

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 / 01 / 2023 through 07 / 31 / 2023

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

Signature of Treasurer Muldoon, Allison, , , Date 08 / 18 / 2023

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2023"/> | | 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 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 636440.30 | 636440.30 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From: 07 / 01 / 2023 To: 07 / 31 / 2023

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 119257.90 | 862883.56 |
| (ii) Unitemized | 1298.56 | 80495.05 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 120556.46 | 943378.61 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 120556.46 | 943378.61 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 2500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 120556.46 | 945878.61 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 120556.46 | 945878.61 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2500.00 | 427500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 105.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 105.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 175650.00 | 304450.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 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

FEC Form 3X (Rev. 05/2016)

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 120556.46 | 943378.61 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 105.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 120556.46 | 943273.61 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

**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 6 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. BUNTEN, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 TATLOW DR
 City COLUMBIA State MO Zip Code 65203-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 27 / 2023**
Transaction ID : 48934334
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. STREB, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 NORTH STAR ROAD
 City UPPER ARLINGTON State OH Zip Code 43221-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Capability
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR1159794168827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. GAUDIO, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4842 E MOUNTAIN VIEW RD
 City PARADISE VALLEY State AZ Zip Code 85253-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR1159811868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5412.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. FALK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 LAWRENCE AVE
 City HIGHLAND PARK State NJ Zip Code 08904-1851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR1159820268827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. MIGLIORI, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8025 VIA VECCHIA
 City NAPLES State FL Zip Code 34108-7700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Senior Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR1159827468827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MILLER, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2321 HARBOR LAKE DRIVE
 City ORANGE PARK State FL Zip Code 32003-7799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Ntwk
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR1554324368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 797.20 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. ANDERSON, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 AMATO CIRCLE
 City WETHERSFIELD State CT Zip Code 06109-3971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR1575957368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KELLY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 HAWTHORNE COURT SUITE 304
 City EDINA State MN Zip Code 55436-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR1575959768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. JOHNSON, THAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9741 GLACIER BAY
 City EDEN PRAIRIE State MN Zip Code 55347-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR1596304368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. SCHUMACHER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 LARADA LANE
 City EDINA State MN Zip Code 55436-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Strat & Growth Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR1596305468827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. THEISEN, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1950 MEADOWWOODS TRAIL
 City LONG LAKE State MN Zip Code 55356-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR1596305668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ANDERSON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17907 INVERNESS CURVE
 City EDEN PRAIRIE State MN Zip Code 55347-2155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR1596309368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. BORCA, TROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2112 STROLLING WAY
 City NORTHLAKE State TX Zip Code 76226-3369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR1596310468827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BRODIGAN, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2159 BRINKER ST
 City CHANHASSEN State MN Zip Code 55317-9361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR1596310668827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

C. DAVIDSON, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6058 HARBOUR TOWN CIR
 City WESTERVILLE State OH Zip Code 43082-8144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR1596311668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 489.58 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|------------------------------------|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HEUMANN, KURT, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 63 MUIRFIELD COURT | | | Transaction ID : PR1596313768827 |
| City SAINT LOUIS | State MO | Zip Code 63141-7372 | Amount of Each Receipt this Period 88.46 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) Hlth Plan CEO | P/R Deduction (\$44.23 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 663.45 | | |

| | | | |
|---|------------------------------------|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HIGGINS, MARY, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 54 BELCREST ROAD | | | Transaction ID : PR1596313868827 |
| City WEST HARTFORD | State CT | Zip Code 06107-3304 | Amount of Each Receipt this Period 76.92 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) VP Gen Mgmt | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 576.90 | | |

| | | | |
|---|------------------------------------|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. TODD, JEFFREY, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 467 PRAIRIE WAY SOUTH | | | Transaction ID : PR1596319068827 |
| City BAYPORT | State MN | Zip Code 55003-1607 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) VP Underwriting | P/R Deduction (\$25.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 375.00 | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 215.38 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. PETERSON, MATTHEW, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : PR1602669968827 | | |
| Mailing Address 2260 FOX STREET | | | Amount of Each Receipt this Period 384.60 | | |
| City ORONO | State MN | Zip Code 55356-8316 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$192.30 Bi-Weekly) | | |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) CEO Ancillary & Ind/Sgt CAO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2884.50 | | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SEVIGNY, BRIAN, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : PR1653445768827 | | |
| Mailing Address 137 CREEKVIEW LANE | | | Amount of Each Receipt this Period 28.08 | | |
| City LORETTO | State MN | Zip Code 55357-2111 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$14.04 Bi-Weekly) | | |
| Name of Employer (for Individual) Optum Services, Inc | | Occupation (for Individual) Sr Director Technology | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 210.60 | | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. EMERSON, PAUL, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : PR1806750368827 | | |
| Mailing Address 18855 MEADOW VIEW BLVD | | | Amount of Each Receipt this Period 384.60 | | |
| City PRIOR LAKE | State MN | Zip Code 55372-3133 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$192.30 Bi-Weekly) | | |
| Name of Employer (for Individual) Optum Services, Inc | | Occupation (for Individual) Bus Unit CEO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 2884.50 | | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 797.28 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. ULLOA, SHAUNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 STRATFORD ROAD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR1832379168827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. ANDERSON, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 SIMMONS LANE
 City SEVERNA PARK State MD Zip Code 21146-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Health Equity Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR1903550768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WEYMOUTH, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1185 HOPKINTON RD
 City HOPKINTON State NH Zip Code 03229-2647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR1903636968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 797.28 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. DUPERRE, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 LONG HILL DRIVE
 City SOMERS State CT Zip Code 06071-1272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR1910417368827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CAMPBELL, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15000 CAST PEBBLE CIR
 City PARKER State CO Zip Code 80134-4195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Reg Adhr Sr Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2119469968827
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. DEMBROSKI, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1390 FINCH LN
 City GREEN BAY State WI Zip Code 54313-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Act Svs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2119472868827
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 136.92 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. GILDERNICK, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2709 WILLIAMS GRANT
 City DE PERE State WI Zip Code 54115-9456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2119475268827
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. KANNE, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4826 PALOMINO COURT
 City ERIE State PA Zip Code 16506-6624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Experience
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2119479668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MACEMEADOR, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13531 CARLTON OAKS
 City SAN ANTONIO State TX Zip Code 78232-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2119482568827
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. NYGARD, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8056 CARPENTER CREEK AVENUE
 City LAS VEGAS State NV Zip Code 89113-3685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Reg Adhr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2119485068827
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. OLLMANNWAGNER, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313-5841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Sls Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2119485268827
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. WRIGHT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10471 STRAND TERRACE
 City SANTA ANA State CA Zip Code 92705-1495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2119494168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 454.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. YOUNG, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36296 N 98TH WAY
 City SCOTTSDALE State AZ Zip Code 85262-3138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2119494468827
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. CUMMINGS, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1929 FAIRMOUNT AVE
 City SAINT PAUL State MN Zip Code 55105-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2133132668827
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. HULTGREN, BROR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 22ND ST
 City GOLDEN State CO Zip Code 80401-2452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2133133268827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 444.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. PUTNAM, T JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 ELMWOOD PLACE WEST
 City MINNEAPOLIS State MN Zip Code 55419-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3192.20

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2133134268827
 Amount of Each Receipt this Period 692.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. LEWIS, KURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 961 RIVER FOREST DRIVE
 City MAINEVILLE State OH Zip Code 45039-7720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2203967568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BEAULE, JEAN-FRANCOIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 2845.38

