eriod			
FEC ID number of contributing federal political committee.	C			_		-	-		400.0	0		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharmacy Programs		Me	emo	Item						
Receipt For:	Aggregate	Year-to-Date ▼	_									
Primary General Other (specify) ▼		2800.00	P/	′R Ded	uctio	on (\$20	0.00 Bi-V	Veek	ly)			
Full Name of Individual (Last, First, Mid SCHWARTZ, ERICA, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Address 5935 PREMIER WAY UNIT 1425				м м 07	/	D D D 31	/ Y	Y 202	23	Y		
City	State	Zip Code		Trans	acti	on ID :	PR2818	0476	68827	,		
NAPLES	FL	34109-7903	A	mount	of	Each R	eceipt th	nis P	eriod			
FEC ID number of contributing federal political committee.	C			_		-	-		400.0	0		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Insurance Sols		Me	emo	Item						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		2800.00	P/	R Ded	uctio	on (\$200).00 Bi-V	Veek	ly)			
Full Name of Individual (Last, First, Mid C. BECHAN, ANGELA, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Address 5 MCVICKERS LANE				^M 07	/	31	/ Y	20	23 [°]	Y		
City MENDHAM	State NJ	Zip Code					PR2822			7		
	145	07945-2936	A	mount	of	Each R	eceipt th	nis P	eriod			
FEC ID number of contributing federal political committee.	C			_	_	,	- ,	_	434.0	00		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm		Me	emo	Item						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		2387.00	P/	/R Ded	ucti	on (\$21	7.00 Bi-\	Veek	ily)			
SUBTOTAL of Receipts This Page (optic	nal)				Ī	,	. ,	1	234.0	0		
TOTAL This Period (last page this line n	umber only)											

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 203 OF

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 (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle A. KISLOFF, MICHELLE, , , Mailing Address 1815 N UNDERWOOD S City		Prganization Name	Date of Receipt
ARLINGTON	VA	22205-1819	Transaction ID : PR2823340568827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		416.00
Name of Employer (for Individual) Optum Services, Inc Receipt For:	Bus	upation (for Individual) Segment Gen Counsel	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2704.00	P/R Deduction (\$208.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle MINOR, MICHAEL, , , Mailing Address 3932 CHAPEL HEIGHTS		Organization Name	Date of Receipt
City MARIETTA FEC ID number of contributing	State GA	Zip Code 30062-2217	Transaction ID : PR2823660868827 Amount of Each Receipt this Period 416.00
federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Occ Hitt	upation (for Individual) n Plan CEO	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2704.00	P/R Deduction (\$208.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. SCHOENEBECK, DARCEY, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 804 ECLIPSE PKWY			07 31 2023
City NEW PRAGUE	State MN	Zip Code 56071-2015	Transaction ID : PR2824394768827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		434.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) of Client Officer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2604.00	P/R Deduction (\$217.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		1266.00
TOTAL This Period (last page this line num	ber only)		

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

FOR LINE NUMBER:

(check only one)

PAGE 204 OF

				or each calegory of the		11a		11	bГ	11c		12	
				Detailed Summary Page		13		14		15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
\backslash	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia VISWANATHAN, KARTHIK, , ,	al) or Full O	rgai	nization Name		Date of	Re	ecei	pt				
	Mailing Address 300 CARAWAY CT					^M 07	/		31	/ Y		023	Y
	City	State CA		Zip Code		Trans	acti	ion	ID : F	PR2826	6789	968827	7
	SAN RAMON	CA		94582-5027		Amount	t of	Ea	ch Re	eceipt tl	າis P	Period	
	FEC ID number of contributing federal political committee.	С						-		- 9	_	400.0	0
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) gital Svs Off		M	emo	o Ite	əm				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	2800.00	I F	P/R Ded	lucti	ion	(\$200	.00 Bi-\	Veek	dy)	
В.	Full Name of Individual (Last, First, Middle Initia HUMMEL, KRISTI, , ,	al) or Full O	rgai	nization Name		Date of	Re	ecei	pt				
	Mailing Address 1 EDEN CIRCLE					м м 07	/	ľ	31	/ Y)23	Y
	City	State		Zip Code		Trans	acti	ion	ID : F	R2827	4796	68827	,
	WESTBOROUGH	MA		01581-3653		Amount	t of	Ea	ch Re	eceipt tl	nis P	Period	
	FEC ID number of contributing federal political committee.	С						7			_	400.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) alent		M	emo	o Ite	əm				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) V		,	2800.00	P	/R Ded	uctio	on	(\$200	.00 Bi-V	Veek	dy)	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rgai	nization Name		Date of	Re	ecei	pt				
	Mailing Address 732 SOUTH ALFRED STREET					^M 07	/		31	/ Y)23	Y
	City	State		Zip Code		Trans	acti	ion	ID : I	PR2831	5070	06882	7
	ALEXANDRIA	VA		22314-4004	<u> </u>	Amount	of	Ea	ch Re	eceipt tl	nis P	eriod	
	FEC ID number of contributing federal political committee.	С						,		9	_	105.6	6
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Govt	•	ion (for Individual) s Dir		М	emo	o Ite	em				
	Receipt For:			r-to-Date ▼	_								
	Primary General Other (specify)		100	422.64	F	P/R Dec	lucti	ion	(\$52.8	83 Bi-W	'eekl	y)	
s	UBTOTAL of Receipts This Page (optional)							9	-	y	-	905.6	6
Т	OTAL This Period (last page this line number or	nly)		••••••				-			119	9257.9	0

SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE						
ITEMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC	;)					
Full Name (Last, First, Middle Initial) A. Alex Padilla For Senate				Date of Disbursement					
Mailing Address 777 S. Figueroa St Suite 4050				07 27 2023					
City Los Angeles	State CA	Zip Code 90017		FEC Identification Number					
Purpose of Disbursement		90017		C C00765164					
Contribution			011	Transaction ID : 48934303					
Candidate Name			Category/	Amount of Each Disbursement this Period					
Padilla, Alex, , Sen.,			Туре	2500.00					
Office Sought: House Disburse	ment For: 2 Primary	2028 General		2300.00					
State: CA District:	Other (spe			Contribution Memo Item					
Full Name (Last, First, Middle Initial)									
B				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					
Senate	ment For: Primary	General							
State: District:	Other (spe	cify)		Memo Item					
Full Name (Last, First, Middle Initial) C.				Date of Disbursement					
Mailing Address									
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement			· · · · · ·	С					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburse Senate	ement For: Primary	General		1 1 4 ² 1 1 4 ² 1 1 4 ² 1					
State: District:	Other (spe	cify) ▼		Memo Item					
SUBTOTAL of Disbursements This Page (optional).			····· •	2500.00					
TOTAL This Period (last page this line number only	/)			2500.00					

SCHEDUL	E B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 206 OF 253					
ITEMIZED DISBURSEMENTS			arate schedule(s) category of the	(check only	ly one)					
			Summary Page	21b	22 23 26 27 28b 28c X 29 30b					
				ed by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.					
	COMMITTEE (In Full)									
✓ UnitedH	ealth Group Incorporated	PAC (Ur	nitedHealth (Group PAC	;)					
/ Full Name (I	Last, First, Middle Initial)									
•	ker Campaign				Date of Disbursement					
Mailing Addr	P.O. Box 271741				07 / 12 / Y Y Y Y 2023					
City Flower Mour	nd	State TX	Zip Code 75027		FEC Identification Number					
	Disbursement		13021		С					
Contributio				011	Transaction ID : 48897501					
Candidate N	lame			Category/	Amount of Each Disbursement this Period					
Parker, Tan, ,	TX Rep.,			Type						
Office Sough		ement For:			2000.00					
	President	Primary	General		Contribution					
State:	District:	Other (spe	ecity) 🔻		Memo Item					
	Last, First, Middle Initial)									
D	For State Senate				Date of Disbursement					
Mailing Addr	PO Box 27074				07 12 2023					
City El Paso		State TX	Zip Code		FEC Identification Number					
	Disbursement		79926		\mathbf{c}					
Contributio				011	C					
Candidate N	lame			Category/	Transaction ID : 48897502 Amount of Each Disbursement this Period					
Blanco, Cesa	r, , TX Rep.,			Type						
Office Sough		ement For:			2000.00					
	Senate	Primary	General		Contribution					
State:	District:	Other (spe	city)		Memo Item					
Full Name (I	Last, First, Middle Initial)									
^{C.} Jose Me	enendez Campaign				Date of Disbursement					
Mailing Addr	ress PO Box 100833				07 / D D / Y Y Y Y 2023					
City		State	Zip Code		FEC Identification Number					
San Antonio	Disburgement	ТХ	78201							
Contribution	Disbursement		011	С						
Candidate N					Transaction ID : 48897503					
Menendez, J	ose, , TX Sen.,			Category/ Type	Amount of Each Disbursement this Period					
Office Sough		ement For:	I		2000.00					
	Senate	Primary	General		Contribution					
01.1	President	Other (spe	ecify) 🔻		Memo Item					
State:	District:									
SUBTOTAL of	f Disbursements This Page (optional)			••••••	6000.00					
TOTAL This P	Period (last page this line number onl	y)		••••••	_ , , , , , , , , , , , , , , , , , , ,					

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 207 OF 253		
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	$ \begin{array}{c} \text{one} \\ 22 \\ 28b \\ 28c \\ \hline \mathbf{X} \\ 29 \\ 30b \end{array} $		
	ny information copied from such Reports and State for commercial purposes, other than using the na						
$\left \right\rangle$	NAME OF COMMITTEE (In Full)						
Ĺ	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC	;)		
_	Full Name (Last, First, Middle Initial)				Data of Diskurg second		
Α.	Texans for Kelly Hancock				Date of Disbursement		
	Mailing Address 7101 Burns Street				07 / 12 / Y Y Y Y 2023		
	City	State	Zip Code		FEC Identification Number		
	Richland Hills	ТХ	76118				
	Purpose of Disbursement			011	С		
	Contribution Candidate Name				Transaction ID : 48897504		
	Hancock, Kelly, , TX Sen.,			Category/ Type	Amount of Each Disbursement this Period		
	-	ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2000.00		
	Senate	Primary	General				
	President	Other (spec	cify) ▼		Contribution Memo Item		
	State: District:				<u> </u>		
B.	Full Name (Last, First, Middle Initial) Senator Hinojosa Campaign		Date of Disbursement				
	Mailing Address PO Box 1421				07 12 2023		
	City Austin	State TX	Zip Code 78767		FEC Identification Number		
	Purpose of Disbursement	17	10101		С		
	Contribution			011			
	Candidate Name			Category/	Transaction ID: 48897506 Amount of Each Disbursement this Period		
	Hinojosa, Juan, , TX Sen.,			Туре			
		ment For:			2000.00		
	Senate President	Primary Other (spec	General		Contribution		
	State: District:		ury)		Memo Item		
_	Full Name (Last, First, Middle Initial)						
C.	Texans for Joan Huffman				Date of Disbursement		
	Mailing Address 3733-1 Westheimer Road Suite 40		1		07 12 2023		
	City	State	Zip Code		FEC Identification Number		
	Houston Purpose of Disbursement	ТХ	77027		\sim		
	ntribution 011				C Transaction ID : 48897507		
	Candidate Name			Category/	Amount of Each Disbursement this Period		
	Huffman, Joan, , TX Sen.,			Type			
		ment For:			2000.00		
	Senate	Primary Other (and	General		Contribution		
	State: District:	Other (spec	uy) ▼		Memo Item		
s	UBTOTAL of Disbursements This Page (optional).			••••••	6000.00		
т	OTAL This Period (last page this line number only	/)		••••••	, ,		

SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE	-		
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Group PAC			
Full Name (Last, First, Middle Initial) A. Friends of Paul Bettencourt				Date of Disbursement		
Mailing Address 1 E. Greenway Plaza Ste. 225				07 / 12 / Y Y Y Y 2023		
City	State TX	Zip Code		FEC Identification Number		
Houston Purpose of Disbursement		77046		\sim		
Contribution			011	C		
Candidate Name			Category/	Transaction ID : 48897508 Amount of Each Disbursement this Period		
Bettencourt, Paul, , TX Sen.,			Type			
	ment For:			2000.00		
Senate	Primary	General		Contribution		
State: District:	Other (spec	city) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)						
^{B.} Phil King Campaign				Date of Disbursement		
Mailing Address PO Box 1913		1		07 12 2023		
City Weatherford	State TX	Zip Code 76086		FEC Identification Number		
Purpose of Disbursement		70000		С		
Contribution			011			
Candidate Name			Category/	Transaction ID : 48897509 Amount of Each Disbursement this Period		
King, Phil, , ,			Туре			
	ment For:			2000.00		
President	Primary Other (anal	General		Contribution		
State: District:	Other (spec	Siry)		Memo Item		
Full Name (Last, First, Middle Initial)						
C. Lois W. Kolkhorst Campaign				Date of Disbursement		
Mailing Address PO Box 2546				07 12 2023		
City	State	Zip Code		FEC Identification Number		
Brenham	ТΧ	77834				
	Purpose of Disbursement 011					
Contribution Candidate Name	Transaction ID : 48897578 Amount of Each Disbursement this Period					
	kolkhorst, Lois, , TX Sen.,					
	ment For:		Туре	2000.00		
Senate	Primary	General				
President	Other (spec	cify) 🔻		Contribution Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional).			······ •	6000.00		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 209 OF 253
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	
		Summary Page	21b	
			28a	28b 28c X 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
/ UnitedHealth Group Incorporated	PAC (U	nitedHealth G	Froup PAC)
Full Name (Last, First, Middle Initial)				
A. Nathan Johnson Campaign				Date of Disbursement
Mailing Address PO Box 670994				07 / D D / Y Y Y Y 12 2023
City	State	Zip Code		FEC Identification Number
Dallas	ТХ	75367		
Purpose of Disbursement				С
Contribution			011	Transaction ID : 48897580
Candidate Name			Category/	Amount of Each Disbursement this Period
Johnson, Nathan, , TX Sen.,			Туре	2000.00
	ement For:	Conorol		2000.00
President	Primary Other (spe	General		Contribution
State: District:	Other (spe	oliy) V		Memo Item
Full Name (Last, First, Middle Initial)				
B. Carol Alvarado Campaign				Date of Disbursement
				07 12 2023
Mailing Address P.O. Box 230842				07 12 2025
City	State TX	Zip Code 77223		FEC Identification Number
Houston Purpose of Disbursement		11223		
Contribution			011	С
Candidate Name				Transaction ID : 48897581
Alvarado, Carol, , TX Sen.,			Category/ Type	Amount of Each Disbursement this Period
	ement For:		1300	2000.00
Senate	Primary	General		
President	Other (spe	ecify)		Contribution
State: District:				Memo Item
Full Name (Last, First, Middle Initial)				
C. Friends of Brandon Creighton				Date of Disbursement
Mailing Address 2257 N Loop 336 Ste 140-366				07 12 2023
City	State	Zip Code		FEC Identification Number
Conroe	ТХ	77304		
Purpose of Disbursement				С
Contribution			011	Transaction ID: 48897583
Candidate Name			Category/	Amount of Each Disbursement this Period
Creighton, Brandon, , TX Sen.,			Туре	2000.00
	ement For:	Conorol		2000.00
President	Primary Other (spe	General		Contribution
State: District:		City) V		Memo Item
District.				
SUBTOTAL of Disbursements This Page (optional)			•••••	6000.00
TOTAL This Period (last page this line number onl	y)		••••••	, ,

I

S	CHEDULE B (FEC Form 3X)	11		FOR LINE I	NUMBER: PAGE 210 OF 253
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c X 29 30b
	ny information copied from such Reports and State for commercial purposes, other than using the nar				
\setminus	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PAC)
<u> </u>	Full Name (Last, First, Middle Initial)				Date of Disbursement
Α.	House Democratic Caucus				
	Mailing Address P.O. Box 12453				07 / D D / Y Y Y Y 2023
	,	State TX	Zip Code		FEC Identification Number
	Austin Purpose of Disbursement		78711		0
	Contribution			011	С
	Candidate Name			Catananul	Transaction ID : 48897613 Amount of Each Disbursement this Period
				Category/ Type	
	Office Sought: House Disburse	ment For:			5000.00
	Senate	Primary	General		Contribution
	State: District:	Other (spec	cify) 🔻		Contribution Memo Item
_	Full Name (Last, First, Middle Initial)				
B.	Texas Legislative Black Caucus				Date of Disbursement
	Mailing Address 1108 Lavaca Street, Ste. 110 PMB 171				07 12 2023
	City Austin	State TX	Zip Code 78701		FEC Identification Number
	Purpose of Disbursement		70701		С
	Contribution			011	Transaction ID : 48897848
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		Туре	2500.00
	Senate	Primary	General		
	President	Other (spec	cify)		Contribution
	State: District:				
_	Full Name (Last, First, Middle Initial)				
C.	Mexican American Legislative Cau	ucus			Date of Disbursement
	Mailing Address 1108 Lavaca Street Ste. 110-351				07 12 2023
		State	Zip Code		FEC Identification Number
	Austin Purpose of Disbursement	ТХ	78701		0
	Contribution			011	C
	Candidate Name			Category/ Type	Transaction ID : 48897909 Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:	I		2500.00
	Senate	Primary	General		Contribution
	President District	Other (spec	cify) 🔻		Memo Item
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional)			••••••	10000.00
т	OTAL This Period (last page this line number only)		••••••	