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2225813668827
 Amount of Each Receipt this Period 390.00
 Memo Item
 P/R Deduction (\$195.00 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional).....▶ | 1466.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. RYAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 WESTMORELAND LN
 City NAPERVILLE State IL Zip Code 60540-5817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR222581966827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KANTOLA, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7031 HALSTEAD DRIVE
 City MINNETRISTA State MN Zip Code 55364-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR224762706827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. OBRIEN, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 LOUGHLIN AVE
 City COS COB State CT Zip Code 06807-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR224762736827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CRONN, CHRISTOPHER, , , | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 1122 COLORADO STREET SUITE 2399 | | Transaction ID : PR2270522968827 |
| City AUSTIN | State TX | Zip Code 78701-2132 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) Govt Affs Dir | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 865.35 | P/R Deduction (\$57.69 Bi-Weekly) |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FRASCINO, MJ, , , | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 4575 SOUTH ATLANTIC AVENUE # 6311 | | Transaction ID : PR2402316568827 |
| City PONCE INLET | State FL | Zip Code 32127-7096 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 28.00 |
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) Dir Mktg Comm | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | P/R Deduction (\$14.00 Bi-Weekly) |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KEPLEYCARRIER, ANGELA, , , | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 3219 PENINSULA DRIVE | | Transaction ID : PR2402317768827 |
| City JAMESTOWN | State NC | Zip Code 27282-8717 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) Dir Med Clin Ops | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 300.00 | P/R Deduction (\$20.00 Bi-Weekly) |

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| SUBTOTAL of Receipts This Page (optional).....▶ | 183.38 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MCGRATH, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5801 CHOWEN AVE S
 City EDINA State MN Zip Code 55410-2759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2402318568827
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. ROSSI, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 BUFFALO TOM DRIVE
 City GREENSBORO State NC Zip Code 27455-8344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2402319668827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. HIGA, JOY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 ELM AVENUE
 City MANHATTAN BEACH State CA Zip Code 90266-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compl Off & SVP Reg Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2402446268827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 452.68 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. ALEXANDER, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6412 HIGHLAND DRIVE
 City CHEVY CHASE State MD Zip Code 20815-6608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Senior Advisor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2405428868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WEE, KATHLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5045 OVERLOOK ROAD NW
 City WASHINGTON State DC Zip Code 20016-1911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2408545068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BALTHAZOR, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2002 SUGARWOOD DRIVE
 City ORONO State MN Zip Code 55356-9339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2437120768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. NESS, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10550 PINNACLE WAY
 City WOODBURY State MN Zip Code 55129-4282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2437121568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. COSGRIFF, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1875 HUNTER LANE
 City MENDOTA HEIGHTS State MN Zip Code 55118-4110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2437121668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. EDELSON, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 DREXEL AVENUE
 City EDINA State MN Zip Code 55424-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2437127168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

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|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. RAINEY, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8850 COUNTY ROAD 26
 City MINNETRISTA State MN Zip Code 55359-9445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2437127568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HEYMAN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 SHERRILL AVENUE
 City CHEVY CHASE State MD Zip Code 20815-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strategy & Partnerships
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2444265768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LANGER, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5110 OAK RAMBLING DRIVE
 City KATY State TX Zip Code 77494-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2445015468827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. SIEGEL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 LAKEWOOD DRIVE
 City BLOOMFIELD HILLS State MI Zip Code 48304-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2445017168827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. MCMAHON, DIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 WILDHURST ROAD
 City EXCELSIOR State MN Zip Code 55331-8461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) President UHG & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2491457068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. NATHAN, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1643 SPRING CREEK DRIVE
 City SARASOTA State FL Zip Code 34239-5046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Senior Advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2491457368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 797.28 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SMITH, KARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3917 TERRY PLACE
 City ALEXANDRIA State VA Zip Code 22304-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2540175368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PURDY, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3615 THORNAPPLE STREET
 City CHEVY CHASE State MD Zip Code 20815-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2541300668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RAMSAY, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 543 E LURAY AVE
 City ALEXANDRIA State VA Zip Code 22301-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2542542268827
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

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

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

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|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. DAVENPORT, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 PELHAM ROAD
 City PHILADELPHIA State PA Zip Code 19119-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2552313668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BRYANT, JEREMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 MYSTIQUE WAY
 City ROSWELL State GA Zip Code 30075-2087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clint Mgmt NA Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2552961368827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. COLEMAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 842 NAGLE STREET
 City HOUSTON State TX Zip Code 77003-1266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2552961468827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. EHLMAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10051 VALLEY RIDGE COURT
 City LAS VEGAS State NV Zip Code 89148-7602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2552962268827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. FLANNERY, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2552962368827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. JAMES, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 KINGS POINT DRIVE
 City LARGO State FL Zip Code 33774-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2552963268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 297.22 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. KIDAMBI, NARASIMHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18477 85TH AVE N
 City MAPLE GROVE State MN Zip Code 55311-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Anlys
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2552963868827
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. LOVELADY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5378 BUENA VISTA DR
 City FRISCO State TX Zip Code 75034-2253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2552964268827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MORRIS, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2624 N HARTLAND COURT
 City CHICAGO State IL Zip Code 60614-4955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Acct Mgmt Natl Acct
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2552965068827
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 455.36 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PAULUS, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 E TUCKEY LN
 City PHOENIX State AZ Zip Code 85012-1048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2552965268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. POTTER, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 FULLER LANE
 City WINNETKA State IL Zip Code 60093-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clint Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.15

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2552965468827
 Amount of Each Receipt this Period 69.22
 Memo Item
 P/R Deduction (\$34.61 Bi-Weekly)

C. SAMSEL, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 WAVERLY RD
 City HUNTINGTON State CT Zip Code 06484-5835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2552965768827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 174.14 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. TINKER, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 AMOHI WAY
 City LOUDON State TN Zip Code 37774-3009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR25529668827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. WACKER, AARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4704 CAVAN ROAD
 City MOUND State MN Zip Code 55364-1877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Principal Engineer, TLCP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2552967068827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. PROSKAUER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 DERBY STREET
 City NEWTON State MA Zip Code 02465-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Architecture
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2553475068827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 94.46 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. ZERAFA, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61234 ADMIRAL DRIVE
 City WASHINGTON TOWNSHIP State MI Zip Code 48094-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2553475768827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. REIDY, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 BLAKEFIELD DRIVE
 City BRENTWOOD State TN Zip Code 37027-8479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2554013368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ALEXANDER, JOY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5116 NORTH TIOGA WAY
 City LAS VEGAS State NV Zip Code 89149-5830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2560064168827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 440.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. CLUTE, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7756 N 85TH STREET
 City OMAHA State NE Zip Code 68122-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2560064468827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. GAZELEY, PAULA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 MAYFAIR ROAD
 City WYNANTSKILL State NY Zip Code 12198-8018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clint Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2560064868827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. GIANCURSIO, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 MIDNIGHT RIDGE DR
 City LAS VEGAS State NV Zip Code 89135-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2560064968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 489.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. LIPPMAN, SHELDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 CLIFFFIELD ROAD
 City BEDFORD State NY Zip Code 10506-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1455.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2560065468827
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

B. LOBERG, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2837 EAST PARK PLACE
 City MILWAUKEE State WI Zip Code 53211-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2560065568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MARONEY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5052 NORMAN DRIVE
 City MINNETONKA State MN Zip Code 55345-4636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2560065768827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 298.92 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MILICH, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2702 BIRCHMERE COURT
 City KATY State TX Zip Code 77450-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2560066068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. VAIL, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 CLEVELAND AVENUE
 City SAYVILLE State NY Zip Code 11782-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2560066868827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. DICKMAN, KRISTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2533 ONYX DRIVE
 City SHAKOPEE State MN Zip Code 55379-2770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2560398168827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 440.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. NOEL, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4316 FREMONT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55409-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR256039886827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. OBRIEN, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 BARRINGTON DRIVE
 City BEDFORD State NH Zip Code 03110-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR256082146827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. PERO, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28012 CAPTIVA SHELL LOOP
 City BONITA SPRINGS State FL Zip Code 34135-8624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR256082156827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 440.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. LUND, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11471 NORTH SHORE DRIVE
 City GRANTSBURG State WI Zip Code 54840-8059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2561457668827
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. WILLSON, JOSH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 ADAMS CT
 City COLLEYVILLE State TX Zip Code 76034-6811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP SLS SB and Spec Ben
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2564802568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. CARLSON, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10618 WEST RIVER ROAD
 City BROOKLYN PARK State MN Zip Code 55443-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prd
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2564802668827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 347.22 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. HANSEN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 SHADY ISLAND CIRCLE
 City MOUND State MN Zip Code 55364-9218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2794.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2564802768827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. GOODWIN, MARYELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3216 PLAYERS VIEW CIRCLE
 City LONGWOOD State FL Zip Code 32779-3154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2564802968827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. MARDEN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 VAN MULEN STREET
 City MAHWAH State NJ Zip Code 07430-2977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2564803368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 812.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. MOQUIST, DARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5313 MINNEHAHA BLVD
 City EDINA State MN Zip Code 55424-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Natl Regnl Pres
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2564803468827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BELLMAN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9120 BRANCH HOLLOW DR
 City DALLAS State TX Zip Code 75243-7510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2564803568827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. CARTER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1363 CHIPPENDALE RD
 City HOUSTON State TX Zip Code 77018-5257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2565448768827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 489.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. KUNST, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4872 103RD STREET
 City PLEASANT PRAIRIE State WI Zip Code 53158-6516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2566302168827
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. STEARNS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5118 FAIRGLEN LANE
 City CHEVY CHASE State MD Zip Code 20815-6517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2571777968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PARRILLO, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 WOODSUM DRIVE
 City NEWBURY State NH Zip Code 03255-6232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2571778268827
 Amount of Each Receipt this Period 154.00
 Memo Item
 P/R Deduction (\$77.00 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MOYER, BRUCE, , , | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : PR2571778368827 |
| Mailing Address 6890 CANTERBURY LANE | | Amount of Each Receipt this Period 78.00 |
| City EDEN PRAIRIE | State MN | Zip Code 55346-2904 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Optum Services, Inc | Occupation (for Individual) VP Gen Mgmt | P/R Deduction (\$39.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 585.00 | |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HINTON, DUSTIN, , , | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : PR2571978768827 |
| Mailing Address W132N6475 MARACH RD | | Amount of Each Receipt this Period 384.60 |
| City MENOMONEE FALLS | State WI | Zip Code 53051-6085 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) Hlth Plan CEO | P/R Deduction (\$192.30 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2884.50 | |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GRAY, BRIAN, , , | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : PR2572588568827 |
| Mailing Address 6098 CLOPTON DRIVE | | Amount of Each Receipt this Period 79.60 |
| City GREENSBORO | State NC | Zip Code 27455-8373 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) VP Ntwk Pricing | P/R Deduction (\$39.80 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 562.20 | |

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 42 OF 253 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. ROBINSON, MARCUS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 590 SPENDER TRACE
 City DUNWOODY State GA Zip Code 30350-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sales IFP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2572588968827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. JACQUET, SHAUN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61040 E SHALE ROAD
 City ORACLE State AZ Zip Code 85623-7481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2572589368827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. CARLSON, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4511 BROWDALE AVENUE
 City EDINA State MN Zip Code 55424-1142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2840.15

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2572590068827
 Amount of Each Receipt this Period 392.00
 Memo Item
 P/R Deduction (\$196.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 448.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. BECK, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 GLORIA LANE
 City CADIZ State KY Zip Code 42211-8824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2572590368827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. OBRIEN, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 931 FRENCH ST
 City NEW ORLEANS State LA Zip Code 70124-3806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2572590668827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. MILLER, KIMBERLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 CELONOVA PLACE
 City FOOTHILL RANCH State CA Zip Code 92610-1942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2572591268827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 84.08 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. WIFFLER, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3680 GRANDE BAY COURT
 City MELBOURNE BEACH State FL Zip Code 32951-3155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2572992768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BENSON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2206 EAGLE VALLEY LN
 City WAUSAU State WI Zip Code 54403-8154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.30

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2573518968827
 Amount of Each Receipt this Period 28.84
 Memo Item
 P/R Deduction (\$14.42 Bi-Weekly)

C. HARE, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9029 SHEEP RANCH CT
 City LAS VEGAS State NV Zip Code 89143-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2574979468827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 441.44 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MASTERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1894 VILLAGE GLEN DRIVE
 City SAINT JOHNS State FL Zip Code 32259-9215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 577.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257497966827
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

B. WOHNOUTKA, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17597 HIBISCUS AVE
 City LAKEVILLE State MN Zip Code 55044-3906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257498196827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. CIANFROCCO, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 CHAMPLAIN PLACE
 City GIBSONIA State PA Zip Code 15044-8079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257498626827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. BURNETT, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4625 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2574988268827
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. STRAIT, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4362 SPORTSMAN CLUB RD
 City JOHNSTOWN State OH Zip Code 43031-9461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2574989368827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

C. LANG, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1210 RIVER TERRACE DRIVE
 City BLOOMINGTON State MN Zip Code 55431-4230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2574991468827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 182.98 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. NEWKIRK, MEGHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10162 BEAVER CIR
 City CYPRESS State CA Zip Code 90630-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Growth Strat
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575008768827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SJOBLAD, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 2ND STREET NE #510
 City MINNEAPOLIS State MN Zip Code 55413-2541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575009168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FLOWER, MARTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N54W20825 CARTERS CROSSING CIR
 City MENOMONEE FALLS State WI Zip Code 53051-6281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575011668827
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 443.44 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. FORKER, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5109 WEST 56TH STREET
 City EDINA State MN Zip Code 55436-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2604.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575013468827
 Amount of Each Receipt this Period 434.00
 Memo Item
 P/R Deduction (\$217.00 Bi-Weekly)

B. KEMMER, HEIDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 WEST ROCKROSE PLACE
 City CHANDLER State AZ Zip Code 85248-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.10

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575021368827
 Amount of Each Receipt this Period 28.28
 Memo Item
 P/R Deduction (\$14.14 Bi-Weekly)

C. MADDOX, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7810 HANOVER ST
 City DALLAS State TX Zip Code 75225-8220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575039568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 846.88 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. HEATH, SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1292 CASTLE CT
 City GOLDEN VALLEY State MN Zip Code 55427-4453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575048768827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. FITZPATRICK, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3936 CAMPELLO CURVE
 City CHASKA State MN Zip Code 55318-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575053768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LINDSAY, VIVIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 SW 39 ST
 City DAVIE State FL Zip Code 33331-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575054968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 797.28 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. CLACKO, MARY ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6358 COTEAU TRAIL
 City EDEN PRAIRIE State MN Zip Code 55344-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575057968827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. ALLEN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11359 ENTREVAUX DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) M A VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575060268827
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. CURRIE, ULYSSES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8232 GUNNAR DRIVE
 City FULTON State MD Zip Code 20759-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Health Equity
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575064168827
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ZAETTA, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 PRINCE STREET
 City ALEXANDRIA State VA Zip Code 22314-3314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575068368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. VERCHICK, TAMI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9916 DUSTY WINDS AVE
 City LAS VEGAS State NV Zip Code 89117-5986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Director Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575068968827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ISMERT, JENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8494 E HAWAII LN
 City DENVER State CO Zip Code 80231-2732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575070068827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. ENLOW, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 196 SOMERSLY PL
 City LEXINGTON State KY Zip Code 40515-5717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575071068827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. NICHOLS, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16900 CROWN BRIDGE DRIVE
 City DELRAY BEACH State FL Zip Code 33446-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575074568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BECK, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W155 N5314 SHARPTAIL COURT
 City MENOMONEE FALLS State WI Zip Code 53051-6771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575074968827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 440.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. BURNAM, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 377 CALABRIA BEACH ST
 City HENDERSON State NV Zip Code 89015-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