SCHEDULE B (FEC Form 3X)	Use sena	Use separate schedule(s)			NUMBER: PAGE 211 OF 253						
ITEMIZED DISBURSEMENTS		category of the	(Cr	heck only	one)	23	26 27				
	Detailed \$	Summary Page		210 28a	28b	28c	×	29	30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nat							of so				
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorporated	PAC (Un	itedHealth	Grou	p PAC	;)						
Full Name (Last, First, Middle Initial)											
A. Texas Association of Health Plans P	PAC				Date o	of Disburs	emer	nt	YYYY		
Mailing Address 1001 Congress Avenue Suite 300					07		12		2023		
, ,	State	Zip Code			FEC I	dentificatio	on Ni	umber			
Austin	ТХ	78701									
Purpose of Disbursement					С						
Contribution			0	11	Tr	ansactio	n ID :	4889	7911		
Candidate Name			Cate	egory/	Amou	nt of Each	n Disl	ourser	nent this Period		
			Ту	/pe					05000.00		
	ment For:						_		25000.00		
Senate	Primary	General					C ~~~	tributi			
President	Other (spec	cify) 🔻			М	emo Item		IIIDUII	ווע		
State: District:											
Full Name (Last, First, Middle Initial)											
^{3.} Texas House Republican Caucus	PAC			Date of Disbursement							
	·				M = M / D = D / Y = Y = Y = Y						
Mailing Address PO Box 13305					07		12		2023		
City	State	Zip Code									
Austin	TX	78711			FEC Identification Number						
Purpose of Disbursement											
Contribution			0	11							
Candidate Name						ansaction					
				egory/ /pe	Amoui	nt of Eacr	1 DISI	ourser	nent this Period		
Office Sought: House Disburse	ment For:		.,	/po					5000.00		
Senate	Primary	General				-	_	-	40		
President	Other (spec							ntributi	on		
State: District:					M	emo Item					
Full Name (Last, First, Middle Initial)											
^{C.} Osborne For Arizona Senate					Date of	of Disburs	emer	nt			
OSDOME FOR ANZONA SENALE					M	/ D	D	/ Y	YYYY		
Mailing Address 13523 W Monte Vista Cir					07 13 2023						
City	State	Zin Codo									
Goodyear	AZ	Zip Code 85395			FEC Identification Number						
Purpose of Disbursement		00000			С						
•	Void - Osborne For Arizona Senate; Check Dated 07/27/2022										
Candidate Name		egory/		ansactio							
Osborne, Joanne, , AZ Sen.,						Amount of Each Disbursement this Period					
	ment For:	hent For		/pe	- 1000.00						
Senate											
President	Other (spec					•.			borne For Arizona		
State: District:		- , , ,			M	emo Item	Ser	nate; C	heck Dated 07/27/20		
SUBTOTAL of Disburgements This Base (antional)									29000.00		
SUBTOTAL of Disbursements This Page (optional).				•••••				-7-			
TOTAL This Period (last page this line number only	<i>d</i>)						- 1	=			
I THE THE TOTOL (IAST PAGE THE HUMBER ONLY	,			····· 🕨				7	A CONTRACTOR OF A CONTRACTOR A		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 OF 253 (check only one) 21b 22 23 26 27 28a 28b 28c X 29 30b
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
ight angle UnitedHealth Group Incorporated I	PAC (UnitedHealth Gr	roup PAC)
Full Name (Last, First, Middle Initial) A. Judy for AZ Mailing Address 420 E Campo Bello Dr		Date of Disbursement
, ,	State Zip Code AZ 85022	FEC Identification Number
Phoenix Purpose of Disbursement Void - Judy for AZ; Check Dated 10/25/2022 Candidate Name		011 Transaction ID : 48900522
Schwiebert, Judy, , AZ Rep.,		Category/ Type Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼	Void - Judy for AZ; Check Dated Memo Item 10/25/2022
Full Name (Last, First, Middle Initial) B. Karianne Campaign to Elect Mailing Address 4334 West 1700 S		Date of Disbursement
City Syracuse Purpose of Disbursement Void - Karianne Campaign to Elect; Check Dated 1 Candidate Name Lisonbee, Karianne, , UT Rep.,		011 Category/ Type
	nent For: Primary General Other (specify)	Void - Karianne Campaign to Elect Memo Item Check Dated 11/07/2022
Full Name (Last, First, Middle Initial) C. Cullimore for Senate Mailing Address 8359 Snow Basin Dr		Date of Disbursement
City Sandy Purpose of Disbursement Void - Cullimore for Senate; Check Dated 11/07/20 Candidate Name Cullimore, Kirk, , UT Sen., Jr.	L	011 FEC Identification Number Category/ Type C 011 Transaction ID : 48900524 Amount of Each Disbursement this Period 040.00 Void - Cullimore for Senate; Check Memo Item Dated 11/07/2022
SUBTOTAL of Disbursements This Page (optional)		

ITEMIZED DISBURSEMENTS for each category of the category of the category of the category of the commerce category of the com					NUMBER: PAGE 213 OF 253					
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) A City State Purpose of Disbursement Void - Committee to Elect Don Ipson: Office Sought: Purpose of Disbursement Void - Committee to Elect Don Ipson: Office Sought: President District: B Wilson Leadership PAC Mailing Address ary on the sector Office Sought: Purpose of Disbursement Void - Committee to Elect Don lpson: President District: B Wilson Leadership PAC Mailing Address ary on Disbursement For: Disbursement Void - Check Dated 11/07/2022 City Bate of Disbursement Void - Wilson Leadership PAC; Check Dated 11/07/2022 Office Sought: President District: Periodent <			for each o	for each category of the			22 23 26 27			
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) A Committee to Elect Don Ipson Mailing Address 539 Diagonal Street City St. George Purpose of Disbursement Void - Committee to Elect Don Ipson; Check Dated 11/07/2022 Candidate Name (Seorge Office Sought: House Disbursement For: State: Disfrict: Purpose of Disbursement Office Sought: House Disfrict: Purpose of Disbursement Void - Committee to Elect Don Ipson; Check Dated 11/07/2022 Office Sought: President Disfrict: Purpose of Disbursement Void - Committee to Elect Disbursement Void - Vilson Leadership PAC; Mailing Address 67 South Main Street Suite 300 City State: Office Sought: House Disbursement Void - Wilson Leadership PAC; Office Sought: House <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>										
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address 539 Diagonal Street Zip Code B4770 City St. George UT Purpose of Disbursement UT Void - Committee to Elect Don Ipson; Check Dated 11/07/2022 011 Candidate Name Category/ Ipson, Don., UT Sen., Transaction ID : 48900525 Office Sought: House Disbursement For: President General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Disbursement Void - Committee to Ele Ipson; Check Dated 11/07/2022 B. Wilson Leadership PAC Date of Disbursement this Per Transaction ID : 48900526 Mailing Address 67 South Main Street Suite 300 State Zip Code 84041 Purpose of Disbursement Void - Wilson Leadership PAC; Check Dated 11/07/2022 011 Transaction ID : 48900526 Candidate Name Disbursement For: President Senate President Disbursement For: Primary General Other (specify) Category/ Tansaction ID : 48900526 C Elect Mike Schultz Disbursement For: President Disbursement For: Primary General Other (specify) Date of Disbursement this Per Tansaction ID : 48900527 C Elect Mike Schultz Disbursement For: Propose of Disbursement Elec	NAME OF COMMITTEE ((In Full)								
A Committee to Elect Don Ipson Date of Disbursement Mailing Address 539 Diagonal Street 07 13 2023 City State UT 84770 FC Identification Number Purpose of Disbursement UT Category/ Type Transaction ID : 48900525 Amount of Each Disbursement his Per Office Sought: House Disbursement For: District Other (specify) State Other (specify) B Wilson Leadership PAC Memo Item Ipson; Check Dated 11/07/2022 Other 84041 Date of Disbursement Ør7 13 2023 FEC Identification Number Void - Committee to Elect Don Ipson; Check Dated 11/07/2022 City State: Disbursement For: Disbursement Other (specify) Date of Disbursement Ør7 13 2023 FEC Identification Number C Purpose of Disbursement Other (specify) Transaction ID : 48900526 Amount of Each Disbursement this Per Office Sought: House Disbursement For: President Other (specify) Other (specify) State: Disbursement For: Propose of Disbursement Other (specify) Transaction ID : 48900526 C Elect	UnitedHealth Gro	up Incorporated	PAC (Un	itedHealth G	irou	p PAC)			
Mailing Address 539 Diagonal Street 07 13 2023 City State UT Zip Code 84770 FEC Identification Number Purpose of Disbursement Void - Committee to Elect Don Ipson; Check Dated 11/07/2022 011 Category/ Transaction ID : 48900525 Candidate Name Disbursement For: Senate Disbursement For: - 300.00 State: District: Senate Other (specify) Memo Item Ipson; Check Dated 11 Full Name (Last, First, Middle Initial) B. Wilson Leadership PAC Memo Item Ipson; Check Dated 11/07/2022 Mailing Address 67 South Main Street State Zip Code 84041 FEC Identification Number Void - Vilson Leadership PAC; Mailing Address 67 South Main Street Transaction ID : 48900526 Amount of Each Disbursement this Per Void - Wilson Leadership PAC; Check Dated 11/07/2022 011 Transaction ID : 48900526 Amount of Each Disbursement this Per Office Sought: House Disbursement For: 011 Category/ Transaction ID : 48900526 Candidate Name Disbursement For: Disbursement this Per -500.00 Void - Wilson Leadership State: Disbursement tor:	• • •									
St. George UT 84770 Purpose of Disbursement Office Sought: 1 Yoid - Committee to Elect Don Ipson; Check Dated 11/07/2022 011 Candidate Name Senate Disbursement For: Yoid - Committee to Elect Don Ipson; Check Dated 11/07/2022 011 George Void - Committee to Elect Don Ipson; Check Dated 11/07/2022 Other (specify) State: District: President State: District: Other (specify) B. Wilson Leadership PAC Mailing Address 67 South Main Street Other (specify) Suite 300 State Office Sought: House Void - Vilson Leadership PAC; Other (specify) Transaction ID : 48900526 Amount of Each Disbursement this Per Candidate Name Office Sought: Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) Void - Wilson Leadership State: Disbursement </td <td>Mailing Address 539 Diag</td> <td>onal Street</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Mailing Address 539 Diag	onal Street								
Void - Committee to Elect Don Ipson; Check Dated 11/07/2022 011 Transaction ID : 48900525 Candidate Name Disbursement For: 011 Category/ Type Amount of Each Disbursement this Per Office Sought: House Disbursement For: -300.00 State: District: Other (specify) Void - Committee to EL Full Name (Last, First, Middle Initial) Date of Disbursement Void - Committee to EL Mailing Address 67 South Main Street Suite 300 State Zip Code 84041 Date of Disbursement Purpose of Disbursement Void - Check Dated 11/07/2022 011 Transaction ID : 48900526 Category/ Candidate Name Disbursement For: 011 Category/ Type Transaction ID : 48900526 Office Sought: House Disbursement For: 011 Category/ Type Transaction ID : 48900526 General Office Sought: House Disbursement For: 011 Transaction ID : 48900527 Candidate Name District: Disbursement For: 011 Transaction ID : 48900527 Category/ General Office Sought: House Disbursement Disbursement Elect Mike Schultz D				· ·			FEC Identification Number			
Void - Committee to Elect Don Ipson; Check Dated 11/07/2022 011 Transaction ID : 48900525 Candidate Name Ipson, On, UT Sen, Office Sought: House Disbursement For: - 300.00 Office Sought: President Other (specify) General Void - Committee to Elect Disbursement this Per State: District: Primary General Other (specify) Memo Item Ipson; Check Dated 11 Full Name (Last, First, Middle Initial) B. Wilson Leadership PAC Date of Disbursement Mailing Address 67 South Main Street State Zip Code President Void - Wilson Leadership PAC; Check Dated 11/07/2022 011 FEC Identification Number C Candidate Name Disbursement For: Transaction ID : 48900526 Amount of Each Disbursement this Per Office Sought: House Disbursement For: Other (specify) General Void - Wilson Leadersh Office Sought: House Disbursement For: President Other (specify) General Void - Wilson Leadersh Office Sought: House Disbursement For: President Other (specify) Date of Disbursement State:	Purpose of Disbursement						C			
Ipson, Don, UT Sen, Category Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Wilson Leadership PAC Mailing Address 67 South Main Street Suite 300 City Layton UT Void - Wilson Leadership PAC; Check Dated 11/07/2022 011 Category/ Transaction ID : 48900526 Category/ Senate President Disbursement For: Category/ Transaction ID : 48900526 Category/ Void - Wilson Leadership PAC; Check Dated 11/07/2022 Office Sought: House President Disbursement For: Category/ -500.00 Void - Wilson Leadership PAC; Check Dated 11/07/2022 Category/ Void - Wilson Leadership Mailing Address 4904 W 5850 S Other (specify) Gity Bate of Disbursement Mailing Address 4904 W 5850 S FEC Identification Number City Hooper Purpose of Disbursement Mailing Address		t Don Ipson; Check Dated	d 11/07/2022		0	11				
Office Sought: House Disbursement For: - 300.00 State: District: President Other (specify) Image: Comparison of the comparison of							Amount of Each Disbursement this Period			
Senate Primary General Yoid - Committee to Eli Other (specify) Memo Item Ipson; Check Dated 11 Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Mailing Address 67 South Main Street State Zip Code Suite 300 State Zip Code City State Zip Code Paryose of Disbursement UT 84041 Void - Vilison Leadership PAC; Check Dated 11/07/2022 011 Candidate Name Disbursement For: -500.00 Void - Wilson Leadership PAC; Senate Disbursement For: -500.00 Office Sought: House Disbursement For: -500.00 Void - Wilson Leadership Pac; Check Dated 11/07/2022 Other (specify) Transaction ID : 48900526 Anount of Each Disbursement For: -500.00 Void - Wilson Leadership President Other (specify) Bate of Disbursement Void - Wilson Leadership State: District: District: Date of Disbursement Void - Wilson Leadership C. Elect Mike Schultz Memo Item Check Dated 11/07/202 Tassection Number Cite Vilson Leadership <td< td=""><td>•</td><td>ouse Disburse</td><td>ment For</td><td></td><td>Ту</td><td>pe</td><td>- 300.00</td></td<>	•	ouse Disburse	ment For		Ту	pe	- 300.00			
State District. Full Name (Last, First, Middle Initial) B. Wilson Leadership PAC Mailing Address 67 South Main Street Suite 300 Date of Disbursement City State Layton UT Purpose of Disbursement UT Void - Wilson Leadership PAC; Check Dated 11/07/2022 011 Candidate Name Disbursement For: Office Sought: House President Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) C C. Elect Mike Schultz Mailing Address 4904 W 5850 S State City State Void - Elect Mike Schultz UT Mailing Address 4904 W 5850 S City City State Void - Elect Mike Schultz; Check Dated 11/07/2022 011 Void - Elect Mike Schultz; Check Dated 11/07/2022 011 Category/ Transaction ID : 48900527 Andidate Name City Void - Elect Mike Schultz; Check Dated 11/07/2022 011 Category/ <t< td=""><td>Se</td><td>enate</td><td>Primary</td><td></td><td></td><td></td><td>Void - Committee to Elect Don</td></t<>	Se	enate	Primary				Void - Committee to Elect Don			
B. Wilson Leadership PAC Date of Disbursement Mailing Address 67 South Main Street Suite 300 Date of Disbursement City Layton State UT Zip Code 84041 Disbursement Void - Wilson Leadership PAC; Check Dated 11/07/2022 011 Category/ Type FEC Identification Number Office Sought: House President Disbursement For: President 011 Other (specify) State: District: Other (specify) Void - Wilson Leadership Void - Wilson Leadership Full Name (Last, First, Middle Initial) C Elect Mike Schultz Mailing Address 4904 W 5850 S UT Zip Code 84315 City Hooper State UT Zip Code 84315 FEC Identification Number Purpose of Disbursement Void - Elect Mike Schultz; Check Dated 11/07/2022 011 Category/ Candidate Name Transaction ID : 48900527 Amount of Each Disbursement this Per	State: District:	:					Mento Rent Ipson; Check Dated 11/07/2022			
City Layton State UT Zip Code 84041 Purpose of Disbursement Void - Wilson Leadership PAC; Check Dated 11/07/2022 011 Category/ Type FEC Identification Number Office Sought: House President Disbursement For: Senate President 011 Category/ Type Transaction ID : 48900526 State: Disbursement For: President - 500.00 Void - Wilson Leadership Void - Wilson Leadership Kate: District: Other (specify) Memo Item Void - Wilson Leadership Full Name (Last, First, Middle Initial) C Elect Mike Schultz Date of Disbursement Mailing Address 4904 W 5850 S UT Zip Code 84315 FEC Identification Number City Hooper State Zip Code 84315 FEC Identification Number Void - Elect Mike Schultz; Candidate Name 011 Category/ Transaction ID : 48900527	Wilson Leadershi	ip PAC					M M / D D / Y Y Y Y			
Purpose of Disbursement Void - Wilson Leadership PAC; Check Dated 11/07/2022 Candidate Name Office Sought: House Disbursement For: Senate Primary Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Elect Mike Schultz Mailing Address 4904 W 5850 S City State Purpose of Disbursement Void - Elect Mike Schultz; Check Dated 11/07/2022 Other (specify) Office Sought: Full Name (Last, First, Middle Initial) C. Elect Mike Schultz Mailing Address 4904 W 5850 S City Hooper Purpose of Disbursement Void - Elect Mike Schultz; Check Dated 11/07/2022 Of1 Category/ Transaction ID : 48900527 Amount of Each Disbursement this Per	City	-		· ·			FEC Identification Number			
Void - Wilson Leadership PAC; Check Dated 11/07/2022 011 Candidate Name Category/ Type Office Sought: House Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Elect Mike Schultz Mailing Address 4904 W 5850 S City State Purpose of Disbursement UT Void - Elect Mike Schultz; Check Dated 11/07/2022 Category/ Office Sought: Office Secure Mailing Address 4904 W 5850 S City State Purpose of Disbursement Void - Elect Mike Schultz; Check Dated 11/07/2022 Of11 Category/ Of12 Of13 Category/ Transaction ID : 48900527 Amount of Each Disbursement this Pereson of Disbursement Of11 Category/ Of11 Category/ Transaction ID : 48900527 Amount of Each Disbursement this Person of Disbursement this Pers	•		-		_	_	С			
Office Sought: House Disbursement For: - 500.00 Senate Primary General Void - Wilson Leadersh State: District: Other (specify) Memo Item Void - Wilson Leadersh Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Date of Disbursement C. Elect Mike Schultz Date of Disbursement Date of Disbursement 2023 City State Zip Code FEC Identification Number C Purpose of Disbursement Void - Elect Mike Schultz; Check Dated 11/07/2022 011 Transaction ID : 48900527 Candidate Name Other Category/ Mount of Each Disbursement this Per		PAC; Check Dated 11/07	7/2022		Cate	gory/				
Full Name (Last, First, Middle Initial) Date of Disbursement C. Elect Mike Schultz Mailing Address 4904 W 5850 S 07 City State Zip Code Hooper UT 84315 Purpose of Disbursement 011 Void - Elect Mike Schultz; Check Dated 11/07/2022 011 Candidate Name 011	Se Pr	resident	Primary				Void - Wilson Leadership PAC;			
Elect Wike Schultz Mailing Address 4904 W 5850 S City Hooper UT Purpose of Disbursement Void - Elect Mike Schultz; Check Dated 11/07/2022 Candidate Name O11 Category/	Full Name (Last, First, Mi						Data of Diskursenerst			
Mailing Address 4904 W 5850 S 07 13 2023 City State Zip Code FEC Identification Number Hooper UT 84315 City Purpose of Disbursement 011 City City Void - Elect Mike Schultz; Check Dated 11/07/2022 011 City City Candidate Name Category/ Amount of Each Disbursement this Per	Elect Mike Schult	Z								
Hooper UT 84315 Purpose of Disbursement 011 Void - Elect Mike Schultz; Check Dated 11/07/2022 011 Candidate Name Category/	Mailing Address 4904 W 5	5850 S								
Purpose of Disbursement 011 C Void - Elect Mike Schultz; Check Dated 11/07/2022 011 Transaction ID : 48900527 Candidate Name Category/ Amount of Each Disbursement this Per				· ·			FEC Identification Number			
Void - Elect Mike Schultz; Check Dated 11/07/2022 011 Transaction ID : 48900527 Candidate Name Category/ Amount of Each Disbursement this Per	•		_	C						
		Candidate Name								
· · · · · · · · · · · · · · · · · · ·	Schultz, Mike, , UT Rep.,						100.00			
President Other (specify) V Memo Item Dated 11/07/2022	Se Pr	resident	Primary				Void - Elect Mike Schultz; Chec			
State: District:	State: District:									
SUBTOTAL of Disbursements This Page (optional)							- 1200.00			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 214 OF 253 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 23 26 27
		28a 28b 28c 29 30b d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
UnitedHealth Group Incorporated I	PAC (UnitedHealth Gr	Group PAC)
Full Name (Last, First, Middle Initial) A. Val Peterson Campaign Mailing Address 528 W 1160 N		Date of Disbursement
City Orem	State Zip Code UT 84057	FEC Identification Number
Purpose of Disbursement Void - Val Peterson Campaign; Check Dated 11/07 Candidate Name Peterson, Val, , UT Rep.,	L	011 Category/ Type C C C C C C C C C C C C C C C C C C C
Office Sought: House Disburser Senate President Image: Construct to the senate of the s	nent For: Primary General Other (specify) ▼	- 400.00 Void - Val Peterson Campaigr Memo Item Check Dated 11/07/2022
Full Name (Last, First, Middle Initial) B. Committee to Elect Jefferson Most Mailing Address 1668 Aspen Circle	Date of Disbursement	
City Saratoga Springs Purpose of Disbursement Void - Committee to Elect Jefferson Moss; Check I Candidate Name Moss, Jefferson, , UT Rep., Office Sought: House Senate President State: District:		011 FEC Identification Number Category/ Type Transaction ID : 48900529 Amount of Each Disbursement this Period Void - Committee to Elect Jeff Memo Item Void - Committee to Elect Jeff
Full Name (Last, First, Middle Initial) C. The Committee to Elect Steve Elia Mailing Address 8157 South Grambling Way	son	Date of Disbursement
City Sandy Purpose of Disbursement Void - The Committee to Elect Steve Eliason; Chec Candidate Name Eliason, Steven, , UT Rep., Office Sought: House Senate President State: District:		011 FEC Identification Number 011 C Category/ Type Transaction ID : 48900531 Amount of Each Disbursement this Period - 250.00 Memo Item Void - The Committee to Elect Steve Eliason; Check Dated 11/07/2022
SUBTOTAL of Disbursements This Page (optional)		