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)

B. ONEILL, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 CHESTNUT RIDGE RD
 City QUEENSBURY State NY Zip Code 12804-7317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575089468827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. VIESTA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 COMPASS COURT
 City OYSTER BAY State NY Zip Code 11771-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2810.46

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575098568827
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$198.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 462.54 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. CHAMPION, PHEBE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 TAPATIO ST
 City HENDERSON State NV Zip Code 89074-1934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575108368827
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. HAYDEN, KARI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6109 BANEY COURT
 City MINNETONKA State MN Zip Code 55345-6301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575110368827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MADDIGAN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 845 FAITH COURT
 City LONGMONT State CO Zip Code 80501-4712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Software Engineering
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575114868827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional).....▶ | 155.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DOERFLER, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9163 WASSERMANN CT
 City VICTORIA State MN Zip Code 55386-4592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575131568827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. HUNT, ZOE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4030 SERANGO COURT
 City WEST LINN State OR Zip Code 97068-2840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575136268827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. MCDONNEL, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9664 LAFORET DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-3538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ntwk
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575136368827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 94.54 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. DEWALL, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7662 RIDGEVIEW WAY
 City CHANHASSEN State MN Zip Code 55317-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575145368827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MCGANN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 VILLAGE ROAD
 City FLORHAM PARK State NJ Zip Code 07932-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acct Mgmt SB KA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575146968827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. PETERSOHN, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16413 BIRCH STREET
 City OVERLAND PARK State KS Zip Code 66085-7842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) GP Reg VP of SIs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575148368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 489.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. PELNER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 WEST MINNEHAHA PARKWAY
 City MINNEAPOLIS State MN Zip Code 55419-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Real Estate Svs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575155968827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. THOMAS, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 KING JAMES AVE
 City SAINT CHARLES State IL Zip Code 60174-7827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Pres
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575156468827
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. RAZVI, NIGHET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 S CLINTON AVENUE
 City OAK PARK State IL Zip Code 60304-1823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 213.45

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575168668827
 Amount of Each Receipt this Period 28.46
 Memo Item
 P/R Deduction (\$14.23 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 220.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. HAMANN, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7638 RIDGEVIEW WAY
 City CHANHASSEN State MN Zip Code 55317-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575170168827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. MELLO, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 179 HILTON LANE
 City SWANSEA State MA Zip Code 02777-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575191368827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. DEMARIS, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 OLIVER AVE S
 City MINNEAPOLIS State MN Zip Code 55405-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg eComm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575191868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 604.98 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MUELLER, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 380 4TH AVE SOUTH
 City NAPLES State FL Zip Code 34102-6383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575192268827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. CONDON, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 268 OAK LANDING WAY
 City SEVERNA PARK State MD Zip Code 21146-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575203168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. REDMOND, GRETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 N MAIN STREET #444
 City STILLWATER State MN Zip Code 55082-6758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2389.20

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575211368827
 Amount of Each Receipt this Period 474.00
 Memo Item
 P/R Deduction (\$237.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 886.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. CARRIS, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 WEST WILLOW LN
 City CHARLESTOWN State RI Zip Code 02813-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575212568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. STORDAHL, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7001 W 175TH AVENUE
 City EDEN PRAIRIE State MN Zip Code 55346-2161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575213068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MARTIN, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7091 HIGHOVER DRIVE
 City CHANHASSEN State MN Zip Code 55317-7572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575213668827
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 491.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MEYERHOFER, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6624 IROQUOIS TRAIL
 City EDINA State MN Zip Code 55439-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 865.35

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575214668827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. WILSON, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 SALEM CHURCH ROAD
 City SUNFISH LAKE State MN Zip Code 55118-4719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 865.35

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575218668827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. GOODMAN, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3717 BUCKEYE DRIVE
 City MCKINNEY State TX Zip Code 75071-8453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sis
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 216.30

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575220168827
 Amount of Each Receipt this Period 28.84
 Memo Item
 P/R Deduction (\$14.42 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 259.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SHORS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4649 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257522368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SANTORO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 OLD FIRE ROAD
 City TRUMBULL State CT Zip Code 06611-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257522368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GRUNDHOEFER, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 SIDNEY BAKER STREET SOUTH SUITE 400 PMB 519
 City KERRVILLE State TX Zip Code 78028-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2880.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575232768827
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. DIMARTINO, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49605 KEYCOVE ST
 City CHESTERFIELD State MI Zip Code 48047-2361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575248168827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BRANT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 ROCKY BROOK ROAD
 City WILTON State CT Zip Code 06897-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575250268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. KUETER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 WINGATE DRIVE
 City DELAWARE State OH Zip Code 43015-9200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575255868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. BACHMANN, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 NORTHERN SHORES POINT
 City GREENSBORO State NC Zip Code 27455-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575258468827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BROOMFIELD, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12501 WEST 156TH STREET
 City OVERLAND PARK State KS Zip Code 66221-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 692.25

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575260468827
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

C. ZARN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11192 BLUESTEM LANE
 City EDEN PRAIRIE State MN Zip Code 55347-4731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1257.30

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575269168827
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$85.00 Bi-Weekly)

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

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. ZAFFIRIS, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1241 LAUREL CT
 City MARCO ISLAND State FL Zip Code 34145-2351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257527066827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. HAMBLIN, JILLIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3103 BEACON GROVE ST
 City SPRING State TX Zip Code 77389-4348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257529036827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MUELLER, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6895 LAKE HARRISON CIRCLE
 City CHANHASSEN State MN Zip Code 55317-4589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257529456827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional).....▶ | 181.92 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. HEWITT, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1443 RAYMOND AVE
 City SAINT PAUL State MN Zip Code 55108-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575296768827
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. WEBER, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1791 RESTHAVEN LANE
 City MOUND State MN Zip Code 55364-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2704.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575298668827
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

C. CUEVAS, BRANDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 CLOISTER COURT
 City LADERA RANCH State CA Zip Code 92694-1556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Strat/Grwth Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575305668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PEEL, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7185 GUNFLINT TRAIL
 City CHANHASSEN State MN Zip Code 55317-4743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257532986827
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. WHITE, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8727 W BUCKHORN TRL
 City PEORIA State AZ Zip Code 85383-4852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257534236827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. IMDIEKE, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15900 WHITE PINE DRIVE
 City WAYZATA State MN Zip Code 55391-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Bus Anlys Cnslt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257534796827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 566.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. TELESKY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2602 PENNINGTON PLACE
 City VALPARAISO State IN Zip Code 46383-9163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575350968827
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. PHILLIPS, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 HERITAGE TRAIL
 City SUFFIELD State CT Zip Code 06078-2376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575354068827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. GUSTIN, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5717 AYRSHIRE BLVD
 City EDINA State MN Zip Code 55436-2059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2833.52

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575357768827
 Amount of Each Receipt this Period 393.80
 Memo Item
 P/R Deduction (\$196.90 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 499.88 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. NIELSEN, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W 11TH STREET
 City SHIP BOTTOM State NJ Zip Code 08008-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Regn Pres
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575361768827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. COOK, JORDANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 PALMETTO COVE COURT
 City BLUFFTON State SC Zip Code 29910-9580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575371668827
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C. CUNNINGHAM, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1708 ROLLING HILLS RD
 City CHARLESTON State WV Zip Code 25314-2216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Tech Proj-Prgm Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575375968827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. CIAVARELLA, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 LORRAINE DRIVE
 City BEACON FALLS State CT Zip Code 06403-1256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575377968827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. BRATTEBO, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10202 HARMONY CIRCLE
 City EDEN PRAIRIE State MN Zip Code 55347-5019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575397268827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FELLER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3715 HUNTINGTON AVE
 City ST LOUIS PARK State MN Zip Code 55416-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575400368827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 489.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 71 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. UNDERWOOD, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3151 ALBER SPRING CT
 City LAKE OSWEGO State OR Zip Code 97034-6733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575403368827
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. ANDERSON, BRADLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4613 W 56TH ST
 City EDINA State MN Zip Code 55424-1558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575405268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. VENKATESAN, CHANDRAMOULEESWARAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17698 62ND COURT NORTH
 City MAPLE GROVE State MN Zip Code 55311-4619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575410168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MILLER, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11671 45TH PLACE NE
 City SAINT MICHAEL State MN Zip Code 55376-4536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575418168827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. GOTHARD, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16492 BROOKLANE BOULEVARD
 City NORTHVILLE State MI Zip Code 48168-8417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 572.70

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575419168827
 Amount of Each Receipt this Period 76.36
 Memo Item
 P/R Deduction (\$38.18 Bi-Weekly)

C. ARMSTRONG, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 808 CAREN DRIVE
 City ELDERSBURG State MD Zip Code 21784-8569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575427968827
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 298.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. OHARA, KARIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1431 HENRY COURT
 City CHANHASSEN State MN Zip Code 55317-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Controller
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2840.15

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575428768827
 Amount of Each Receipt this Period 392.00
 Memo Item
 P/R Deduction (\$196.00 Bi-Weekly)

B. MURLEY, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2775 COUNTRYSIDE DRIVE WEST
 City ORONO State MN Zip Code 55356-9675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575443668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SPILKER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 FITCH LANE
 City NEW CANAAN State CT Zip Code 06840-5051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575446368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1161.20 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. RUNICE, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4622 BRUCE AVENUE
 City EDINA State MN Zip Code 55424-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2767.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575451568827
 Amount of Each Receipt this Period 369.00
 Memo Item
 P/R Deduction (\$184.50 Bi-Weekly)

B. PEGG, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4917 KAMA LANE NE
 City ALBERTVILLE State MN Zip Code 55301-3536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575456068827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. GLATT, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 631 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Aviation Corp Pilots
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575464968827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 435.54 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. PHINNEY, ASHLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 GATEHOUSE ROAD
 City GRANBY State CT Zip Code 06035-1922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575468468827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SADUSKE, NANETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4276 NICOLET DRIVE
 City GREEN BAY State WI Zip Code 54311-9798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575470268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HENSEL, KRISTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 HOMEWOOD DRIVE
 City ANCHORAGE State KY Zip Code 40223-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575482668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 489.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. BARTHEL, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9713 HEMLOCK LANE NORTH
 City MAPLE GROVE State MN Zip Code 55369-3665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Software Engineering
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575484368827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. MACLAUCLAN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 WYNDALE RD
 City JENKINTOWN State PA Zip Code 19046-1552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575492768827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. VESLEDAHL, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15598 MICHELE LANE
 City EDEN PRAIRIE State MN Zip Code 55346-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NVP Network
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575499268827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 440.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DELREAL, MAGDALENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 WILLOW CREEK LANE
 City WILLOW SPRINGS State IL Zip Code 60480-1274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) GP Reg Sales Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575507768827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. MUNSON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4707 HAZELTINE LANE
 City EAGAN State MN Zip Code 55123-2172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575512468827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. HUNTER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 COUNTRYSIDE ROAD
 City EDINA State MN Zip Code 55436-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575528368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 604.98 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. HERNANDEZ, MAYRENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 SW 189TH AVENUE
 City PEMBROKE PINES State FL Zip Code 33029-6047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575529268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. HOLOVIA, KRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4610 LAKEVIEW DRIVE
 City EDINA State MN Zip Code 55424-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575533068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HAMLIN, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 NEWMAN
 City HOUSTON State TX Zip Code 77098-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575536268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SULLIVAN, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9675 WATERWAY PASSAGE DRIVE
 City WINTER GARDEN State FL Zip Code 34787-4957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575537268827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SUN, TONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8408 ENSLEY PLACE
 City LEAWOOD State KS Zip Code 66206-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575540268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WENTZIEN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6350 SUMMIT CIRCLE
 City CHANHASSEN State MN Zip Code 55317-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.04

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575540868827
 Amount of Each Receipt this Period 198.00
 Memo Item
 P/R Deduction (\$99.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 303.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ZMUDA, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 SUMMIT AVE
 City SAINT PAUL State MN Zip Code 55105-3435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575544068827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. STEINBRECHER, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N FIELD ST APT 4211
 City DALLAS State TX Zip Code 75202-2782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575544568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BALCK, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N3681 VINE RD
 City FREEDOM State WI Zip Code 54913-6928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575548468827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 812.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. CARLSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 695 FOUNTAINHEAD WAY
 City NAPLES State FL Zip Code 34103-2736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Exe Search & Mkt Intlnc
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2387.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575573768827
 Amount of Each Receipt this Period 434.00
 Memo Item
 P/R Deduction (\$217.00 Bi-Weekly)

B. MILLER, MAXIMILLIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5328 CHOWEN AVENUE S
 City MINNEAPOLIS State MN Zip Code 55410-2122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M A VP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575579568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. LYON, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2069 CIRCLE DRIVE
 City KRONENWETTER State WI Zip Code 54455-9062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575585968827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 539.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. FINCH, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 STATION CIR NO
 City HUDSON State WI Zip Code 54016-9555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257558668827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SOLLER, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 S 2ND STREET UNIT 614
 City MINNEAPOLIS State MN Zip Code 55415-1375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575586768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GISCH, SHAWNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 PRESERVE COURT
 City CHANHASSEN State MN Zip Code 55317-8717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575592168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MILLER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 OCEAN AVENUE
 1016
 City REVERE State MA Zip Code 02151-6201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575595668827
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. IVERSON, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 EDGCUMBE RD
 City SAINT PAUL State MN Zip Code 55116-1780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strat Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575603268827
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GOODMAN, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13828 EVERGREEN COURT
 City APPLE VALLEY State MN Zip Code 55124-9257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575603868827
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. KING, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 MONTIBELLO DRIVE
 City MOORESVILLE State NC Zip Code 28117-9139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575612868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WAULTERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3344 SHOAL WAY
 City POWELL State OH Zip Code 43065-0501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575622168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. THOMPSON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17829 63RD AVE N
 City MAPLE GROVE State MN Zip Code 55311-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UHC CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575634668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. WILSON, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 DURHAM MANOR DRIVE
 City FRANKLIN State TN Zip Code 37064-5266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2880.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575636168827
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