SCHEDULE B (FE	C Form 3X)			, F	OR LINE	NUMB	ER:			PAG	ie 21	5 OF 253		
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the			y one)								
			Summary Page		21b	22	L	23		26	27			
					28a		8b	28c	X	29	_	Db		
Any information copied from s or for commercial purposes, o	other than using the													
NAME OF COMMITTEE (I	n Full)													
/ UnitedHealth Grou	up Incorporate	d PAC (Ui	nitedHealth	Grou	ip PAC	C)								
Full Name (Last, First, Mid	dle Initial)													
A. Joel Ferry Election	Committee					Date	e of E	Disburse	emen	t				
Mailing Address 780 North	1100 West						07	/ D	D 3	/ Y	2023			
City		State	Zip Code											
Brigham City		UT	84302			FEC	C Ider	ntificatio	n Nu	mber				
Purpose of Disbursement				-	_	С								
Void - Joel Ferry Election	Committee; Check Da	ted 11/07/2022	2	0	011		Tran	saction	۰ D	48900	533			
Candidate Name				Cat	egory/							is Period		
Ferry, Joel, , UT Rep.,	I				уре				-			0.00		
o	use Disbur nate	sement For:									- 20	0.00		
	esident	Primary Other (spe	General						Void	- Joel	Ferrv	Election		
State: District:			Ciry) V				Mem	o Item	Com	mittee	; Chec	k Dated		
Full Name (Last, First, Mid	dle Initial)								11/0	///(//		,		
P						Date	e of E	Disburse	emen	t				
• Vargas for Nebras							07 / D D / Y Y Y Y 07 14 2023							
Mailing Address 713 Canig	Mailing Address 713 Caniglia Plaza City State Zip													
,						FEC Identification Number								
Omaha		NE	NE 68108											
Purpose of Disbursement Void - Vargas for Nebrask	a: Chack Dated 08/18	1/2022			011	С	L							
Candidate Name		2022						saction				ia Daviad		
Vargas, Tony, , NE Sen.,					egory/ ype	Amo	ount c	of Each	DISD	ursem	ient th	is Period		
Office Sought: Ho	use Disbur	sement For:			51					_	- 50	0.00		
Sei	nate	Primary	General				_		Void	l - Var	nas for	Nebraska; Cheo		
	sident	Other (spe	cify)				Mem	o Item			8/202			
State: District:						_								
Full Name (Last, First, Mid	dle Initial)					Det		St						
C. Ballard for Kansas	State House							Disburse	emen					
Mailing Address 1532 Alva	mar Drive					1			D 4	/ Y	2023			
									-					
City		State	Zip Code			FFC) Ider	ntificatio	n Nu	mber				
Lawrence		KS	66047			C		linioutio						
	Purpose of Disbursement						L							
Candidate Name	Void - Ballard for Kansas State House; Check Dated 10/03/2022							saction						
Ballard, Barbara, , KS Rep.,		Category/ Type			Amount of Each Disbursement this Per						is Period			
Office Sought: Ho	sement For:		· ·		- 500.00						00.00			
Senate Primary General President Other (specify) ▼														
							Mem	o Item				Kansas State ated 10/03/2022		
State: District:										, •				
SUBTOTAL of Disbursement	s This Page (optiona	l)			►						- 12	00.00		
		,					-		-	-7				
TOTAL This Period (last pag	e this line number o	nly)			►			,		7				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		arate schedule(s)	-	R LINE leck only	NUMBER: PAGE 216 OF 253 ly one)						
	for each category of the Detailed Summary Page										
Any information copied from such Reports and Sta or for commercial purposes, other than using the r					son for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorporated	d PAC (Ui	nitedHealth G	rou	p PAC	2)						
Full Name (Last, First, Middle Initial) A. Rui Xu for Kansas House					Date of Disbursement						
Mailing Address 4724 Belinder Rd					07 14 2023						
City Westwood	State KS	Zip Code 66205			FEC Identification Number						
Purpose of Disbursement	0/4.0/0000		0,	11	C						
Void - Rui Xu for Kansas House; Check Dated 1 Candidate Name	0/12/2022			- 1 - C	Transaction ID : 48914210						
Xu, Rui, , KS Rep.,				gory/	Amount of Each Disbursement this Period						
	sement For:		Ту	he	- 500.00						
Senate President	Primary Other (spe	General cify) ▼			Void - Rui Xu for Kansas Hou Memo Item Check Dated 10/12/2022						
State: District:					Check Dated 10/12/2022						
Full Name (Last, First, Middle Initial) 3. Steve Erdman for Legislature Mailing Address 8527 L62A					Date of Disbursement						
City	State	Zip Code									
Bayard	NE	69334			FEC Identification Number						
Purpose of Disbursement	f Disbursement			-	C						
Void - Steve Erdman for Legislature; Check Dat	ed 10/25/2022		0	11	Transaction ID : 48914211						
Candidate Name				gory/	Amount of Each Disbursement this Period						
Erdman, Steve, , NE Sen., Office Sought: House Disbur	sement For:		Ту	pe	- 500.00						
Senate	Primary	General									
State: District:	Other (spe				Memo Item Keysia Void - Steve Erdman for Legislature; Check Dated 10/25/2022						
Full Name (Last, First, Middle Initial)											
^{C.} Friends of Mike McDonnell					Date of Disbursement						
Mailing Address 5401 A Street					07 14 2023						
City	State	Zip Code			FEC Identification Number						
Omaha	NE	68106									
Purpose of Disbursement Void - Friends of Mike McDonnell; Check Dated	10/25/2022		0,	11	C						
Candidate Name	. 0, 20, 2022			- 1	Transaction ID : 48914212						
McDonnell, Mike, , NE Sen.,		Cate Ty	gory/ pe	Amount of Each Disbursement this Period							
Office Sought: House Disbursement For:					- 1000.00						
State: District:	Primary Other (spe	General ccify) ▼			Void - Friends of Mike McDo Memo Item Check Dated 10/25/2022						
State: District:											
SUBTOTAL of Disbursements This Page (optiona	l)			···· ►	- 2000.00						
TOTAL This Period (last page this line number or	nly)			···· ►	, ,						

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 217 OF 253		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only			
		Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na				on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC			
Full Name (Last, First, Middle Initial)						
A. McCombie for Illinois				Date of Disbursement		
Mailing Address 1548 Bond St. Ste. 102				07 18 2023		
City	State IL	Zip Code		FEC Identification Number		
Naperville Purpose of Disbursement		60563		С		
Contribution			011	Transaction ID : 48915924		
Candidate Name		I	Category/	Amount of Each Disbursement this Period		
McCombie, Tony, , IL Rep.,			Туре	2000.00		
Office Sought: House Disburse	ement For: Primary	General		3000.00		
President	Other (spe			Contribution		
State: District:		··· ·		Memo Item		
Full Name (Last, First, Middle Initial)						
B. Andy Beshear for Governor				Date of Disbursement		
Mailing Address PO Box 4278		1		07 26 2023		
City Louisville	State KY	Zip Code 40204		FEC Identification Number		
Purpose of Disbursement				С		
Contribution						
Candidate Name			Category/	Transaction ID : 48929383 Amount of Each Disbursement this Period		
Beshear, Andy, , KY Gov.,	mont Fam		Туре	2000.00		
Office Sought: House Disburse	ement For: Primary	General		2000.00		
President	Other (spe			Contribution		
State: District:	· · ·			Memo Item		
Full Name (Last, First, Middle Initial)						
^{C.} Florida Republican Senatorial Car	mpaign C	Committee, In	IC.	Date of Disbursement		
Mailing Address 2640-A Mitcham Drive	Mailing Address 2640-A Mitcham Drive					
City	State	Zip Code		FEC Identification Number		
Tallahassee Purpose of Disbursement	FL	32308		С		
Contribution			011	Transaction ID : 48933979		
Candidate Name	Category/	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:		Туре	25000.00		
Senate	Primary	General		Contribution		
President	Other (spe	cify) 🔻		Contribution Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional)			••••••	30000.00		
TOTAL This Period (last page this line number only	<i>(</i>)					
	,		•••••			

S	CHEDULE B (FEC Form 3X)			FC	DR LI	NE N	NUMBER: PAGE 218 OF 253	
IT	EMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check only			
			Summary Page			21b 28a	22 23 26 27 28b 28c X 29 30b	
	y information copied from such Reports and State for commercial purposes, other than using the na				any p	persor	n for the purpose of soliciting contributions	
\backslash	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	рР	AC)		
<u> </u>	Full Name (Last, First, Middle Initial)							
Α.	Todd Hunter Campaign						Date of Disbursement	
	Mailing Address 445 Cape Henry		07 / D D / Y Y Y Y 27 2023					
	City	State	Zip Code				FEC Identification Number	
	Corpus Christi	ТΧ	78412					
	Purpose of Disbursement						С	
	Contribution			0	11	11.	Transaction ID : 48933980	
	Candidate Name				gory	/	Amount of Each Disbursement this Period	
	Hunter, Todd, , TX Rep., Office Sought: House Disburse	ement For:		IJ	/pe		1000.00	
	Senate	Primary	General					
	President	Other (spec	cify) 🔻				Contribution	
	State: District:						Memo Item	
	Full Name (Last, First, Middle Initial)							
B.	Jacey Jetton Campaign						Date of Disbursement	
	Mailing Address 1723 Hearthside Ct						07 27 2023	
	City	State	Zip Code				FEC Identification Number	
	Richmond Purpose of Disbursement	ТХ	77406					
	Contribution			011	11	С		
	Candidate Name			Category/		,	Transaction ID : 48933981 Amount of Each Disbursement this Period	
	Jetton, Jacey, , TX Rep.,				/pe		Amount of Lacif Disbursement this renou	
	Office Sought: House Disburse	ement For:	1				1000.00	
	Senate	Primary	General				Contribution	
	President	Other (spec	cify)				Memo Item	
	State: District:							
C.	Full Name (Last, First, Middle Initial)						Date of Disbursement	
0.	Texans for Trent Ashby							
	Mailing Address PO Box 412						07 27 2023	
	City	State	Zip Code			+	EEC Identification Number	
	Lufkin	ТХ	75902				FEC Identification Number	
	Purpose of Disbursement	•					С	
	Contribution 011				11.	Transaction ID : 48933982		
	Candidate Name				gory	/	Amount of Each Disbursement this Period	
	Ashby, Trenton, , TX Rep., Office Sought: House Disburse	ement For:		I)	/pe		1000.00	
	Senate	Primary	General					
	President	Other (spe					Contribution	
_	State: District:						Memo Item	
s	UBTOTAL of Disbursements This Page (optional)				1	•	3000.00	
\vdash						-		
Т	OTAL This Period (last page this line number only	y))		L , ,	

SCHEDULE B (FEC Form 3X)			FOR LINE N	PAGE 219 OF 253			
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check only	Nombert			
		category of the Summary Page	21b				
		, ,	28a	28b 28c X 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PAC)			
Full Name (Last, First, Middle Initial)							
A. JM Lozano for State Rep. Campaigr			Date of Disbursement				
Mailing Address 8953 CR 2411		07 / ^D D / ^Y Y Y Y Y 27 2023					
City	State	Zip Code		FEC Identification Number			
Sinton	ТХ	78387		FEC identification Number			
Purpose of Disbursement				С			
Contribution			011	Transaction ID : 48933983			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Lozano, Jose, M, TX Rep.,	mont Fam		Туре	1000.00			
Office Sought: House Disburse	Primary	General		1000.00			
President	Primary Other (spec			Contribution			
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)							
D				Date of Disbursement			
Armando Martinez Campaign				M M / D D / Y Y Y Y			
Mailing Address PO Box 1651				07 27 2023			
City	State	Zip Code		FEC Identification Number			
Weslaco	ТХ	78599					
Purpose of Disbursement			011	С			
Contribution 011				Transaction ID: 48933984			
Martinez, Armando, , TX Rep.,			Category/ Type	Amount of Each Disbursement this Period			
	ement For:		1900	1000.00			
Senate	Primary	General					
President	Other (spec	cify)		Contribution			
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)							
C. Trey Martinez Fischer Campaign				Date of Disbursement			
Mailing Address 104 Babcock Rd Ste 107				07 27 2023			
City	State	Zip Code		FEC Identification Number			
San Antonio	ТХ	78201					
Purpose of Disbursement			011	С			
Contribution Candidate Name			011	Transaction ID : 48933985			
Martinez Fischer, Trey, , TX Rep.,			Category/ Type	Amount of Each Disbursement this Period			
	ement For:		i î he	1000.00			
Senate	Primary	General					
President	Other (spec	cify) 🔻		Contribution Memo Item			
State: District:							
SUPTOTAL of Dishuraamanta This Dags (articized)				3000.00			
SUBTOTAL of Disbursements This Page (optional).			•••••	45 45 45			
TOTAL This Period (last page this line number only	/)		····· ►				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		NUMBER: PAGE 220 OF 253 one) 22 23 26 27		
Any information copied from such Reports and Stat		, ,	28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
UnitedHealth Group Incorporated	I PAC (U	nitedHealth G	roup PAC	;)		
Full Name (Last, First, Middle Initial)						
A. John Kuempel Campaign				Date of Disbursement		
Mailing Address 902 E. College Street				07 / D D / Y Y Y Y 27 2023		
City Seguin	State TX	Zip Code 78155		FEC Identification Number		
Purpose of Disbursement		10135		С		
Contribution			011			
Candidate Name		I	Category/	Transaction ID : 48934047 Amount of Each Disbursement this Period		
Kuempel, John, , TX Rep.,			Type			
	ement For:			1000.00		
Senate	Primary	General		Contribution		
State: District:	Other (spe	ecity) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)						
B. Dustin Burrows Campaign				Date of Disbursement		
Mailing Address P.O. Box 2569	ailing Address P.O. Box 2569					
City	State TX	Zip Code 79408		FEC Identification Number		
Lubbock Purpose of Disbursement		79406		С		
Contribution			011	Transaction ID : 48934048		
Candidate Name						
Burrows, Dustin, , TX Rep.,			Туре	Amount of Each Disbursement this Period		
	ement For:			1000.00		
Senate	Primary	General		Contribution		
State: District:	Other (spe	ectry)		Memo Item		
Full Name (Last, First, Middle Initial)						
C. Liz Campos Campaign				Date of Disbursement		
Mailing Address 1028 Rigsby				07 27 2023		
City	State	Zip Code		EEC Identification Number		
San Antonio	ТХ	78210		FEC Identification Number		
Purpose of Disbursement			014	C		
Contribution Candidate Name			011	Transaction ID: 48934049		
Campos, Elizabeth, , TX Rep.,			Category/ Type	Amount of Each Disbursement this Period		
	ement For:		ishe	1000.00		
Senate	Primary	General				
President	Other (spe	ecify) 🔻		Contribution Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional))		••••••	3000.00		
TOTAL This Period (last page this line number on	lv)					
	,,					