B. CLARK, TERENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 COOPER AVENUE
 City EDINA State MN Zip Code 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) EVP, Chief Cust Mktg Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575636968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CABANILLAS, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2411 WORDSWORTH ST
 City HOUSTON State TX Zip Code 77030-1833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575637368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. COLLINS, NEIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8465 MISSION HILLS LANE
 City CHANHASSEN State MN Zip Code 55317-7712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575637668827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. HAYHURST, JENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23A MOUNT HYGEIA ROAD
 City FOSTER State RI Zip Code 02825-1434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575651868827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. MULLIGAN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 WHETTEN ROAD
 City WEST HARTFORD State CT Zip Code 06117-2856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2704.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575656868827
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 472.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. KANE, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7624 N MOUNTAIN VIEW PASS
 City PARADISE VALLEY State AZ Zip Code 85253-2844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575657468827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WARSHAW, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 CARLSON DRIVE
 City PORTLAND State CT Zip Code 06480-1699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575665568827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. EVERETT, RICARDO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10507 WALPOLE LANE
 City AUSTIN State TX Zip Code 78739-1554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575667668827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 440.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. ALLEN, CARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8675 AZURE SKY DRIVE
 City LAS VEGAS State NV Zip Code 89129-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575669368827
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. BOGATYRENKO, VICTORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 FIVE MILE RIVER ROAD
 City DARIEN State CT Zip Code 06820-6234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 863.85

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575675468827
 Amount of Each Receipt this Period 115.18
 Memo Item
 P/R Deduction (\$57.59 Bi-Weekly)

C. MITCHELL, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11499 ASHLEY COURT
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 2810.46

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575678368827
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$198.00 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SIMONSON, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10982 SANCTUARY COVE COURT
 City LAS VEGAS State NV Zip Code 89135-9126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575682368827
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

B. STIDMAN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6504 CHEROKEE TRAIL
 City EDINA State MN Zip Code 55439-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575683868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. OCHIPINTI, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 SOUTH STREET UNIT 1 RIGHT
 City ANNAPOLIS State MD Zip Code 21401-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575685768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. KALBACHER, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4952 EAST DARTMOUTH STREET
 City MESA State AZ Zip Code 85205-6458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1326.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575688368827
 Amount of Each Receipt this Period 176.92
 Memo Item
 P/R Deduction (\$88.46 Bi-Weekly)

B. KOENIG, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 ORLANDO AVE
 City ORELAND State PA Zip Code 19075-1223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575702268827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. PROKOCKI, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9091 KORNBRUST DR
 City LONE TREE State CO Zip Code 80124-5333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575705868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. THIERY, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 999 LABEAUX AVE NE
 City HANOVER State MN Zip Code 55341-9292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2481.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575707868827
 Amount of Each Receipt this Period 457.86
 Memo Item
 P/R Deduction (\$228.93 Bi-Weekly)

B. VOLLRATH, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7647 MARKER ROAD
 City SAN DIEGO State CA Zip Code 92130-5616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS VP Clnt Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575719868827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. CAIN, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 COUNTRYSIDE CT
 City DANVILLE State CA Zip Code 94506-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575724368827
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 92 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MCKEE, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6500 TRANQUIL RIVER LANE
 City WAUSAU State WI Zip Code 54401-3302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575726768827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. HELLAND, ROBYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9089 PARTRIDGE RD
 City MINNETRISTA State MN Zip Code 55375-4513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Care Advo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575733868827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. GROSKLAGS, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3233 TIMBERWOLF CIRCLE
 City PRIOR LAKE State MN Zip Code 55372-3272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575735768827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 258.84 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MURRAY, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CIRCLE WEST
 City EDINA State MN Zip Code 55436-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575736568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. LEWIS, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 PLEASANT VIEW ROAD
 City CHANHASSEN State MN Zip Code 55317-9509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Actuary
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.46

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575737468827
 Amount of Each Receipt this Period 316.00
 Memo Item
 P/R Deduction (\$158.00 Bi-Weekly)

C. CESARETTI, GINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5020 CIRCLE DOWN
 City GOLDEN VALLEY State MN Zip Code 55416-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Compli/Sr Dep Gen Cnsl
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575739068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1085.20 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. STRICKLAND, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 SUNNYWOOD DRIVE
 City FULLERTON State CA Zip Code 92835-1858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575740968827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. PORTZ, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 SHERIDAN HILLS RD
 City WAYZATA State MN Zip Code 55391-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575744568827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. PROBST, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1927 SAUNDERS AVENUE
 City SAINT PAUL State MN Zip Code 55116-2016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clin Affordability
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575744668827
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 628.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 95 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PINERSKI, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7501 HART LN
 City AUSTIN State TX Zip Code 78731-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575752868827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. FULTON, RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 LANEWOOD LANE NORTH
 City PLYMOUTH State MN Zip Code 55447-4347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575756968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. EKLO, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3942 CAMPELLO CURVE
 City CHASKA State MN Zip Code 55318-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575761868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 96 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. HOWARTH, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1820 NAPOLI DRIVE
 City APEX State NC Zip Code 27502-9659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575762468827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. NEESE, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 DUNLEIGH COURT
 City MADISON State MS Zip Code 39110-6806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Sr Acct Exe Acct Opt Out Mk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575766168827
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

C. PAIK, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 BUTTONWOOD LANE EAST
 City RUMSON State NJ Zip Code 07760-1010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575783168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 492.28 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MADDUX, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16426 FARMERS MILL LANE
 City CHESTERFIELD State MO Zip Code 63005-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Pharmacy Programs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.04

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257578386827
 Amount of Each Receipt this Period 398.00
 Memo Item
 P/R Deduction (\$199.00 Bi-Weekly)

B. SUAREZ, MARIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21294 SMOKEHOUSE CT
 City ASHBURN State VA Zip Code 20147-5316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Product
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257578386827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BERGDOLL, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 HARRIS PEAK ST
 City LAS VEGAS State NV Zip Code 89138-6351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575793768827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MAURER, CARRIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10204 NEWPORT PATH

| | | |
|------------------|-------------|------------------------|
| City WOODBURY | State MN | Zip Code 55129-4428 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Optum Services, Inc | Occupation (for Individual) Bus Segment CMO |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2023

Transaction ID : PR2575798168827

Amount of Each Receipt this Period
400.00

Memo Item

P/R Deduction (\$200.00 Bi-Weekly)

B. SANKEN, SARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3018 ASPEN LAKE DRIVE

| | | |
|----------------|-------------|------------------------|
| City BLAINE | State MN | Zip Code 55449-7517 |
|----------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) VP People Team |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.60

Date of Receipt
MM / DD / YYYY
07 / 31 / 2023

Transaction ID : PR2575798568827

Amount of Each Receipt this Period
28.08

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

C. WIX, LACOSTA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 402 JULIA STREET
APARTMENT 403

| | | |
|---------------------|-------------|------------------------|
| City NEW ORLEANS | State LA | Zip Code 70130-3699 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) Sr Assc Gen Counsel |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
576.90

Date of Receipt
MM / DD / YYYY
07 / 31 / 2023

Transaction ID : PR2575800068827

Amount of Each Receipt this Period
76.92

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 505.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. GALIAN, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 SEQUAMS LANE WEST
 City WEST ISLIP State NY Zip Code 11795-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt: 07 / 31 / 2023
Transaction ID : PR2575803268827
 Amount of Each Receipt this Period: 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. RUSSELL, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3108 SONIA DRIVE
 City LAS VEGAS State NV Zip Code 89107-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00