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 221 OF 253		
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the		one) 22 23 26 27		
	Detailed	Summary Page	21b 28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Any information copied from such Reports and Stat or for commercial purposes, other than using the n				on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
UnitedHealth Group Incorporated	I PAC (UI	nitedHealth G	Group PAC)		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
A. Giovanni Capriglione Campaign						
Mailing Address 1352 Ten Bar Trail				07 27 2023		
City	State	Zip Code		FEC Identification Number		
Southlake Purpose of Disbursement	ТХ	76092				
Contribution			011	С		
Candidate Name				Transaction ID : 48934050		
Capriglione, Giovanni, , TX Rep.,			Category/ Type	Amount of Each Disbursement this Period		
	ement For:		71	1000.00		
Senate	Primary	General				
President	Other (spe	cify) 🔻		Contribution Memo Item		
State: District:						
Full Name (Last, First, Middle Initial)				Date of Disbursement		
Dicole Collier Campaign						
Mailing Address PO Box 24241				07 / D D / Y Y Y Y 27 2023		
City	State	Zip Code		FEC Identification Number		
Fort Worth	ТХ	76124		C		
•	Purpose of Disbursement 011					
Candidate Name				Transaction ID : 48934051		
Collier, Nicole, , TX Rep.,			Category/ Type	Amount of Each Disbursement this Period		
	ement For:		21 °	1000.00		
Senate	Primary	General		Contribution		
President	Other (spe	cify)		Memo Item		
State: District:				<u> </u>		
Full Name (Last, First, Middle Initial) C. Dhilin Conton for State Depresent				Date of Disbursement		
C. Philip Cortez for State Represent	ative					
Mailing Address 7919 Liberty Island				07 / D D / Y Y Y Y 27 2023		
City	State	Zip Code		FEC Identification Number		
San Antonio	ТХ	78227				
Purpose of Disbursement			011	С		
Contribution Candidate Name	011	Transaction ID : 48934124				
Cortez, Philip, , TX Rep.,	Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburs	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00				
Senate	Primary	General				
President	Other (spe	ecify) ▼		Contribution Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional))		••••••	3000.00		
TOTAL This Period (last page this line number on	ly)		••••••			

SCHEDULE B (FEC Form 3				FOR LINE	NUMBER: PAGE 222 OF 253		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(check only	7 one) 22 23 26 27			
		Detailed S	Summary Page	28a	28b 28c X 29 30b		
Any information copied from such Reports or for commercial purposes, other than usi					on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorp	orated PA	AC (Un	itedHealth G	Group PAC	;)		
Full Name (Last, First, Middle Initial)							
A. Tom Craddick Campaign					Date of Disbursement		
Mailing Address Two Lakes Drive					07 / 27 / 2023		
City Midland	Sta T	ate X	Zip Code 79705		FEC Identification Number		
Purpose of Disbursement					С		
Contribution				011	Transaction ID : 48934125		
Candidate Name				Category/	Amount of Each Disbursement this Period		
Craddick, Tom, , TX Rep.,		. =		Туре	1000.00		
Office Sought: House Senate	Disburseme	nt For: rimary	General		1000.00		
President		ther (spec			Contribution		
State: District:			,, 🗸		Memo Item		
Full Name (Last, First, Middle Initial)							
B. James Frank Campaign	B. James Frank Campaign						
Mailing Address 1206 Hatton Rd					07 / D D / Y Y Y Y 27 2023		
City	Sta		Zip Code		FEC Identification Number		
Wichita Falls Purpose of Disbursement	Т	X	76302		0		
Contribution	011			011	С		
Candidate Name				Category/	Transaction ID : 48934127 Amount of Each Disbursement this Period		
Frank, James, , TX Rep.,				Туре			
Office Sought: House	Disburseme				1000.00		
Senate President		rimary	General		Contribution		
State: District:	0	ther (spec	liy)		Memo Item		
Full Name (Last, First, Middle Initial)							
c. Craig Goldman Campaign					Date of Disbursement		
Mailing Address PO Box 100039					07 27 2023		
City	Sta	ate	Zip Code		FEC Identification Number		
Fort Worth	T	TX	76185				
Purpose of Disbursement Contribution				011	С		
Candidate Name	Candidate Name				Transaction ID : 48934128		
Goldman, Craig, , TX Rep.,				Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House	Disburseme	ent For:	I		1000.00		
Senate		rimary	General		Contribution		
President	0	ther (spec	ify) 🔻		Memo Item		
State: District:							
SUBTOTAL of Disbursements This Page	(optional)			••••••	3000.00		
TOTAL This Period (last page this line nu	mber only)			••••••	,		

SC	HEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 223 OF 253		
ITEMIZED DISBURSEMENTS			arate schedule(s) category of the	(check only	one)		
			Summary Page	21b			
<u> </u>				28a	28b 28c X 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na						
\backslash	NAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Broup PAC)		
	Full Name (Last, First, Middle Initial)						
Α.	Bobby Guerra Campaign				Date of Disbursement		
	Mailing Address 10213 N. 10th Street				07 / D D / Y Y Y Y Y 27 2023		
	City	State	Zip Code		FEC Identification Number		
	McAllen	ТΧ	78504				
	Purpose of Disbursement			011	С		
	Contribution			011	Transaction ID : 48934129		
	Candidate Name			Category/	Amount of Each Disbursement this Period		
	Guerra, Roberto, Bobby, TX Rep., Office Sought: House Disburse	ement For:		Туре	1000.00		
	Senate	Primary	General				
	President	Other (spe			Contribution		
	State: District:				Memo Item		
	Full Name (Last, First, Middle Initial)						
B.	Lacey Hull for Texas				Date of Disbursement		
	Mailing Address PO Box 19231				07 27 2023		
	City	State	Zip Code		FEC Identification Number		
	Houston	ТХ	77724				
	Purpose of Disbursement Contribution			011	С		
	Candidate Name	didata Name					
	Hull, Lacey, , TX Rep.,			Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ement For:		5100	1000.00		
	Senate	Primary	General		Contribution		
	President	Other (spee	cify)		Memo Item		
	State: District:						
	Full Name (Last, First, Middle Initial)						
C.	Ryan Guillen Campaign				Date of Disbursement		
	Mailing Address PO Box 1024				07 / 27 / 2023		
	City	State	Zip Code		FEC Identification Number		
	Austin	ТХ	78767				
	Purpose of Disbursement			044	C		
	Contribution			011	Transaction ID : 48934131		
	Candidate Name Guillen, Ryan, , TX Rep.,			Category/	Amount of Each Disbursement this Period		
		ement For:		Туре	1000.00		
	Senate	Primary	General				
	President	Other (spe			Contribution Memo Item		
	State: District:	J					
6	IPTOTAL of Disburgements This Dags (anti-				3000.00		
	JBTOTAL of Disbursements This Page (optional)			····· •			
Т	DTAL This Period (last page this line number only	y)		••••••	, ,		

ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) PAGE			
28a 28b 28c X 29	27 30b		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions from such contributions.			
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)			
Full Name (Last, First, Middle Initial)			
A. Sam Harless Campaign	Y Y Y		
	2023		
City State Zip Code FEC Identification Number			
	-		
Contribution 011			
Candidate Name Iransaction ID : 4893413			
Harless, Sam, , TX Rep., Category/ Harless, Sam, , TX Rep., Type	it this Pendu		
Office Sought: House Disbursement For:	1000.00		
Senate Primary General			
President Other (specify) ▼ Contribution State: District: Memo Item			
Full Name (Last, First, Middle Initial)			
B. Ana Hernandez Campaign	YYYY		
	2023		
City State Zip Code FEC Identification Number			
	-		
Contribution 011	Transaction ID : 48934133 Amount of Each Disbursement this Period		
Candidato Namo			
Hernandez, Ana, E., TX Rep., Type			
Office Sought: House Disbursement For:	1000.00		
Senate Primary General Contribution			
State: District: Other (specify) Memo Item			
Full Name (Last, First, Middle Initial)			
C. Donna Howard Campaign			
	2023		
City State Zip Code FEC Identification Number			
Austin TX 78763	-		
Purpose of Disbursement			
Contribution 011 Transaction ID : 4893413			
Candidate Name Category/ Howard, Donna, , TX Rep., Type	t this Period		
Office Sought: House Disbursement For:	1000.00		
Senate Primary General	1.46.1		
President Other (specify) Contribution Memo Item			
State: District:			
SUBTOTAL of Disbursements This Page (optional)	3000.00		
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 225 OF 253		
TEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a			
Any information copied from such Reports and Stat or for commercial purposes, other than using the n						
NAME OF COMMITTEE (In Full)						
UnitedHealth Group Incorporated	I PAC (U	nitedHealth G	Group PAC	5)		
Full Name (Last, First, Middle Initial)						
^{A.} Steve Allison Campaign				Date of Disbursement		
Mailing Address 200 Morningside Drive				07 / 27 / Y Y Y Y 2023		
City San Antonio	State TX	Zip Code 78209		FEC Identification Number		
Purpose of Disbursement		10200		С		
Contribution			011	Transaction ID : 48934136		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Allison, Steve, , TX Rep.,			Туре			
	ement For:			1000.00		
Senate President	Primary	General		Contribution		
State: District:	Other (spe	ecity) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)						
^{B.} Terry Meza Campaign		Date of Disbursement				
Mailing Address P.O. Box 155076				07 27 2023		
City	State	Zip Code		FEC Identification Number		
Irving Purpose of Disbursement	ТХ	75015		0		
Contribution			011	C Transaction ID : 48934208		
Candidate Name	Contribution					
Meza, Thresa, , TX Rep.,			Type	Amount of Each Disbursement this Period		
	ement For:	`		1000.00		
Senate	Primary	General		Contribution		
State: District:	Other (spe	ecity)		Memo Item		
Full Name (Last, First, Middle Initial)						
^{C.} Joe Moody Campaign				Date of Disbursement		
Mailing Address PO Box 920827				07 27 2023		
City	State	Zip Code		FEC Identification Number		
El Paso	ТХ	79902				
Purpose of Disbursement			011	C		
Contribution Candidate Name			011	Transaction ID: 48934209		
Moody, Joseph, E., TX Rep.,			Category/ Type	Amount of Each Disbursement this Period		
	ement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00		
Senate	Primary	General				
President	Other (spe	ecify) 🔻		Contribution Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional))		••••••	3000.00		
TOTAL This Period (last page this line number on	lv)			, ,		

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 226 OF 253		
	MIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	-		
	information copied from such Reports and State or commercial purposes, other than using the na						
	IAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)		
-	Full Name (Last, First, Middle Initial)						
Α.	Stephanie Klick Campaign	Date of Disbursement					
N	Aailing Address P.O. Box 7592				07 / D D / Y Y Y Y Y 2023		
	City Fort Worth	State TX	Zip Code 76111		FEC Identification Number		
	Purpose of Disbursement	17			С		
-	Contribution			011			
ζ	Candidate Name			Category/	Transaction ID: 48934211 Amount of Each Disbursement this Period		
ł	Klick, Stephanie, , TX Rep.,			Type			
C		ment For:			1000.00		
	Senate	Primary	General		Contribution		
c	State: District:	Other (spec	ciiy) 🔻		Memo Item		
	Full Name (Last, First, Middle Initial)						
D	Victoria Neave Campaign				Date of Disbursement		
_	Nailing Address P.O. Box 472773		1		07 27 2023		
	City Garland	State TX	Zip Code 75047		FEC Identification Number		
	Purpose of Disbursement		/304/		0		
	Contribution			011	C		
ζ	Candidate Name			Category/	Transaction ID : 48934212 Amount of Each Disbursement this Period		
	Neave, Victoria, , TX Rep.,			Туре			
Ō		ment For:			1000.00		
	Senate	Primary	General		Contribution		
S	State: District:	Other (spec	сіту)		Memo Item		
	Full Name (Last, First, Middle Initial)						
C.	Candy Noble Campaign				Date of Disbursement		
Ν	Aailing Address 1105 E. Main Street #223				07 27 2023		
	City	State	Zip Code		FEC Identification Number		
	Allen Purpose of Disbursement	ТХ	75002				
Г	Contribution			011	С		
7	Candidate Name		Transaction ID : 48934213 Amount of Each Disbursement this Period				
	Noble, Candy, , TX Rep.,			Category/ Type	Amount of Each Dispursement this reliou		
ō	Office Sought: House Disburse	ment For:		-	1000.00		
	Senate	Primary	General		Contribution		
~	President	Other (spec	cify) 🔻		Memo Item		
<u>د</u>	State: District:						
su	BTOTAL of Disbursements This Page (optional).			····· •	3000.00		
то	TAL This Period (last page this line number only	/)		••••••	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE B (FE	-		arate schedule(s)			NUMBER: PAGE 227 OF 253	
ITEMIZED DISBUR	SEMENTS	for each	category of the Summary Page	(che	eck only 21b 28a	one) 22 23 26 27 28b 28c × 29 30b	
						on for the purpose of soliciting contributions solicit contributions from such committee.	
	(In Full)						
/ UnitedHealth Gro	oup Incorporated	PAC (Ur	nitedHealth (Group	PAC)	
Full Name (Last, First, Mi A. Dennis Paul Camp						Date of Disbursement	
			M M / D D / Y Y Y				
Mailing Address 626 1/2 E Ste. E	Barringer Ln					07 27 2023	
City		State	Zip Code			FEC Identification Number	
Webster Purpose of Disbursement		ТХ	77598				
Contribution				011	1	С	
Candidate Name					- 1	Transaction ID : 48934214	
Paul, Dennis, , TX Rep.,				Catego Type		Amount of Each Disbursement this Period	
	ouse Disburse	ement For:		тур	<u> </u>	1000.00	
-	enate	Primary	General				
Pi	resident	Other (spec	cify) 🔻			Contribution	
State: District	:						
Full Name (Last, First, Mi	ddle Initial)						
B. Texans for Dade						Date of Disbursement	
Mailing Address PO Box	5990					07 27 2023	
City		State	Zip Code			FEC Identification Number	
Austin		ТХ	78763				
Purpose of Disbursement				011	1	С	
Contribution Candidate Name	Contribution				- H	Transaction ID: 48934215	
Phelan, Dade, , TX Rep.,				Catego Type		Amount of Each Disbursement this Period	
	ouse Disburse	ement For:		тур	e	5000.00	
-	enate	Primary	General				
Pr	resident	Other (spec				Contribution	
State: District	:		.,			Memo Item	
Full Name (Last, First, Mi	ddle Initial)						
C. Kyle Kacal Camp	aign					Date of Disbursement	
Mailing Address PO Box						07 / D D / Y Y Y Y 27 2023	
City		State	Zip Code			EEC Identification Number	
College Station		ТΧ	77805			FEC Identification Number	
Purpose of Disbursement					-	C	
Contribution				011	1	Transaction ID : 48934216	
Candidate Name				Catego		Amount of Each Disbursement this Period	
Kacal, Kyle, , TX Rep.,		mont Free		Тур	e	1000.00	
e	ouse Disburse	ement For:	Gonoral			1000.00	
	resident	Primary Other (spec	General			Contribution	
State: District			ony) 🔻			Memo Item	
SUBTOTAL of Disbursemen	nts This Page (optional)				▶	7000.00	
TOTAL THE DEVICE 4	na dala lina mutu d	٨					
TOTAL This Period (last pa	ige this line number only	/)			··· 🕨		

SCHEDULE B (FEC Form 3X)		arata aabadula(a)	FOR LINE			
TEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	y one) 22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may name and add	not be sold or used lress of any political	by any pers committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	d PAC (Ui	nitedHealth G	roup PAC	C)		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
Will Metcalf Campaign						
Mailing Address 195 Lake View Circle				07 27 2023		
City	State	Zip Code		FEC Identification Number		
Montgomery	TX	77356				
Purpose of Disbursement			011	C		
Contribution Candidate Name				Transaction ID : 48934217		
			Category/	Amount of Each Disbursement this Period		
Metcalf, William, T., TX Rep.,			Туре	1000.00		
	sement For:			1000.00		
Senate	Primary	General		Contribution		
State: District:	Other (spe	city) V		Memo Item		
Full Name (Last, First, Middle Initial) B. Coopie Morrison Compaign				Date of Disbursement		
B. Geanie Morrison Campaign				M M / D D / Y Y Y Y		
Mailing Address PO Box 4642				07 27 2023		
City	State	Zip Code		FEC Identification Number		
Victoria	TX	77903				
Purpose of Disbursement				C		
Contribution	011	Transaction ID : 48934218				
Candidate Name			Category/	Amount of Each Disbursement this Period		
Morrison, Geanie, W., TX Rep.,			Туре			
	sement For:			1000.00		
Senate	Primary	General		Contribution		
State: District:	Other (spe	ecity)		Memo Item		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
^{C.} Ramon Romero Campaign				M M / D D / Y Y Y Y		
Mailing Address P.O. Box 181				07 27 2023		
City	State	Zip Code		EEC Identification Number		
Fort Worth	TX	76101		FEC Identification Number		
Purpose of Disbursement	-			C		
Contribution			011	Transaction ID : 48934220		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Romero, Ramon, , TX Rep., Jr.			Туре			
	sement For:			1000.00		
Senate	Primary	General		Contribution		
President	Other (spe	ecify) 🔻		Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional))			3000.00		
			▶			

SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 229 OF 253		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check or	ly one)		
		Summary Page	210			
	·	week here and the	28a			
Any information copied from such Reports and Sta or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)				-		
/ UnitedHealth Group Incorporated	d PAC (Ur	nitedHealth G	Group PA	C)		
Full Name (Last, First, Middle Initial)						
A. Toni Rose Campaign	Date of Disbursement					
Mailing Address PO Box 41867				07 27 2023		
City	State	Zip Code		FEC Identification Number		
Dallas	TX	75241				
Purpose of Disbursement			011	C		
Contribution Candidate Name				Transaction ID : 48934221		
Rose, Toni, N., TX Rep.,			Category/ Type	Amount of Each Disbursement this Period		
-	sement For:		ishe	1000.00		
Senate	Primary	General				
President	Other (spe	cify) 🔻		Contribution Memo Item		
State: District:						
Full Name (Last, First, Middle Initial)						
^{B.} Matt Shaheen Campaign				Date of Disbursement		
				07 27 2023		
Mailing Address 3917 Malton Drive				01 21 2023		
City	State	Zip Code		FEC Identification Number		
Plano Purpose of Disbursement						
Contribution			011	C		
Candidate Name			Category/	Transaction ID : 48934223 Amount of Each Disbursement this Period		
Shaheen, Matt, , TX Rep.,			Type			
Office Sought: House Disburg	sement For:			1000.00		
Senate	Primary	General		Contribution		
State: District:	Other (spe	city)		Memo Item		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
C. Lynn Stucky Campaign						
Mailing Address PO Box 464				07 27 2023		
City	State	Zip Code		FEC Identification Number		
Denton	тх	76202				
Purpose of Disbursement			011	C		
Contribution			011	Transaction ID : 48934224		
Candidate Name Stucky, Lynn, , TX Rep.,			Category/	Amount of Each Disbursement this Period		
	sement For:		Туре	1000.00		
Senate	Primary	General				
President	Other (spe			Contribution		
State: District:				Memo Item		
SUBTOTAL of Disbursements This Page (optiona	l)		••••••	3000.00		
TOTAL This Deviad (lead on the line of	-1-3					
TOTAL This Period (last page this line number or	ny)		••••••	, , , , , , , , , , , , , , , , , , ,		