Date of Receipt: 07 / 31 / 2023
Transaction ID : PR2575812168827
 Amount of Each Receipt this Period: 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. LATINO, DAYNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 BROOK CROSSING EXTENSION
 City ELLINGTON State CT Zip Code 06029-2247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt: 07 / 31 / 2023
Transaction ID : PR2575813268827
 Amount of Each Receipt this Period: 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 100 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. SCHENEMAN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 8TH ST
 City HUNTINGTON BEACH State CA Zip Code 92648-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clin Affordability
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575813468827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SHAPIRO, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 MORGAN AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Cnsmr Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575814268827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. TAYLOR, DUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5430 E BLOOMFIELD RD
 City SCOTTSDALE State AZ Zip Code 85254-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575818168827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MCNATT, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4945 CANDACRAIG
 City ALPHARETTA State GA Zip Code 30022-6340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575824968827
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SCHMITT, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3045 25TH AVENUE
 City SAN FRANCISCO State CA Zip Code 94132-1541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575830068827
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HARPER, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8206 WEST 16TH STREET
 City SAINT LOUIS PARK State MN Zip Code 55426-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2575835568827
 Amount of Each Receipt this Period
 398.00
 Memo Item
 P/R Deduction (\$199.00 Bi-Weekly)

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

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 102 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. JERDE, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9324 N AERIE CLIFF
 City FOUNTAIN HILLS State AZ Zip Code 85268-6358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 865.35

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575837468827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. MANDELL, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 MISSION HILL WAY
 City COLORADO SPRINGS State CO Zip Code 80921-2672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575837868827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. HARRISON, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10603 MILLET SEED HILL
 City COLUMBIA State MD Zip Code 21044-4150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575840368827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 171.54 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 103 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. BOROCH, BLAIR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 BELFRY DRIVE
 City BLUE BELL State PA Zip Code 19422-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575849968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. COTTINGTON, NYLE BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15050 47TH STREET NE
 City SAINT MICHAEL State MN Zip Code 55376-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575865368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ADAMO, BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3109 E DESERT LN
 City PHOENIX State AZ Zip Code 85042-7198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Software Engineering
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2575867868827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ROSS, CHRISTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 JIM CANNON RD
 City VAN ALSTYNE State TX Zip Code 75495-2803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575873368827
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

B. PEZHMAN, PAYMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2825 MAPLEWOOD CIRCLE E
 City WAYZATA State MN Zip Code 55391-2633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575883568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RICHARDSON, KRISTIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 BALL GAP ROAD
 City ARDEN State NC Zip Code 28704-8748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575890968827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 861.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 105 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. SCHMUKER, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2575 TALL TIMBER COURT SE
 City GRAND RAPIDS State MI Zip Code 49546-6787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2805.23

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257590668827
 Amount of Each Receipt this Period 398.00
 Memo Item
 P/R Deduction (\$199.00 Bi-Weekly)

B. ALT, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 813 FERNWOOD ROAD
 City MOORESTOWN State NJ Zip Code 08057-1362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575907368827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. MARGHERIO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6412 JEFFERSON STREET
 City KANSAS CITY State MO Zip Code 64113-1542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575916368827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 503.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. CZAJKA, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8590 BIG MANGROVE DRIVE
 City FORT MYERS State FL Zip Code 33908-7694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257591866827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. OLSON, TRUDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7208 WOODDALE AVE SOUTH
 City EDINA State MN Zip Code 55435-4156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257591876827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MCGOLDRICK, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 MOUNTAIN TERRACE ROAD
 City WEST HARTFORD State CT Zip Code 06107-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP SIs & Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257593046827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 107 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MATTERA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 LOCUST HILLS DRIVE
 City WAYZATA State MN Zip Code 55391-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG Chief Dev Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575938468827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. RILEY, FELICITY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3330 EDMUND BLVD
 City MINNEAPOLIS State MN Zip Code 55406-2348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575943368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DONAHUE, JEANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 MORNINGSIDE DRIVE
 City MANDEVILLE State LA Zip Code 70448-7571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575959268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 108 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. LEMKE, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4135 TRILLIUM LANE EAST
 City MINNETRISTA State MN Zip Code 55364-7730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2820.07

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575965868827
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$198.00 Bi-Weekly)

B. FRANK, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1373 PRAIRIE MEADOW RD
 City MINNETRISTA State MN Zip Code 55359-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575970468827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DICELLO, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 SAND CRANE CT
 City BRADENTON State FL Zip Code 34212-5226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575977968827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 808.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 109 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SIEBERT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 VIA BELLEZA
 City SAN CLEMENTE State CA Zip Code 92673-6910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257597966827
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. RICHARDS, ALISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257 WEST GRANTLEY
 City ELMHURST State IL Zip Code 60126-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257598796827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GOLD, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 E SWISS OAKS DR
 City SANDY State UT Zip Code 84093-6587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR257598866827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 612.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. SCHULTZ, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4012 S XERXES AVENUE
 City MINNEAPOLIS State MN Zip Code 55410-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2575990968827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BRIGGS, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13534 TUSCALEE HILL CIR
 City DRAPER State UT Zip Code 84020-5653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576001668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SCHOENER, SHAUN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 884 LAS PALOMAS DR
 City LAS VEGAS State NV Zip Code 89138-5001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.10

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576012768827
 Amount of Each Receipt this Period 32.68
 Memo Item
 P/R Deduction (\$16.34 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 494.20 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 111 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. SONERHOLM, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3380 SHELBORNE WOODS PARKWAY
 City CARMEL State IN Zip Code 46032-8101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2576033268827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HOLZERSPARR, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 BRIDGHAM FARM ROAD
 City RUMFORD State RI Zip Code 02916-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2576034868827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. MOSHER, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4201 SUNSET DRIVE #108
 City SPRING PARK State MN Zip Code 55384-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2576038568827
 Amount of Each Receipt this Period 83.32
 Memo Item
 P/R Deduction (\$41.66 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 496.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 112 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. BYRNES, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3920 GLENWOOD STREET
 City DULUTH State MN Zip Code 55804-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576042868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KANDALAF, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16118 LOMACITAS LN
 City WHITTIER State CA Zip Code 90603-1031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576043668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

C. STONE, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1485 COUNTY RD 286
 City COLLINSVILLE State TX Zip Code 76233-2389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Conctrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576045168827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 113 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. GROENENDAAL, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 FOREST AVENUE
 City RIVER FOREST State IL Zip Code 60305-1710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Executive Compensation
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2576046268827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. NELSON, KRISTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18202 SHAVERS LAKE DRIVE
 City WAYZATA State MN Zip Code 55391-3338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHC Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2576047968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MONICAL, KENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9795 E PIEDRA DRIVE
 City SCOTTSDALE State AZ Zip Code 85255-9231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2576051368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 797.20 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. HUANG, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6838 IDLEWOOD WAY
 City EDEN PRAIRIE State MN Zip Code 55346-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576059968827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. REX, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576060068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MCEWAN, JOSHUA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 ALDRICH AVE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-5353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576085768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. FREIBERG, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9605 LEXINGTON CT
 City WESTON State WI Zip Code 54476-6730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257609366827
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. OLUJIC, TAMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36218 SE SAINT ANDREWS LANE
 City SNOQUALMIE State WA Zip Code 98065-9094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257609736827
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

C. PALMER, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 346 COUNTRY CLUB DRIVE
 City TEQUESTA State FL Zip Code 33469-1944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257609796827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 569.20 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 116 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. LESUEUR, REHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 JASPERS CIR S
 City CHASKA State MN Zip Code 55318-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576098968827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. DAHL, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12500 NW 20TH AVE
 City VANCOUVER State WA Zip Code 98685-2304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576100268827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. DIAMOND, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 SPANISH TRAIL
 City DELRAY BEACH State FL Zip Code 33483-4958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2810.46