S	CHEDULE B (FEC Form 3X)		voto opertuis(-)	FOR LINE	NUMBER: PAGE 230 OF 253
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check onl 21b 28a	y one) 22 23 26 27 28b 28c X 29 30b
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may r me and addr	not be sold or use ress of any politic	ed by any pers al committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Un	nitedHealth C	Group PAC	C)
Α.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Senfronia Thompson Campaign				
	Mailing Address 4828 Loop Central Dr #600				07 27 2023
	City	State	Zip Code		FEC Identification Number
	Houston Purpose of Disbursement	ТХ	77081		
	Contribution			011	C
	Candidate Name				Transaction ID : 48934225
	Thompson, Senfronia, , TX Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ment For:		71	1000.00
	Senate	Primary	General		
	President	Other (spec	cify) 🔻		Contribution Memo Item
	State: District:				
В.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Chris Turner Campaign				M = M / D = D / Y = Y = Y = Y
	Mailing Address PO Box 182093				07 27 2023
	City	State TX	Zip Code 76096		FEC Identification Number
	Arlington Purpose of Disbursement				
	Contribution			011	C
	Candidate Name				Transaction ID : 48934227 Amount of Each Disbursement this Period
	Turner, Christopher, , TX Rep.,			Category/ Type	Amount of Each Dispursement this Period
		ement For:			1000.00
	Senate	Primary	General		
	President	Other (spec	cify)		Memo Item
	State: District:				
~	Full Name (Last, First, Middle Initial)				Data of Disburgersent
C.	Hubert Vo Campaign				Date of Disbursement
	Mailing Address 11360 Bellaire Blvd Suite 880				07 27 2023
	City	State	Zip Code		EEC Identification Number
	Houston	ТХ	77072		FEC Identification Number
	Purpose of Disbursement				C
	Contribution			011	Transaction ID : 48934228
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Vo, Hubert, , TX Rep., Office Sought: House Disburse	Туре	1000.00		
	Senate	Primary	General		
	President	Other (spec			Contribution
	State: District:]			Memo Item
s	UBTOTAL of Disbursements This Page (optional).			••••••	3000.00
т	OTAL This Period (last page this line number only	/)		••••••	, ,

SC	HEDULE B (FEC Form 3X)	11		FC	OR LIN	NE NUMBER: PAGE 231 OF 253
ITE	MIZED DISBURSEMENTS		arate schedule(s) category of the	(cl		only one) 1b 22 23 26 27
		Detailed	Summary Page		28	
	information copied from such Reports and State or commercial purposes, other than using the na				any p	erson for the purpose of soliciting contributions
\ r	NAME OF COMMITTEE (In Full)					
\backslash	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	rou	p P/	AC)
-	Full Name (Last, First, Middle Initial)					
Α.	Armando Walle Campaign	Date of Disbursement				
Ν	Aailing Address 4826 Hollybrook Lane					07 27 2023
	City Houston	State TX	Zip Code 77039			FEC Identification Number
	Purpose of Disbursement		11039			C
	Contribution			0	11	
ζ	Candidate Name			Cate	gory/	Amount of Each Disbursement this Period
١	Nalle, Armando, , TX Rep.,				/pe	
C		ment For:				1000.00
	Senate	Primary	General			Contribution
ç	State: District:	Other (spe	city) 🔻			Memo Item
	Full Name (Last, First, Middle Initial)					
В.	The Campaign To Elect Walter ('F	Four') Pri	се			Date of Disbursement
N	Aailing Address 2606 S Lipscomb St					07 27 2023
	Dity Amarillo	State TX	Zip Code 79109			FEC Identification Number
	urpose of Disbursement				_	C
	Contribution			011 Category/		Transaction ID : 48934231
	Candidate Name					Amount of Each Disbursement this Period
	Price, Walter, , TX Rep., IV			Ту	/pe	1000.00
C	Office Sought: House Disburse Senate	ment For: Primary	General			1000.00
	President	Other (spe				Contribution
5	State: District:] = (-				Memo Item
F	Full Name (Last, First, Middle Initial)					
С.	John Raney Campaign					Date of Disbursement
Ν	Aailing Address PO Box 11461					07 / 27 / 2023
Ō	Dity	State	Zip Code			FEC Identification Number
	College Station Purpose of Disbursement	ТХ	77842			
	Contribution			0	11	C Transaction ID : 48934282
0	Candidate Name	L		Cate	egory/	Amount of Each Disbursement this Period
_	Raney, John, , TX Rep.,				/pe	
(ment For:				1000.00
	President	Primary Other (spe	General			Contribution
ç	State: District:		City) 🔻			Memo Item
su	BTOTAL of Disbursements This Page (optional).				Þ	3000.00
то	TAL This Period (last page this line number only	/)			Þ	

SCHEDULE B (FEC Form 3)	· ·		FOR LINE I	NUMBER: PAGE 232 OF 253			
ITEMIZED DISBURSEMENTS	for each o Detailed S	rate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c X 29 30b			
Any information copied from such Reports ar or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpo	rated PAC (Un	itedHealth G	roup PAC)			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Representative Richard Pena	Representative Richard Pena Raymond Future of Texas Fund						
Mailing Address PO Box 450349				07 / D D / Y Y Y Y 27 2023			
City	State	Zip Code		FEC Identification Number			
Laredo	ТХ	78045					
Purpose of Disbursement			011	C			
Contribution Candidate Name			UTT	Transaction ID: 48934302			
			Category/	Amount of Each Disbursement this Period			
Raymond, Richard, Pena, TX Rep., Office Sought: House [Disbursement For:		Туре	1000.00			
Senate	Primary	General					
President	Other (spec			Contribution			
State: District:		···y) •		Memo Item			
Full Name (Last, First, Middle Initial)							
B. David Osborne Campaign Fu		Date of Disbursement					
Mailing Address PO Box 8				07 27 2023			
City	State	Zip Code		FEC Identification Number			
Prospect Purpose of Disbursement	KY	40059					
Contribution				С			
Candidate Name			011	Transaction ID : 48934305			
Osborne, David, , KY Rep.,			Category/ Type	Amount of Each Disbursement this Period			
	Disbursement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2000.00			
Senate	Primary	General					
President	Other (spec	ify)		Contribution			
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)							
c. David Meade for State Representation	esentative			Date of Disbursement			
Mailing Address PO Box 121				07 27 2023			
City	State	Zip Code		FEC Identification Number			
Stanford	KY	40484					
Purpose of Disbursement				С			
Contribution			011	Transaction ID : 48934306			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Meade, David, , KY Rep.,	Diaburgament Car		Туре	2000.00			
Office Sought: House [Senate	Disbursement For:	General		2000.00			
President	Other (spec			Contribution			
State: District:		'''y) ▼		Memo Item			
SUBTOTAL of Disbursements This Page (or	ptional)		····· ►	5000.00			
TOTAL This Davied (last pages this line	har anks						
TOTAL This Period (last page this line num	uer oniy)		•••••••				

	CHEDULE B (FEC Form 3X)			FOR LINE I	
IT	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar				
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC)
Α.	Full Name (Last, First, Middle Initial) Rudy for Kentucky				Date of Disbursement
	Mailing Address 350 Peppers Mill Dr				07 / 27 / Y Y Y 27 2023
	City Paducah	State KY	Zip Code 42001		FEC Identification Number
	Purpose of Disbursement		·		С
	Contribution			011	Transaction ID : 48934307
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Rudy, Steven, , KY Rep.,			Туре	
	Office Sought: House Disburse	ment For:			2000.00
	Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item
	State: District:				
B.	Full Name (Last, First, Middle Initial)				Date of Disbursement
D .	State Senator Jared Carpenter Ca				
	Mailing Address P.O. Box 100				07 27 2023
	City	State KY	Zip Code		FEC Identification Number
	Berea Purpose of Disbursement	N1	40403		0
	Contribution			011	C
	Candidate Name			Catananul	Transaction ID: 48934308 Amount of Each Disbursement this Period
	Carpenter, Jared, , KY Sen.,			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		512-2	1000.00
	Senate	Primary	General		Contribution
	President	Other (spec	cify)		Contribution Memo Item
	State: District:				
~	Full Name (Last, First, Middle Initial)			Τ	
C.	Kim Moser for State Representative	/e			Date of Disbursement
	Mailing Address PO Box 143				07 27 2023
	City	State	Zip Code		FEC Identification Number
	Independence	KY	41051		
	Purpose of Disbursement			011	C
	Contribution			011	Transaction ID: 48934309
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Moser, Kimberly, , KY Rep., Office Sought: House Disburse	ment For:		Туре	2000.00
	Senate	Primary	General		
	President	Other (spec			
	State: District:				Memo Item
s	UBTOTAL of Disbursements This Page (optional)			 ►	5000.00
ŀ					
Т	OTAL This Period (last page this line number only)		····· ►	, ,

SC	HEDULE B (FEC Form 3X)			FC	R LINE	NUMBER: PAGE 234 OF 253
ITE	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			neck onl	
			Summary Page		21b 28a	
				<u> </u>		
or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may i me and addi	ress of any politica	d by a I com	any pers mittee t	o solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	rou	p PA(C)
	Full Name (Last, First, Middle Initial)					
Α.	Carroll for State Senate					Date of Disbursement
	Mailing Address 702 Capital Ave Annex Room 228					07 27 2023
	City	State	Zip Code			FEC Identification Number
	Frankfort	KY	40601			
	Purpose of Disbursement Contribution			0,	11	C
	Candidate Name		I			Transaction ID : 48934310
	Carroll, Danny, , KY Sen.,				gory/ pe	Amount of Each Disbursement this Period
	-	ment For:		Ty	pe	1000.00
	Senate	Primary	General			
	President	Other (spec	cify) 🔻			Contribution Memo Item
	State: District:	1				
	Full Name (Last, First, Middle Initial)					
В.	Jim Gooch for State Rep.				Date of Disbursement	
	Mailing Address 806 Princeton St					07 27 2023
	City	State	Zip Code			FEC Identification Number
	Providence KY 42450					
	Purpose of Disbursement			011 Category/ Type		C
-	Contribution Candidate Name					Transaction ID: 48934311
	Gooch, Jim, , KY Rep., Jr.					Amount of Each Disbursement this Period
		ment For:		туре	1000.00	
	Senate	Primary	General			
	President	Other (spec	cify)			Contribution Memo Item
	State: District:					
	Full Name (Last, First, Middle Initial)					
C.	House Republican Caucus Campa	aign Con	nmittee			Date of Disbursement
	Mailing Address PO Box 1068	-				07 27 2023
	City Frankfort	State KY	Zip Code 40602			FEC Identification Number
	Purpose of Disbursement	N1	40002			C
	Contribution			0.	11	Transaction ID : 48934314
	Candidate Name					Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		iy	pe	5000.00
	Senate	Primary	General			
	President	Other (spec				Contribution
_	State: District:					Memo Item
	IDTOTAL of Dishumoments This Dame (a. 1)					7000.00
	JBTOTAL of Disbursements This Page (optional).				•••• •	
Т	OTAL This Period (last page this line number only	/)			···· ►	, , , , , , , , , , , , , , , , , , , ,

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 235 OF 253
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	
			Summary Page	21b	22 23 26 27 28b 28c y 29 30b
		<u> </u>		28a	
	y information copied from such Reports and Stater for commercial purposes, other than using the nam				
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated I	PAC (Un	itedHealth (Group PAC)
A.	Full Name (Last, First, Middle Initial)				Date of Disbursement
А.	Senate Republican Caucus Campaig	gn Comm	ittee		
	Mailing Address P.O. Box 1068				07 / D D / Y Y Y Y 2023
	City	State	Zip Code		FEC Identification Number
	Frankfort	KY	40602		
	Purpose of Disbursement			011	C
	Contribution			011	Transaction ID: 48934315
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser				5000.00
	Senate Brooident	Primary	General		Contribution
	State: District:	Other (spec	iny) ▼		Memo Item
	Full Name (Last, First, Middle Initial)				
В.		0	· · ·		Date of Disbursement
D .	Kentucky House Democratic Cauc	nittee			
	Mailing Address PO Box 4204				07 27 2023
	City	State	Zip Code		FEC Identification Number
	Frankfort	KY	40604		
	Purpose of Disbursement			011	C
	Contribution Candidate Name				Transaction ID : 48934316
				Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser	ment For:		турс	2500.00
	Senate	Primary	General		
	President	Other (spec	cify)		Contribution
	State: District:				
	Full Name (Last, First, Middle Initial)				
C.	Federation of Iowa Insurers PAC				Date of Disbursement
	Mailing Address 1331 Grand Avenue Station 5W528				07 27 2023
		State	Zip Code		FEC Identification Number
	Des Moines	IA	50309		
	Purpose of Disbursement			011	C
	Contribution Candidate Name			011	Transaction ID: 48934666
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser	ment For:		1,100	2000.00
	Senate	Primary	General		
	President	Other (spec	cify) ▼		Contribution Memo Item
	State: District:				
s	UBTOTAL of Disbursements This Page (optional)				9500.00
F				P	
т	OTAL This Period (last page this line number only))		••••••	, ,

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 236 OF 253
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	-
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC	;)
Full Name (Last, First, Middle Initial)				
A. Pelton for State Senate				Date of Disbursement
Mailing Address 15530 Blair Street				07 / D D / Y Y Y Y Y 2023
City	State	Zip Code		FEC Identification Number
Sterling	CO	80751		
Purpose of Disbursement			044	С
Contribution			011	Transaction ID : 48935065
Candidate Name			Category/	Amount of Each Disbursement this Period
Pelton, Byron, , CO Sen., Office Sought: House Disburse	ement For:		Туре	225.00
Senate	Primary	General		
President	Other (spec			Contribution
State: District:		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Memo Item
Full Name (Last, First, Middle Initial)				
B. Pelton for State Senate				Date of Disbursement
Mailing Address 15530 Blair Street				07 27 2023
City	State	Zip Code		FEC Identification Number
Sterling Purpose of Disbursement	CO	80751		
Contribution			011	С
Candidate Name				Transaction ID : 48935266
Pelton, Byron, , CO Sen.,			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:	I		225.00
Senate	Primary	General		Contribution
President	Other (spec	cify)		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				
C. Cmte To Elect Barbara Kirkmeyer	to State	Senate		Date of Disbursement
Mailing Address 6100 County Road 4				07 27 2023
City	State	Zip Code		
Brighton	CO	80603		FEC Identification Number
Purpose of Disbursement				C
Contribution			011	Transaction ID : 48935518
Candidate Name			Category/	Amount of Each Disbursement this Period
Kirkmeyer, Barbara, , CO Sen., Office Sought: House Disburse	ment For:		Туре	225.00
Senate	Primary	General		
President	Other (spec			Contribution
State: District:	. · ·			Memo Item
SUBTOTAL of Disbursements This Page (optional).			L	675.00
TOTAL This Period (last page this line number only	/)		••••••	, ,

S	CHEDULE B (FEC Form 3X)			F	OR L	INE 1	NUMBER: PAGE 237 OF 25
IT	EMIZED DISBURSEMENTS		separate schedule(s) ach category of the	(C		only	
			Summary Page			21b 28a	22 23 26 27 28b 28c X 29 30b
	ny information copied from such Reports and State				any	perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	me and addr	ess of any politica	al con	nmitte	ee to	solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			.			、
	UnitedHealth Group Incorporated	PAC (Un	iitedHealth G	rou	ip F	AC)
۸	Full Name (Last, First, Middle Initial)						Date of Disbursement
А.	Cmte To Elect Barbara Kirkmeyer to	State Se	enate				
	Mailing Address 6100 County Road 4						07 27 2023
	City	State	Zip Code				FEC Identification Number
	Brighton	CO	80603				
	Purpose of Disbursement			0	011		С
	Contribution Candidate Name			_			Transaction ID: 48935737
	Kirkmeyer, Barbara, , CO Sen.,				egory ype	//	Amount of Each Disbursement this Period
		ment For:		1	, 10		225.00
	Senate	Primary	General				
	President	Other (spec	cify) 🔻				Contribution
	State: District:	·					
_	Full Name (Last, First, Middle Initial)					T	
B.	Elect Don Wilson						Date of Disbursement
	Mailing Address 646 Trumbull Ln						07 27 2023
							5, <u>2,</u> <u>2020</u>
	City	State	Zip Code				FEC Identification Number
	Monument CO 80132						
	Purpose of Disbursement Contribution			011			С
	Candidate Name			<u></u>			Transaction ID : 48935738
	Wilson, Don, , CO Rep.,			Category/ Type		//	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:			,,		225.00
	Senate	Primary	General				Contribution
	President	Other (spec	cify)				Contribution Memo Item
	State: District:						
~	Full Name (Last, First, Middle Initial)						Date of Disburgement
C.	Elect Don Wilson						Date of Disbursement
	Mailing Address 646 Trumbull Ln						07 27 2023
	-	State	Zip Code				FEC Identification Number
	Monument Purpose of Disbursement	CO	80132				
	Contribution			0)11		С
	Candidate Name			<u> </u>			Transaction ID : 48935739 Amount of Each Disbursement this Period
	Wilson, Don, , CO Rep.,				egory ype	"	
	Office Sought: House Disburse	ment For:	I		-		225.00
	Senate	Primary	General				Contribution
	President	Other (spec	cify) 🔻				Memo Item
_	State: District:						
	UPTOTAL of Dishumoneter This Dame (and						675.00
	UBTOTAL of Disbursements This Page (optional).						
т	OTAL This Period (last page this line number only	r)					
						-	

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 238 OF 253
	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	
			Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b
Δr	ny information copied from such Reports and State	ments may	not he sold or use		
	for commercial purposes, other than using the na				
\backslash	NAME OF COMMITTEE (In Full)				
$ \rangle$	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Group PAC)
4	Full Name (Last, First, Middle Initial)				
Α.	Coleman For Colorado				Date of Disbursement
					07 27 2023
	Mailing Address PO Box 7222				07 27 2023
	City	State	Zip Code		FEC Identification Number
	Denver Purpose of Disbursement	CO	80207		
	Contribution			011	C
	Candidate Name			Category/	Transaction ID: 48935740 Amount of Each Disbursement this Period
	Coleman, James, , CO Sen.,			Type	
		ment For:			225.00
	Senate	Primary	General		Contribution
	State: District:	Other (spec	спу) 🔻		Memo Item
	Full Name (Last, First, Middle Initial)				
В.	Coleman For Colorado				Date of Disbursement
	Mailing Address PO Box 7222		1		07 27 2023
	City Denver	State CO	Zip Code 80207		FEC Identification Number
	Purpose of Disbursement		С		
	Contribution			011	Transaction ID : 48935741
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Coleman, James, , CO Sen.,			Туре	005.00
	5	ment For:	General		225.00
	Senate President	Primary Other (spec	General		Contribution
	State: District:				Memo Item
	Full Name (Last, First, Middle Initial)				
C.	Meghan Lukens For Colorado				Date of Disbursement
	Mailing Address PO Box 771879				07 27 2023
	City	State	Zip Code		FEC Identification Number
	Steamboat Springs Purpose of Disbursement	со	80477		\mathbf{C}
	Contribution			011	C
	Candidate Name			Category/	Transaction ID : 48935742 Amount of Each Disbursement this Period
	Lukens, Meghan, , CO Rep.,			Туре	
		ement For:			225.00
	Senate President	Primary Other (spec	General		Contribution
	State: District:		uiy) ▼		Memo Item
Г					
s	UBTOTAL of Disbursements This Page (optional).			••••••	675.00
		```			
IΤ	<b>OTAL</b> This Period (last page this line number only	/)		•••••• •	, ,

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 239 OF 253
	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	
			Summary Page	21b	
	av information conied from such Departs and Oth	monte	at ha salal	28a	28b 28c X 29 30b
	ny information copied from such Reports and State for commercial purposes, other than using the na				
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	_		_	
	UnitedHealth Group Incorporated	PAC (Un	itedHealth C	Group PAC	
^	Full Name (Last, First, Middle Initial)				
Α.	Meghan Lukens For Colorado				Date of Disbursement
	Mailing Address PO Box 771879				07 / D D / Y Y Y Y 27 2023
	City	State	Zip Code		FEC Identification Number
	Steamboat Springs	CO	80477		
	Purpose of Disbursement			011	С
	Contribution Candidate Name				Transaction ID : 48935743
	Lukens, Meghan, , CO Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	225.00
	Senate	Primary	General		
	President	Other (spec	cify) 🔻		Contribution Memo Item
	State: District:				<u> </u>
P	Full Name (Last, First, Middle Initial)				Date of Dichurgament
В.	Rose For Colorado				Date of Disbursement
	Mailing Address 9235 N Union Blvd Ste 150 #128				07 27 2023
	City	State CO	Zip Code		FEC Identification Number
	Colorado Springs Purpose of Disbursement	00	80920		<u>^</u>
	Contribution			011	C
	Candidate Name			Category/	Transaction ID : 48935744 Amount of Each Disbursement this Period
	Pugliese, Rose, , CO Rep.,			Type	
		ement For:	· · · ·		225.00
	Senate	Primary	General		Contribution
	State: District:	Other (spec	лту)		Memo Item
	Full Name (Last, First, Middle Initial)				
C.	Rose For Colorado				Date of Disbursement
	Mailing Address 9235 N Union Blvd Ste 150 #128				07 27 2023
	City	State	Zip Code		FEC Identification Number
	Colorado Springs Purpose of Disbursement	CO	80920		0
	Contribution			011	C
	Candidate Name				Transaction ID : 48935750 Amount of Each Disbursement this Period
	Pugliese, Rose, , CO Rep.,			Category/ Type	
	Office Sought: House Disburse	ment For:			225.00
	Senate	Primary	General		Contribution
	State: District:	Other (spec	cify) 🔻		Memo Item
	State: District:				
s	SUBTOTAL of Disbursements This Page (optional).			•••••	675.00
Г	OTAL This Period (last page this line number only	/)		••••••	, ,

SCHI	EDULE B (FEC Form 3X)			FC	OR L	INE NUMBER: PAGE 240 OF 253
ITEM	IZED DISBURSEMENTS	Use sepa for each	(cl		c only one)	
			Summary Page			21b 22 23 26 27 280 29b 280 X 20 20b
				<u> </u>		28a 28b 28c X 29 30b
or for o	commercial purposes, other than using the na	ments may i me and addi	not be sold or used ress of any politica	d by I con	any p nmitte	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	ME OF COMMITTEE (In Full)					
/ Ur	nitedHealth Group Incorporated	PAC (Ur	nitedHealth G	rou	ip P	PAC)
-	Name (Last, First, Middle Initial)					
A. Ja	net Buckner For Colorado					Date of Disbursement
Mai	ling Address 4124 South Elkhart Street					07 27 2023
City		State	Zip Code			FEC Identification Number
Auro		CO	80014			
	pose of Disbursement			0	11	
	portribution			0		Transaction ID : 48935751
	ididate Name				egory	y/ Amount of Each Disbursement this Period
	kner, Janet, , CO Sen.,			Ty	ype	225.00
Offic	ce Sought: House Disburse	Primory	Ganaral			223.00
	President	Primary	General			Contribution
Stat		Other (spec	Giry) V			Memo Item
	Name (Last, First, Middle Initial)					
D	anet Buckner For Colorado					Date of Disbursement
						M = M / D = D / Y = Y = Y
Mai	ling Address 4124 South Elkhart Street					07 27 2023
City		State	Zip Code			FEC Identification Number
Aur		CO	80014			
	pose of Disbursement			0	11	C
	ontribution Ididate Name			011 Category/ Type		Transaction ID: 48935752
	skner, Janet, , CO Sen.,					Amount of Each Disbursement this Period
		ement For:				225.00
Cint	Senate	Primary	General			
	President	Other (spec				Contribution
Stat	e: District:					Memo Item
	Name (Last, First, Middle Initial)					
C. Lii	ndsey For Colorado					Date of Disbursement
Mai	ling Address 7007 Dudley Dr.					07 27 2023
City	,	State	Zip Code			FEC Identification Number
Arva		со	80004			
Pur	pose of Disbursement					
	ontribution			0	11	Transaction ID : 48935753
	ididate Name				egory	y/ Amount of Each Disbursement this Period
	ugherty, Lindsey, , CO Sen.,			Ту	ype	225.00
Offic		ement For:				225.00
	Senate	Primary	General			Contribution
Stat	e: District:	Other (spec	ciiy) 🔻			Memo Item
Sidi						
SUBT	<b>'OTAL</b> of Disbursements This Page (optional)					▶ 675.00
		```				
ΤΟΤΑ	L This Period (last page this line number only	/)			·····	•

SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 241 OF 253		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		ck only	/ one)		
		Summary Page		21b 28a	22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na				y perso	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	iroup	PAC	C)		
Full Name (Last, First, Middle Initial)							
A. Lindsey For Colorado					Date of Disbursement		
Mailing Address 7007 Dudley Dr.					07 / D D / Y Y Y Y 27 2023		
City	State	Zip Code					
Arvada	CO	80004			FEC Identification Number		
Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·	_		С		
Contribution			011		Transaction ID : 48935822		
Candidate Name			Catego	orv/	Amount of Each Disbursement this Period		
Daugherty, Lindsey, , CO Sen.,			Туре				
Office Sought: House Disburse	ement For:				225.00		
Senate	Primary	General					
President	Other (spe	cify) 🔻			Contribution Memo Item		
State: District:							
Full Name (Last, First, Middle Initial)							
B. Elect Judy Amabile SD-18					Date of Disbursement		
Mailing Address 820 Spruce Street	ddress 820 Spruce Street				07 27 2023		
City	State	Zip Code			FEC Identification Number		
Boulder	CO	80302					
Purpose of Disbursement	Disbursement				C		
Contribution			011		Transaction ID : 48935823		
Candidate Name			Category/	ory/	Amount of Each Disbursement this Period		
Amabile, Judy, , CO Sen.,			Туре)	005.00		
	ement For:				225.00		
Senate	Primary	General			Contribution		
President	Other (spe	cify)			Memo Item		
State: District:							
Full Name (Last, First, Middle Initial)							
C. Elect Judy Amabile SD-18					Date of Disbursement		
Mailing Address 820 Spruce Street					07 27 2023		
City	State	Zin Codo					
Boulder	CO	Zip Code 80302			FEC Identification Number		
Purpose of Disbursement					С		
Contribution							
Candidate Name	9 Name Judy, , CO Sen.,		Cotore		Transaction ID : 48935824 Amount of Each Disbursement this Period		
Amabile, Judy, , CO Sen.,			Catego Type				
			7.0		225.00		
Senate	Primary	General					
President	Other (spe	cify) 🔻			Contribution		
State: District:	``.	· · ·			Memo Item		
SUBTOTAL of Disbursements This Page (optional)					675.00		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 242 OF 253	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		one)	
		Summary Page	21b		
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
ight angle UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)	
Full Name (Last, First, Middle Initial)					
A. Hansen For Colorado				Date of Disbursement	
Mailing Address 1177 Newport St.				07 27 2023	
City Denver	State CO	Zip Code 80220		FEC Identification Number	
Purpose of Disbursement				С	
Contribution			011	Transaction ID : 48935825	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Hansen, Chris, , CO Sen.,			Туре	225.00	
Senate	ement For: Primary	General		225.00 Contribution	
State: District:	Other (spe	ecity) 🔻		Memo Item	
Full Name (Last, First, Middle Initial)					
B. Hansen For Colorado				Date of Disbursement	
Mailing Address 1177 Newport St.	Mailing Address 1177 Newport St.				
City	State	Zip Code		FEC Identification Number	
Denver Purpose of Disbursement	Denver CO 80220				
Contribution			011	C	
Candidate Name			Category/	Transaction ID: 48935918 Amount of Each Disbursement this Period	
Hansen, Chris, , CO Sen.,			Type	Amount of Lach Disbursement this renou	
Office Sought: House Disburs	ement For:			225.00	
Senate	Primary	General		Contribution	
State: District:	Other (spe	ecify)		Memo Item	
Full Name (Last, First, Middle Initial)					
c. Dafna Michaelson Jenet For SD2	1			Date of Disbursement	
Mailing Address 16891 E 107th Ave				07 / D D / Y Y Y Y 27 2023	
City	State	Zip Code		FEC Identification Number	
Commerce City	СО	80022			
•	Purpose of Disbursement			С	
Contribution Candidate Name			011	Transaction ID: 48935920	
Michaelson Jenet, Dafna, , CO Sen.,			Category/ Type	Amount of Each Disbursement this Period	
	ement For:	.160	225.00		
Senate	Primary	General			
President	Other (spe	ecify) 🔻		Contribution Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (optional)			······ •	675.00	
TOTAL This Period (last page this line number onl	y)		••••••	, ,	

TEMIZED DISBORSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) United Health Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Dafna Michaelson Jenet For SD21 Date of Disbursement Mailing Address 16891 E 107th Ave 011 07 27 City State Zip Code 80022 Purpose of Disbursement 011 Category/ Transaction ID : 48935921 Amount of Each Disbursement For: Primary General 011 Office Sought: House Disbursement For: 225.00 President Other (specify) General Contribution State: District: Primary General Memo Item Purpose for Last, First, Middle Initial) Disbursement For: 225.00 Memo Item House Disbursement For: Primary General Memo Item Other (specify) Full Name (Last, First, Middle Initial) Contribution Contribution	SCHEDULE B (FEC Form 3X)			FOR LINE I		
Detailed Summary Page 28a 28b 28c 29c 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of acliciting contributions from such committee. Soldiet contributions from such committee. Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of acliciting contributions from such committee. Soldiet contributions from such committee. NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Dafa of Disbursement Full Name (Last, First, Middle Initial) Dafa of Disbursement Off (27) 2023 City State Zip Code Code Biolity Candidate Name Other (specify) Transaction Disbursement Off (27) 223 State: Disbursement For: Other (specify) Other (specify) Data of Disbursement State: Disbursement For: Other (specify) Other (specify) Data of Disbursement City State: Disbursement For: Other (specify) Transaction ID : 48935972 Mailing Address PO Box 330753 City Code B0035 Transaction ID : 48936135 Full Name (Last, First, Middle Initial) State	ITEMIZED DISBURSEMENTS	for each				
ar for commercial purposes, other than using the name and address of any political contributions from such committee. NAME CF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Dafina Michaelson Jenet For SD21 Maiing Address 16891 E 107th Ave City Commerce City Commerce City Commerce City Contribution Candidate Name Catchbute Disbursement Contribution State: District: District: Purpose of Disbursement Contribution Candidate Name Event Commerce Disbursement Contribution Contri		Detailed	Summary Page			
✓ UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Dafna Michaelson Jenet For SD21 Mailing Address 16891 E 107th Ave City Commerce City Purpose of Disbursement Contribution Contribution Contribution Contribution Contribution State Disbursement For: President Disbursement For: Disbursement For: President Disbursement For: Disbursement For: Disbursement For: Disbursement For: District: President Other (specify) ▼ State: Disbursement Contribution Category/ Yead State: Disbursement Contribution Contribution Category/ Yead State: Disbursement For: Office Sought: House President Disbursement For:						
Full Name (Last, First, Middle Initial) Date of Disbursement Origonal Contribution Otime City State Construction Otime Contribution Otime Contribution Otime City State Contribution Otime Contribution Otime Contribution Otime State: Disbursement Distresement Other (specify) Full Name (Last, First, Middle Initial) Disbursement For: State: Disbursement Other (specify) Category/ Full Name (Last, First, Middle Initial) Date of Disbursement Bird For Colorado Other (specify) Mailing Address PO Box 350753 Other (specify) City Sonate Disbursement For: Office Sought: House Disbursement For: Offi	NAME OF COMMITTEE (In Full)					
Dafna Michaelson Jenet For SD21 Date of Disbursement Mailing Address 16891 E 107th Ave City City State Contribution 011 Candidate Name 011 Mechaeton-level, burka, CO Sen, 011 Office Sought: House Pressed Disbursement For: President Disbursement For: President Other (specify) ▼ State: Disbursement For: President Other (specify) ▼ Bird FOr Colorado Date of Disbursement Mailing Address PO Box 350753 City City State Code 80035 Purpose of Disbursement Code 80035 Contribution Office Sought: House President Disbursement For: Code 80035 City Westminster Code 80035 Purpose of Disbursement Code 80035 Transaction ID : 48935972 Amount of Each Disbursement this Period Transaction ID : 48935972 Candidate Name Disbursement For: Code 80035 Purpose of Disbursement Code 80035 Cother (specify)	/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)	
Data Michaelson Jener For SD21 Maiing Address 16891 E 107th Ave City State Cormerce City Co Purpose of Disbursement Other Contribution Other Candidate Name Disbursement For: Office Sought: Disbursement For: District: Disbursement State: Disbursement For: Other (specify) Other (specify) Full Name (Last, First, Middle Initial) Date of Disbursement Bird For Colorado Other (specify) Westminater Co Purpose of Disbursement Co Contribution Other (specify) Bird For Colorado Disbursement For: Office Sought: House President Disbursement For: Office Sought: House Disbursement Co State: Disbursement For: Office Sought: House Disbursement Co State: Disbursement For: Other (specify) Date of Disbursement State: Disbursement Ot	٨				Dete of Diskurgement	
Mailing Address 16891 E 107th Ave 07 27 2023 City State Zip Code 80022 City Contribution 011 Contribution Candidate Name 011 Category Nanount of Each Disbursement this Period Contribution 011 Category Nanount of Each Disbursement this Period Contribution 011 Category Nanount of Each Disbursement this Period Contribution 011 Category Nanount of Each Disbursement this Period State: Disbursement Other (specify) ▼ Date of Disbursement Contribution 011 07 27 2023 City State Cip Code 80035 227 2023 City State Code 80035 FEC Identification Number Contribution Candidate Name 011 Category Tansaction ID : 48935972 Anount of Each Disbursement this Period City State Disbursement For: Other (specify) Tansaction ID : 48935972 Candidate Name Disbursement For: Other (specify) Contribution Contribution State:	A. Dafna Michaelson Jenet For SD21					
Commerce City CO 80022 Purpose of Disbursement 011 011 Candidate Name 011 Calegory/ Type Michaelson enert. Dafna, CO Sen, 0011 Calegory/ Type Office Sought: House Disbursement For: Prevident Other (specify) Image: Contribution State: District: District: Full Name (Last, First, Middle Initial) State Zip Code 80035 Bird For Colorado 011 Category/ Type Westminster Contribution 011 Contribution 011 Category/ Type Office Sought: House Disbursement For: Contribution 011 Category/ Type Office Sought: House Disbursement For: State: Disbursement Contribution City State Contribution Category/ Type Other (specify) Date of Disbursement Contribution 011 Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Bird Shanon, .CO Rep. Contribution Contribution <td>Mailing Address 16891 E 107th Ave</td> <td></td> <td></td> <td></td> <td></td>	Mailing Address 16891 E 107th Ave					
Commerce City CO 80022 Purpose of Disbursement 011 Candidate Name 011 Michaelson Jenet, Dafna, CO Sen, Disbursement For: Office Sought: House Senate Disbursement For: Senate Disbursement For: Full Name (Last, First, Middle Initial) Bird For Colorado Mailing Address PO Box 350753 City Westminster Purpose of Disbursement Contribution Candidate Name Bird For Colorado Mailing Address PO Box 350753 City Westminster Purpose of Disbursement Contribution Candidate Name Bird For Colorado Mailing Address PO Box 350753 City Westminster Purpose of Disbursement Contribution Candidate Name Bird For Colorado Mailing Address PO Box 350753 City State: Disbursement Contribution Candidate Name <	-				FEC Identification Number	
Contribution 011 Candidate Name Category/ Type Office Sought: House Disbursement For: President Office Sought: House Disbursement For: Other (specify) Full Name (Last, First, Middle Initial) Bird For Colorado Mailing Address PO Box 350753 City State Purpose of Disbursement Contribution Office Sought: House Disbursement Contribution Contribution Candidate Name Bird, Shamon, , CO Rep. Office Sought: House President Office Sought: House Disbursement For: Other (specify) Primary General Office Sought: House Disbursement For: Other (specify) State: Disbursement For: President Other (specify) State Disbursement For: Prepose of Disbursement Other (specify) State Contribution Mailing Address PO Box 350753 <td>2</td> <td>CO</td> <td>80022</td> <td></td> <td></td>	2	CO	80022			
Candidate Name Category/ Type Candidate Name Disbursement For: President Category/ Type Office Sought: House President Disbursement For: Other (specify) ▼ Contribution State: District: Contribution Contribution Bird For Colorado Mailing Address PO Box 350753 Date of Disbursement Contribution Date of Disbursement City State Zip Code Westminster Cottribution FEC Identification Number Contribution Contribution Category/ Type Transaction ID : 49935972 City State Zip Code Westminster Cottribution Purpose of Disbursement Contribution Contribution Contribution Office Sought: House Disbursement For: Other (specify) Contribution State: Disbursement For: Other (specify) Contribution Contribution Mailing Address PO Box 350753 City Cottribution Contribution City State Zip Code Code Cottribution Contribution Mailing Address PO Box 350753 FEC Identification Number Contribution Contribution City State Colorado				011	C	
Michaelson Jenet, Dafna, CO Sen., Callegory/ Type Anduit of Each Disbursement this Period Office Sought: House Disbursement For: 225.00 State: District: Other (specify) v Memo Item Full Name (Last, First, Middle Initia) Other (specify) v Date of Disbursement Bird For Colorado Mailing Address PO Box 350753 Date of Disbursement City Westminister State Zip Code Purpose of Disbursement O11 Caldgory/ Transaction ID : 48935972 Candidate Name Disbursement For: O11 Caldgory/ Office Sought: House Disbursement For: O11 Candidate Name Disbursement For: O11 Caldgory/ Office Sought: House Disbursement For: O11 Office Sought: House Disbursement For: Contribution Office Sought: House Disbursement For: Contribution Office Sought: House Disbursement For: Contribution Bird Shanon, , CO Rep., District: District: Contribution Mailing Address PO Box 350753 Cot				011	Transaction ID : 48935921	
Office Sought: House Disbursement For: 225.00 State: District: Other (specify) Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Contribution Mailing Address PO Box 350753 O11 Transaction ID : 48935972 City State: Disbursement Contribution Candidate Name Disbursement For: President Primary Office Sought: Senate President Contribution Full Name (Last, First, Middle Initial) D11 Transaction ID : 48935972 Contribution O11 Category/ Type Transaction ID : 48935972 Office Sought: Senate President Contribution State: Disbursement For: 225.00 Contribution State: Disbursement For: 225.00 Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Contribution Gardidate Name State Zip Code Contribution Candidate Name Disbursement For: Category/ Type <					Amount of Each Disbursement this Period	
Sindu Bought Freedent Disbursement frimary General State: District: Other (specify) ▼ Date of Disbursement Full Name (Last, First, Middle Initia) Date of Disbursement Date of Disbursement Contribution 011 Category/ FEC Identification Number Purpose of Disbursement Disbursement For: Senate Disbursement For: Office Sought: House Disbursement For: Contribution Office Sought: House Disbursement For: Contribution Full Name (Last, First, Middle Initial) Disbursement For: Contribution Contribution State: Disbursement For: Senate Disbursement For: Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement City State Cip Code Bird For Colorado Etc Identification Number Mailing Address PO Box 350753 City 2023 FEC Identification Number Candidate Name Disbursement For: Contribution City 2023 Mailing Address PO Box 350753 City 2023 FEC Identification Number				Туре	225.00	
State: District: Other (specify) ▼ Memo Item Contribution Full Name (Last, First, Middle Initial) Bird For Colorado Date of Disbursement Date of Disbursement Contribution 011 Other (specify) FEC Identification Number Purpose of Disbursement Contribution Other (specify) FEC Identification Number Candidate Name Disbursement For: Other (specify) Category/ Type Contribution Full Name (Last, First, Middle Initial) Senate Disbursement For: Other (specify) State: Disbursement Other (specify) Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Candidate Name Col Bird For Colorado EC Mailing Address PO Box 350753 City 227 / 2023 City State Zip Code Co Contribution Category/ Transaction ID : 48936135 Candidate Name State Co		1			225.00	
State: District: Full Name (Last, First, Middle Initial) Bird For Colorado Mailing Address PO Box 350753 City Westminister Purpose of Disbursement Contribution Candidate Name Bird For Colorado Mailing Address PO Box 350753 City Westminister Purpose of Disbursement Contribution Candidate Name Bird For Colorado Mailing Address PO Box 350753 City Visite: Purpose of Disbursement For: State: District: President State: District: Full Name (Last, First, Middle Initial) * Bird For Colorado Mailing Address PO Box 350753 City Westminster Purpose of Disbursement Contribution Candidate Name Bird, Shannon, .CO Rep., Office Sought: Disbursement For: President Disbursement For: Senat					Contribution	
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address PO Box 350753 City Grity State Zip Code Purpose of Disbursement O11 Candidate Name Disbursement For: President Office Sought: House Disbursement For: Contribution State: District: President Other (specify) Bird For Colorado Memo Item Contribution State: Disbursement For: Other (specify) Bird For Colorado Memo Item Date of Disbursement Contribution Contribution Contribution State: District: President Other (specify) Bird For Colorado Memo Item Date of Disbursement Mailing Address PO Box 350753 City State Zip Code Bird, Shannon,, CO Rep., Office Sought: House Disbursement For: Contribution Candidate Name Disbursement For: Contribution Contribution Contribution Candidate Name Disbursement For: Contribution Contribution Contribution Grific		Other (spec	cify) 🔻			
Bird For Colorado Date of Disbursement Mailing Address PO Box 350753 City City State Zip Code Purpose of Disbursement O11 Candidate Name O11 Bird, Shanon, . CO Rep., Disbursement For: Office Sought: House President Other (specify) State: Distresement Office Sought: House President Other (specify) Bird For Colorado Memo Item Mailing Address PO Box 350753 FEC Identification Number City State: Other (specify) Bird For Colorado Memo Item Mailing Address PO Box 350753 FEC Identification Number City State Zip Code Restminster Co Bird For Colorado Mailing Address PO Box 350753 FEC Identification Number City State Zip Code Rogen Golde Bird, Shanon, .CO Rep., Office Sought: House Disbursement For: Bird, Shanon, .CO Rep., Disbursement For: Contribution Candidate Name						
Bird F-Or Colorado Mailing Address PO Box 350753 City State Zip Code 80035 Purpose of Disbursement Contribution 011 Category/ Type FEC Identification Number Cardidate Name Disbursement For: 225.00 Office Sought: House Disbursement For: 225.00 Office Sought: District: Other (specify) Date of Disbursement Full Name (Last, First, Middle Initia) Date of Disbursement Contribution Mailing Address PO Box 350753 City State Zip Code 80035 City State Zip Code 80035 FEC Identification Number Purpose of Disbursement Contribution Other (specify) Date of Disbursement Grid State Zip Code 80035 FEC Identification Number Purpose of Disbursement Contribution Other (specify) Transaction ID : 48936135 Amount of Each Disbursement this Period Transaction ID : 48936135 Amount of Each Disbursement this Period Contribution Category/ Type Transaction ID : 48936135 Amount of Each Disbursement this Period Contribution Gride Sought: House Disbursement For:	D				Date of Disbursement	
Mailing Address PO Box 350753 07 27 2023 City State Zip Code 80035 FEC Identification Number Purpose of Disbursement Ontribution 011 Category/ Transaction ID : 48935972 Candidate Name Bird For Colorado President Other (specify) Transaction ID : 48936135 Mailing Address PO Box 350753 City State Zip Code State Full Name (Last, First, Middle Initial) Date of Disbursement On 7 27 2023 City State Zip Code 80035 Date of Disbursement Mailing Address PO Box 350753 On 7 27 2023 City State Zip Code 80035 FEC Identification Number Purpose of Disbursement Co 80035 Transaction ID : 48936135 Transaction ID : 48936135 Candidate Name On 11 Category/ Transaction ID : 48936135 Transaction ID : 48936135 Gandidate Name Disbursement For: 225.00 Contribution Contribution Grifice Sought: House Disbursement For: 225.00 Contribution <t< td=""><td>Bird For Colorado</td><td></td><td></td><td></td><td colspan="2"></td></t<>	Bird For Colorado					
Westminister CO 80035 Purpose of Disbursement Contribution 011 Candidate Name 011 Category/ Type Transaction ID : 48935972 Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate Primary General Other (specify) Contribution State: District: Other (specify) Memo Item Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Orf / 27 / 2023 City State Zip Code 80035 FEC Identification Number Purpose of Disbursement Contribution 011 Off / 27 / 2023 City State Zip Code 80035 FEC Identification Number Purpose of Disbursement Contribution 011 Category/ Type FEC Identification Number Office Sought: House Disbursement For: Senate 011 Category/ Type Transaction ID : 48936135 Amount of Each Disbursement this Period Office Sought: House Disbursement For: Other (specify) Other (specify) Contribution	Mailing Address PO Box 350753	Box 350753				
Westminister CO 80035 Purpose of Disbursement Contribution 011 Category/ Type 011 Category/ Type Transaction ID : 48935972 Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate 011 Other (specify) Contribution State: District: Other (specify) Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement Bird For Colorado 011 Contribution 011 Category/ Type Malling Address PO Box 350753 State CO Zip Code 80035 FEC Identification Number Contribution 011 Category/ Type Transaction ID : 48936135 Amount of Each Disbursement this Period Malling Address PO Box 350753 011 Category/ Type FEC Identification Number Contribution 011 Category/ Type Transaction ID : 48936135 Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate 011 Other (specify) Office Sought: House Disbursement For: Other (specify) Contribution	City	State	Zip Code			
Contribution 011 Candidate Name 011 Bird, Shannon, , CO Rep., Disbursement For: Office Sought: House President Disbursement For: Senate Primary General Contribution State: District: Full Name (Last, First, Middle Initial) Mailing Address PO Box 350753 City State Vestminster Co Purpose of Disbursement O11 Candidate Name Category/ Bird, Shannon, , CO Rep., O11 Office Sought: House Disbursement O11 Contribution O11 Category/ Transaction ID : 48936135 Amount of Each Disbursement this Period Transaction ID : 48936135 Amount of Each Disbursement this Period D11 Category/ Transaction ID : 48936135 Amount of Each Disbursement this Period Contribution General Other (specify) Contribution Office Sought: House Disbursement For: Contribution Office Sought: Hous	Westminster	CO	80035		FEC Identification Number	
Contribution 011 Candidate Name Disbursement For: Bird, Shannon, , CO Rep., Disbursement For: Office Sought: House President Disbursement For: State: District: Full Name (Last, First, Middle Initial) Bird For Colorado Mailing Address PO Box 350753 City State Purpose of Disbursement Contribution Category/ Bird, Shannon, , CO Rep., Office Sought: House Disbursement Contribution Bird, Shannon, , CO Rep., Office Sought: Disbursement For: Bird, Shannon, , CO Rep., Disbursement For: Office Sought: Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) Contribution Contribution Category/ With Senate Disbursement For: Senate Primary General Other (specify)	Purpose of Disbursement	Purpose of Disbursement				
Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate Primary General Yzpe Other (specify) Category/ Type Contribution State: District: Other (specify) Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Mailing Address PO Box 350753 City State Zip Code 80035 City State Contribution Contribution Candidate Name Office Sought: House Disbursement For: Bird, Shannon, , CO Rep., Office Sought: House Disbursement For: Office Sought: House Disbursement For: Category/ Type Category/ Type Office Sought: House Disbursement For: Contribution Contribution	Contribution			011		
Bird, Shannon, , CO Rep., Type Office Sought: House Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Bird For Colorado Mailing Address PO Box 350753 City State Purpose of Disbursement Contribution Office Sought: House Disbursement For: Senate Primary Office Sought: House Disbursement For: Senate Office Sought: House Disbursement For: Senate President Other (specify)	Candidate Name			Category/		
Since or orgin Senate Primary General Contribution State: District: Other (specify) Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Mailing Address PO Box 350753 Off Date of Disbursement City State Zip Code Westminster CO 80035 Purpose of Disbursement O11 Candidate Name O11 Bird, Shannon, , CO Rep., Disbursement For: Office Sought: House Disbursement For: Senate Primary General Other (specify) Contribution Candidate Name Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) Contribution						
President Other (specify) Contribution State: District: Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement Bird For Colorado Miling Address PO Box 350753 Date of Disbursement City State Zip Code Westminster Co 80035 Purpose of Disbursement 011 Candidate Name Disbursement For: Bird, Shannon, , CO Rep., Disbursement For: Office Sought: House Disbursement For: Senate Primary General Other (specify) Contribution Contribution Contribution Candidate Name Disbursement For: Senate Primary General Other (specify) Other (specify)	Office Sought: House Disburse	ement For:				
President Other (specify) State: District: Full Name (Last, First, Middle Initial) Bird For Colorado Mailing Address PO Box 350753 City Westminster Purpose of Disbursement Contribution Candidate Name Bird, Shannon, , CO Rep., Office Sought: House Disbursement For: Senate President Office Sought: Memo Item Disbursement For: Senate Primary General Other (specify)					Contribution	
Full Name (Last, First, Middle Initial) Date of Disbursement Bird For Colorado Image: Colorado Mailing Address PO Box 350753 Disbursement City State Zip Code Westminster CO 80035 Purpose of Disbursement O11 Contribution Image: Colorado FEC Identification Number Candidate Name Image: Colorado Transaction ID : 48936135 Bird, Shannon, , CO Rep., Disbursement For: Category/ Type Transaction ID : 48936135 Office Sought: House Disbursement For: 225.00 Senate Primary General Contribution Other (specify) Contribution Memo Item		Other (spec	cify)			
Bird For Colorado Date of Disbursement Mailing Address PO Box 350753 Image: Colorado City State Zip Code Westminster CO 80035 Purpose of Disbursement O11 Contribution 011 Candidate Name O11 Bird, Shannon, , CO Rep., Disbursement For: Office Sought: House Disbursement For: Senate Primary General Other (specify) Contribution						
Bird For Colorado Mailing Address PO Box 350753 City State Zip Code 80035 Purpose of Disbursement Contribution Candidate Name Bird, Shannon, , CO Rep., Office Sought: House Disbursement For: Senate Primary General Other (specify) Vertication					Data of Disburgement	
Mailing Address PO Box 350753 07 27 2023 City State Zip Code 80035 FEC Identification Number Vestminster 011 Contribution 011 Category/ Transaction ID : 48936135 Condidate Name Disbursement For: 011 Category/ Transaction ID : 48936135 Office Sought: House Disbursement For: 225.00 Contribution Office Sought: Primary General Contribution Contribution Mailing Address PO Box 350753 Disbursement For: 225.00 Contribution	Bird For Colorado					
City State Zip Code Westminster CO 80035 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Bird, Shannon, , CO Rep., Disbursement For: Office Sought: House Disbursement For: Senate Primary General Other (specify) Contribution	Mailing Address PO Box 350753					
Westminster CO 80035 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Bird, Shannon, , CO Rep., Disbursement For: Office Sought: House President Other (specify) ▼						
Westminster CO 80035 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Bird, Shannon, , CO Rep., Disbursement For: Office Sought: House President Other (specify) Versident Other (specify)	-				FEC Identification Number	
Contribution 011 Candidate Name Category/ Type Bird, Shannon, , CO Rep., Disbursement For: Office Sought: House Disbursement For: Senate Primary General President Other (specify)		со	80035			
Candidate Name Category/ Type Bird, Shannon, , CO Rep., Disbursement For: Office Sought: House Disbursement For: Senate President Other (specify) ▼	1			014	С	
Bird, Shannon, , CO Rep., Type Office Sought: House Disbursement For: Senate President Primary General Other (specify)				011	Transaction ID : 48936135	
Office Sought: House Disbursement For: 225.00 Senate Primary General President Other (specify) ▼ Memo Item					Amount of Each Disbursement this Period	
Senate Primary General President Other (specify) ▼		mont Far		Туре	225 00	
President Other (specify) Contribution Memo Item		1	General			
Memo Item		-			Contribution	
			y) ▼		Memo Item	
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)				675.00	
				••••••••••••••••••••••••••••••••••••••		
TOTAL This Period (last page this line number only)	TOTAL This Period (last page this line number only	/)				

S	CHEDULE B (FEC Form 3X)			FO	R LINF	NUMBER: PAGE 244 OF 253	
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the		eck only	/ one)	
			Summary Page		21b 	22 23 26 27 28b 28c X 29 30b	
A	w information panied from such Departs and Otat		not be cald at				
	ny information copied from such Reports and State for commercial purposes, other than using the na						
$ \setminus$	NAME OF COMMITTEE (In Full)				_		
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Broup	DAP C	;)	
^	Full Name (Last, First, Middle Initial)					Data of Dishuraoment	
Α.	Bridges for Colorado					Date of Disbursement	
	Mailing Address 7600 Landmark Way #805	1				07 27 2023	
	City Greenwood Village	State CO	Zip Code 80111			FEC Identification Number	
	Purpose of Disbursement	00	00111			0	
	Contribution			01	1	С	
	Candidate Name		I	Cate	aorv/	Transaction ID : 48936136 Amount of Each Disbursement this Period	
	Bridges, Jeff, , CO Sen.,			Ty		A should be call bibblistic the relifu	
	Office Sought: House Disburse	ement For:				225.00	
	Senate	Primary	General			Contribution	
	State: District:	Other (spe	cify) 🔻			Contribution Memo Item	
_	Full Name (Last, First, Middle Initial)						
В.	Bridges for Colorado			Date of Disbursement			
	Mailing Address 7600 Landmark Way #805					07 27 2023	
	City	State	Zip Code 80111			FEC Identification Number	
	Greenwood Village Purpose of Disbursement	CO					
	Contribution			01	11	C	
	Candidate Name			Cato		Transaction ID : 48936137 Amount of Each Disbursement this Period	
	Bridges, Jeff, , CO Sen.,			Category/ Type		Amount of Each Disbursement this renou	
	Office Sought: House Disburse	ement For:	1	71		225.00	
	Senate	Primary	General			Contribution	
	State: District:	Other (spe	cify)			Memo Item	
_	Full Name (Last, First, Middle Initial)						
C.	Kyle For Colorado					Date of Disbursement	
	Mailing Address 667 W Lilac Ct					07 27 2023	
	City	State	Zip Code			FEC Identification Number	
	Louisville	со	80027				
	Purpose of Disbursement			01		C	
		ntribution didate Name			1	Transaction ID : 48936138	
	Brown, Kyle, , CO Rep.,				gory/ pe	Amount of Each Disbursement this Period	
						225.00	
	Senate	Primary	General				
	President	Other (spe	cify) 🔻			Contribution Memo Item	
	State: District:						
s	UBTOTAL of Disbursements This Page (optional)				▶	675.00	
ŀ,	OTAL This Period (last page this line number only	v)					
۱ '	VIAL THIS I CHOU (IASI PAYE THIS THE HUTTIDE ON)	y/			····· 🕨		

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use sepa	arate schedule(s)	FOR LINE I		
TILWIZED DISBURSEMENTS			for each category of the Detailed Summary Page		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
	y information copied from such Reports and State for commercial purposes, other than using the national states of the states of					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
\square	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Froup PAC)	
_	Full Name (Last, First, Middle Initial)					
Α.	Kyle For Colorado				Date of Disbursement	
	Mailing Address 667 W Lilac Ct				07 27 2023	
	City	State CO	Zip Code 80027		FEC Identification Number	
	Purpose of Disbursement				\mathbf{C}	
	Contribution			011		
	Candidate Name			Category/	Transaction ID: 48936139 Amount of Each Disbursement this Period	
	Brown, Kyle, , CO Rep.,			Type		
		ment For:			225.00	
	Senate	Primary	General		Contribution	
	State: District:	Other (spec	city) 🔻		Memo Item	
	Full Name (Last, First, Middle Initial)					
В.	Weinberg For Colorado				Date of Disbursement	
	Mailing Address 1770 Tabeguache	07 27 2023				
	City		FEC Identification Number			
	Loveland Purpose of Disbursement		\bigcirc			
	Contribution			011		
	Candidate Name			Category/	Transaction ID: 48936140 Amount of Each Disbursement this Period	
	Weinberg, Ron, , CO Rep.,			Туре		
		ment For:	i		225.00	
	Senate	Primary	General		Contribution	
	State: District:	Other (spec	сіту)		Memo Item	
	Full Name (Last, First, Middle Initial)					
C.	Weinberg For Colorado				Date of Disbursement	
					M M / D D / Y Y Y	
	Mailing Address 1770 Tabeguache				07 27 2023	
	City	State	Zip Code		FEC Identification Number	
	Loveland	CO	80538			
	Purpose of Disbursement Contribution			011	С	
	Candidate Name				Transaction ID : 48936141	
	Weinberg, Ron, , CO Rep.,			Category/ Type	Amount of Each Disbursement this Period	
		ment For:	I	71	225.00	
	Senate	Primary	General		Contribution	
	President	Other (spec	cify) 🔻		Memo Item	
	State: District:					
s	UBTOTAL of Disbursements This Page (optional).			••••••	675.00	
т	OTAL This Period (last page this line number only	′)		•••••• •	, ,	

SC	HEDULE B (FEC Form 3X)	11		FOR LINE	NUMBER: PAGE 246 OF 253
ITI	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na				
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PAC)
A.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Committee To Elect Matt Soper				M M / D D / Y Y Y
	Mailing Address PO Box 81				07 27 2023
	City	State CO	Zip Code		FEC Identification Number
	Delta Purpose of Disbursement	0	81416		
	Contribution			011	С
	Candidate Name				Transaction ID: 48936142
				Category/	Amount of Each Disbursement this Period
	Soper, Matt, , CO Rep., Office Sought: House Disburse	ement For:		Туре	225.00
	Senate	Primary	General		
	President	Other (spec			Contribution
	State: District:		Siry) 🔻		Memo Item
	Full Name (Last, First, Middle Initial)				
B.	Committee To Elect Matt Soper				Date of Disbursement
	Mailing Address PO Box 81	07 27 2023			
	City	State	Zip Code		FEC Identification Number
	Delta Purpose of Disbursement	CO	81416		
	Contribution			011	С
	Candidate Name				Transaction ID: 48936143
	Soper, Matt, , CO Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ment For:		Турс	225.00
	Senate	Primary	General		
	President	Other (spec			Contribution
	State: District:		.,		Memo Item
	Full Name (Last, First, Middle Initial)				
C.	Brianna For Colorado				Date of Disbursement
	Mailing Address PO Box 18015				07 27 2023
	City	State	Zip Code		EEC Identification Number
	Golden	со	80402		FEC Identification Number
	Purpose of Disbursement		C		
	Contribution	011	Transaction ID : 48936144		
	Candidate Name	Category/	Amount of Each Disbursement this Period		
	Titone, Brianna, , CO Rep.,		Туре	225.00	
		ement For:			225.00
	Senate Brooident	Primary Other (and	General		Contribution
	State: District:	Other (spec	Ciry) ▼		Memo Item
_					
s	UBTOTAL of Disbursements This Page (optional).			•••••	675.00
_		->			
T T	DTAL This Period (last page this line number only	/)		····· ►	

SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 247 OF 253	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check or	nly one)	
		Summary Page	21		
Any information copied from such Reports and State or for commercial purposes, other than using the nar			d by any pe	rson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)					
VinitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PA	C)	
Full Name (Last, First, Middle Initial)					
A. Brianna For Colorado				Date of Disbursement	
Mailing Address PO Box 18015				07 / 27 / Y Y Y Y 2023	
City Golden	State CO	Zip Code 80402		FEC Identification Number	
Purpose of Disbursement				C	
Contribution			011	Transaction ID : 48936145	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Titone, Brianna, , CO Rep.,			Туре	005.00	
	ment For:			225.00	
President	Primary Other (spec	General		Contribution	
State: District:	Other (spec	siry) 🔻		Memo Item	
Full Name (Last, First, Middle Initial)					
B. Mary Young For Colorado				Date of Disbursement	
Mailing Address PO Box 625		07 27 2023			
,	State	Zip Code		FEC Identification Number	
Purpose of Disbursement	Greeley CO 80632				
Contribution			011	C	
Candidate Name			Category/	Transaction ID : 48936146 Amount of Each Disbursement this Period	
Young, Mary, , CO Rep.,			Category/ Type		
Office Sought: House Disburse	ment For:			225.00	
Senate	Primary	General		Contribution	
State: District:	Other (spec	cify)		Memo Item	
Full Name (Last, First, Middle Initial)					
C. Mary Young For Colorado				Date of Disbursement	
Mailing Address PO Box 625				07 27 2023	
City	State	Zip Code		FEC Identification Number	
Greeley	CO	80632			
Purpose of Disbursement Contribution			011	С	
Candidate Name				Transaction ID : 48936147	
Young, Mary, , CO Rep.,			Category/ Type	Amount of Each Disbursement this Period	
	ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	225.00	
Senate	Primary	General		Contribution	
President	Other (spec	cify) 🔻		Contribution Memo Item	
State: District:				<u> </u>	
SUBTOTAL of Disbursements This Page (optional).			••••••	675.00	
TOTAL This Period (last page this line number only	/)		•••••		

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 248 OF 253
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	
	y information copied from such Reports and Stater for commercial purposes, other than using the nar				
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	roup PAC)
	Full Name (Last, First, Middle Initial)				
Α.	Brandi Bradley For Colorado House	District 3	9		Date of Disbursement
	Mailing Address 6638 Lakeside Circle				07 27 2023
	Littleton	State CO	Zip Code 80125		FEC Identification Number
	Purpose of Disbursement				С
	Contribution			011	Transaction ID : 48936148
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Bradley, Brandi, , CO Rep.,			Туре	225.00
	Office Sought: House Disburser	ment For:	General		223.00
	President	Primary Other (spec			Contribution Memo Item
	State: District:				
B.	Full Name (Last, First, Middle Initial) Brandi Bradley For Colorado Hous	se Distric	xt 39		Date of Disbursement
	Mailing Address 6638 Lakeside Circle				07 27 2023
	,	State CO	Zip Code 80125		FEC Identification Number
	Littleton Purpose of Disbursement	00	00125		
	Contribution			011	C Transaction ID : 48936149
	Candidate Name				
	Bradley, Brandi, , CO Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	225.00
	Senate	Primary	General		
	President	Other (spec	cify)		Contribution
	State: District:				Memo Item
	Full Name (Last, First, Middle Initial)				
C.	Hartsook For House				Date of Disbursement
	Mailing Address 10940 S Parker Road Ste 632				07 27 2023
	5	State	Zip Code		FEC Identification Number
	Parker	CO	80138		
	Purpose of Disbursement			011	С
	Contribution Candidate Name	011	Transaction ID: 48936150		
	Hartsook, Anthony, , CO Rep.,			Category/	Amount of Each Disbursement this Period
		ment For:		Туре	225.00
	Senate	Primary	General		
	President	Other (spec			Contribution
	State: District:				Memo Item
q	UBTOTAL of Disbursements This Page (optional)				675.00
Ľ				••••••••••••••••••••••••••••••••••••••	
т	OTAL This Period (last page this line number only))		••••••	, ,

S	CHEDULE B (FEC Form 3X)			EOF		NUMBER: PAGE 249 OF 253	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		-	eck only		
			category of the Summary Page		21b	22 23 26 27	
_			,		28a	28b 28c 🗙 29 30b	
	ny information copied from such Reports and State for commercial purposes, other than using the na						
\backslash	NAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group	PAC	C)	
_	Full Name (Last, First, Middle Initial)						
Α.	Hartsook For House					Date of Disbursement	
	Mailing Address 10940 S Parker Road Ste 632		1			07 27 2023	
	City	State	Zip Code			FEC Identification Number	
	Parker Purpose of Disbursement	CO	80138				
	Contribution			011	1	С	
	Contribution Candidate Name				- L	Transaction ID : 48936151	
	Hartsook, Anthony, , CO Rep.,			Categ Typ		Amount of Each Disbursement this Period	
		ement For:		тур	ie	225.00	
	Senate	Primary	General				
	President	Other (spec				Contribution	
	State: District:					Memo Item	
_	Full Name (Last, First, Middle Initial)						
B.						Date of Disbursement	
	Kyle Mullica For SD 24	M M / D D / Y Y Y Y					
	Mailing Address 14761 Forest Way	07 27 2023					
	City State Zip Code Thornton CO 80602					FEC Identification Number	
	Thornton						
	Purpose of Disbursement	1	C				
	Contribution Candidate Name			01		Transaction ID : 48936152	
				Category/ Type		Amount of Each Disbursement this Period	
	Mullica, Kyle, , CO Sen., Office Sought: House Disburse	ment For:				225.00	
	Senate	Primarv	General				
	President	Other (spec				Contribution	
	State: District:		Siry)			Memo Item	
_	Full Name (Last, First, Middle Initial)						
C.	Kyle Mullica For SD 24					Date of Disbursement	
	Mailing Address 14761 Forest Way					07 27 2023	
	City	State	Zip Code				
	Thornton	CO	80602			FEC Identification Number	
	Purpose of Disbursement			_	_	С	
	Contribution					Transaction ID : 48936153	
	Candidate Name	Categ	iorv/	Amount of Each Disbursement this Period			
	Mullica, Kyle, , CO Sen.,	Тур					
	Office Sought: House Disburse	ment For:				225.00	
	Senate	Primary	General			Contribution	
	President	Other (spec	cify) 🔻			Memo Item	
	State: District:						
s	UBTOTAL of Disbursements This Page (optional).				▶	675.00	
Т	OTAL This Period (last page this line number only	/)			▶	, ,	

S	CHEDULE B (FEC Form 3X)			FO	RL	INE NUMBER: PAGE 250 OF 253	
ITEMIZED DISBURSEMENTS		Use sepa for each		neck	only one)		
			Detailed Summary Page			21b 22 23 26 27 28a 28b 28c x 29 30b	
	w information conied from such Departs and Ot 1	monte re	not bo cold				
	ny information copied from such Reports and State for commercial purposes, other than using the na						
$ \setminus$	NAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Group	p P	AC)	
	Full Name (Last, First, Middle Initial)					Data of Distances	
Α.	ZenPAC					Date of Disbursement	
	Mailing Address 8274 Ammons Circle					07 27 2023	
	City	State	Zip Code				
	Arvada	CO	80005			FEC Identification Number	
	Purpose of Disbursement					C	
	Contribution			01	11	Transaction ID : 48936156	
	Candidate Name			Cate		Amount of Each Disbursement this Period	
	Office Sought: House Disburse	ement For:		Ту	pe	725.00	
	Senate	Primary	General				
	President	Other (spec				Contribution	
	State: District:					Memo Item	
	Full Name (Last, First, Middle Initial)						
Β.	Rose PAC					Date of Disbursement	
	Mailing Address 9235 N. Union Blvd. Ste. 150, #128	07 27 2023					
	CityStateZip CodeColorado SpringsCO80920					FEC Identification Number	
	Purpose of Disbursement						
	Contribution					C Transaction ID : 48936157	
	Candidate Name			Cate	aorv		
				Ту			
		ement For:				725.00	
	Senate	Primary	General			Contribution	
	State: District:	Other (spec	сіту)			Memo Item	
_	Full Name (Last, First, Middle Initial)						
C.	Putting Colorado First					Date of Disbursement	
						M M / D D / Y Y Y Y	
	Mailing Address 6100 CR 4					07 27 2023	
	City	State	Zip Code			FEC Identification Number	
	Brighton	со	80603				
	Purpose of Disbursement			01	11		
	Contribution					Transaction ID : 48936158	
	Candidate Name				gory pe	/ Amount of Each Disbursement this Period	
	Office Sought: House Disburse		iy	r 0	725.00		
	Senate Primary Genera						
	President	Other (spec	cify) 🔻			Contribution Memo Item	
_	State: District:						
s	UBTOTAL of Disbursements This Page (optional).					2175.00	
Ĕ							
т	OTAL This Period (last page this line number only	/)				•	

SCHEDULE B (FEC Form 3X)		arato cohodulo(c)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b
Any information copied from such Reports and Stator for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)				
UnitedHealth Group Incorporated	PAC (U	nitedHealth G	Group PAC)
Full Name (Last, First, Middle Initial)				
A. Lundeen Leadership Fund				Date of Disbursement
Mailing Address PO Box 2127				07 / D D / Y Y Y Y 27 2023
City	State	Zip Code		FEC Identification Number
Monument	CO	80132		
Purpose of Disbursement Contribution			011	С
Condidate Name				Transaction ID : 48936159
			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	sement For:		717 -	725.00
Senate	Primary	General		
President	Other (spe	ecify) 🔻		Contribution Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				Data of Diskursement
^{B.} McCluskie For Colorado Leaders	ship Fund			Date of Disbursement
Mailing Address 502 Vail Circle		07 27 2023		
City	State	Zip Code		FEC Identification Number
Dillon	CO	80435		
Purpose of Disbursement Contribution			011	С
Candidate Name				Transaction ID : 48936160
			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	sement For:		.)	725.00
Senate	Primary	General		Contribution
President	Other (spe	ecify)		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				
C. Bacon For Colorado Leadership	Fund			Date of Disbursement
Mailing Address 4860 Chambers Rd PO Box 53				07 / D D / Y Y Y Y 2023
City	State	Zip Code		FEC Identification Number
Denver	со	80239		
Purpose of Disbursement			011	С
Contribution Candidate Name				Transaction ID : 48936162 Amount of Each Disbursement this Period
Office Sought: House Disburs	sement For:		Туре	725.00
Senate	Primary	General		
President	Other (spe	ecify) 🔻		Contribution Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional)		····· ►	2175.00
TOTAL This Period (last page this line number on	ly)		····· ►	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 252 OF 253			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only				
		Summary Page	21b	22 23 26 27 28b 28c 14 20 20b			
Any information copied from such Reports and Stat	emente mov	not be sold or use	d by any perso	$\begin{array}{ c c c c c c c } \hline 28b & 28c & \hline \times 29 & 30b \\ \hline 28b & & & & & & \\ \hline 28b & & & & \\ 28b & & & & \\ \hline 28b & & & \\ 28b & & & \\ \hline 28b & & & & \\ 28b & & & & \\ \hline 28b & & & & \\ 28b & & & & \\ \hline 28b & & & & \\ 28b & & & & \\ 28b & & & & \\ \hline 28b & & & & \\ 28b & & & & \\ 28b & & & \\ 28b & & $			
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	I PAC (U	nitedHealth G	Froup PAC)			
Full Name (Last, First, Middle Initial)							
A. Building Bridges For Colorado				Date of Disbursement			
Mailing Address 7600 Landmark Way #805				07 / 27 / 2023			
City	State	Zip Code		FEC Identification Number			
Greenwood Village	СО	80111					
Purpose of Disbursement			011	C			
Contribution Candidate Name			011	Transaction ID: 48936163			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburs	ement For:		- 74 -	725.00			
Senate	Primary	General		Contribution			
State: District:	Other (spe	ecity) 🔻		Memo Item			
Full Name (Last, First, Middle Initial)							
D				Date of Disbursement			
^{B.} Bird For Colorado Leadership Fu	na			M M / D D / Y Y Y Y			
Mailing Address 1125 W. 140th Drive	Mailing Address 1125 W. 140th Drive						
City	State	Zip Code		FEC Identification Number			
	Westminister CO 80023						
Contribution	Purpose of Disbursement						
Candidate Name			011	Transaction ID : 48936164			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburs	ement For:			725.00			
Senate	Primary	General		Contribution			
President	Other (spe	ecify)		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)				Date of Disbursement			
^{C.} Judy Amabile Leadership Fund							
Mailing Address 820 Spruce Street				07 27 2023			
City	State	Zip Code		FEC Identification Number			
Boulder	CO	80302					
	Purpose of Disbursement Contribution Candidate Name			С			
Contribution Candidate Name				Transaction ID : 48936216			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburs	ement For:		76-	725.00			
Senate	Primary	General		Contribution			
President	Other (spe	ecify) 🔻		Memo Item			
State: District:				-			
SUBTOTAL of Disbursements This Page (optional))		······ ►	2175.00			
TOTAL This Period (last page this line number on	ıy)		••••••				

SCHEDULE B (FEC Form 3X)			FOR LINE	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c X 29 30b
Any information copied from such Reports and Stat or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
UnitedHealth Group Incorporated	PAC (U	nitedHealth G	Group PAC	;)
Full Name (Last, First, Middle Initial) A. The Coleman Leadership Fund				Date of Disbursement
Mailing Address 5389 Liverpool Street				07 / D D / Y Y Y Y 2023
City Denver	State CO	Zip Code 80249		FEC Identification Number
Purpose of Disbursement 011				С
Contribution 011 Candidate Name Category/				Transaction ID : 48936367 Amount of Each Disbursement this Period
			Туре	
Office Sought: House Disburs	ement For: Primary Other (spe	General		Contribution
State: District:	Other (spe	soliy) 🔻		Memo Item
Full Name (Last, First, Middle Initial) B.				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	Disbursement For: Primary General Other (specify)			
State: District:		57		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 Disbursement For: Senate Primary General President Other (specify) ▼				
State: District:	Uther (spe	ecity) 🔻		Memo Item
SUBTOTAL of Disbursements This Page (optional))		····· ►	725.00
TOTAL This Period (last page this line number on	ly)		••••••	175650.00