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576105568827
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$198.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 501.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. KIEWEL, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1137 PRAIRIE VIEW DR SW
 City HUTCHINSON State MN Zip Code 55350-6725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Principal Engineer, TLCP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2576117568827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. SANCHEZ, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5025 BRANFORD COURT
 City DUBLIN State CA Zip Code 94568-7241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2576126968827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. LIRETTE, KARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 WEST WOODLAWN DRIVE
 City DESTREHAN State LA Zip Code 70047-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2576138968827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 133.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 118 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. GROSSMAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15725 56TH AVE N
 City PLYMOUTH State MN Zip Code 55446-2984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257614586827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. FRIDNER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 PENFIELD DR
 City CAROL STREAM State IL Zip Code 60188-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB NA VP SIs/Gen
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257614756827
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. SCOTT, GARLAND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 CASTLE POND DRIVE
 City WINSTON SALEM State NC Zip Code 27107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR257615106827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 501.06 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 119 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. LENTZ, MICHEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4004 FOREST GLEN DRIVE
 City GREENSBURG State PA Zip Code 15601-9062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576153568827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. WARN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2079 AUSTRIAN PINE LN
 City MINNETONKA State MN Zip Code 55305-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576157868827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. BENSON, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14951 HIGHLAND COURT NE
 City PRIOR LAKE State MN Zip Code 55372-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2576310968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 120 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. SAINATO, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 CARLTON TER
 City STEWART MANOR State NY Zip Code 11530-3821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.45

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2578715068827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

B. COMBSMORGAN, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 513 RIVERVIEW DRIVE
 City FRANKLIN State TN Zip Code 37064-5512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2578719868827
 Amount of Each Receipt this Period 38.40
 Memo Item
 P/R Deduction (\$19.20 Bi-Weekly)

C. EGELAND, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2659 E LAKE OF THE ISLES PKWY
 City MINNEAPOLIS State MN Zip Code 55408-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2578741068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 451.06 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 121 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. DUFFEY, KRISTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42095 N 109TH PLACE
 City SCOTTSDALE State AZ Zip Code 85262-3293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

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)

B. BUSBEE, NATHANAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 ROSEWOOD AVE
 City CATONSVILLE State MD Zip Code 21228-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2578826768827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MILLER, TRACI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 729 PINE TRAIL
 City ARNOLD State MD Zip Code 21012-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.35

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 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. ELLIS, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6001 DRIPPING SPRINGS
 City FRISCO State TX Zip Code 75034-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.70

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2595209168827
 Amount of Each Receipt this Period 32.76
 Memo Item
 P/R Deduction (\$16.38 Bi-Weekly)

B. HAREWOOD, JUNIOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 HAMPTON ROAD
 City GARDEN CITY State NY Zip Code 11530-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2595231568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LESTER, SHAUNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20550 PARKVIEW LANE
 City SHOREWOOD State MN Zip Code 55331-4529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2601154768827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 445.44 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 123 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. FRIAS, LORRAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2116 STANFORD AVENUE
 City SAINT PAUL State MN Zip Code 55105-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2601159068827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. KIMES, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1917 SW 27TH STREET
 City TOPEKA State KS Zip Code 66611-1643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2601162068827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. PERERA, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 UNITY AVE N
 City GOLDEN VALLEY State MN Zip Code 55422-4735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2601168868827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 192.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 124 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ESCHERJR, DELBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 885 SUGAR HILL DRIVE
 City MANCHESTER State MO Zip Code 63021-6665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2601171068827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

B. HUDSON, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1536 BREWSTER DRIVE
 City CARROLLTON State TX Zip Code 75010-6444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2605703068827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. MCBEATH, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2537 RED ARROW DRIVE
 City LAS VEGAS State NV Zip Code 89135-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2605708968827
 Amount of Each Receipt this Period 0.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 56.06 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 125 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PATTEN, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7384 NARCISSUS LANE N
 City MAPLE GROVE State MN Zip Code 55311-1596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Innovation
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2605711968827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. ANDERSONHUTCHINS, LEIGH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16786 RAINY VALE AVE
 City RIVERSIDE State CA Zip Code 92503-6535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2605717868827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. DAVIS, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2285 N POWHATAN ST
 City ARLINGTON State VA Zip Code 22205-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2692.20

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2605734268827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 861.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 126 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. LEIGH PITSTICK, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 SNOW CREEK LN
 City LEAVENWORTH State WA Zip Code 98826-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2605735268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MALONE, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 S 22ND ST
 City ARLINGTON State VA Zip Code 22202-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2605736968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PETERSON, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7757 BECK LN
 City ZIONSVILLE State IN Zip Code 46077-9060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2605750468827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 127 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SONSTEGARD, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4216 ZENITH AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 710.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2606844468827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. RAWLINSON, DORIEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4795 W RED ROCK DRIVE
 City LARKSPUR State CO Zip Code 80118-8413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2606854468827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. FICKER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 945 MINERS RIDGE COURT
 City INCLINE VILLAGE State NV Zip Code 89451-8801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2607806768827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 133.08 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 128 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. WELDON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1155 MOERS DRIVE
 City CHASKA State MN Zip Code 55318-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Corp Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2608055568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. LANDO, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 PINEAPPLE STREET APT 3J
 City BROOKLYN State NY Zip Code 11201-6839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2608055568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WRIGHT, NORMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26335 N 104TH WAY
 City SCOTTSDALE State AZ Zip Code 85255-8009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Enterprise Health Equity
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2609812368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 129 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. PATEL, KETAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1811 PITCAIRN DRIVE
 City COSTA MESA State CA Zip Code 92626-4702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2612523368827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. STEVENS, J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 MEADERBORO ROAD
 City ROCHESTER State NH Zip Code 03867-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Tech Prod Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2612528568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BAKER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2383 HIGHOVER TRAIL
 City CHANHASSEN State MN Zip Code 55317-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2612530568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 130 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. SHILTS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 WOODLAND ROAD
 City EDINA State MN Zip Code 55424-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 692.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2612533268827
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

B. KIECKHAFFER, REGINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 BINNACLE LANE
 City KENNEBUNKPORT State ME Zip Code 04046-5434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2612536268827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. HANSEN, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6227 UPLAND LN N
 City MAPLE GROVE State MN Zip Code 55311-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2613383268827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 148.46 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 131 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. KREJCI, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19880 LAKEVIEW AVENUE
 City EXCELSIOR State MN Zip Code 55331-9352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 421.20

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2614310768827
 Amount of Each Receipt this Period 56.16
 Memo Item
 P/R Deduction (\$28.08 Bi-Weekly)

B. THOMPSON, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 NORTH OCEAN BOULEVARD UNIT 1502
 City FORT LAUDERDALE State FL Zip Code 33308-7191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS Dir SIs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2614322368827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. RHODES, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12439 GLENLIVET LOWLAND AVE
 City LAS VEGAS State NV Zip Code 89138-6244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Pres
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2615075168827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 133.08 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 132 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SOLOMON, RANDALL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 HAIGHT STREET
 City SAN FRANCISCO State CA Zip Code 94117-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2615671568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BIRNBAUM, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 DEAN STREET
 City BROOKLYN State NY Zip Code 11201-6245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2615671668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SCALLY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 PLYMOUTH RD
 City BALTIMORE State MD Zip Code 21229-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2615929168827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 489.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 133 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. KIRBY, WESLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N MALLARD LN
 City ROGERS State AR Zip Code 72756-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Manager, Advisory Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2615957068827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. OSTRANDER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 BARTON COURT
 City PLEASANT HILL State CA Zip Code 94523-2029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2615960668827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. LONGORIA, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 BLUEBIRD
 City MANCHACA State TX Zip Code 78652-4154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2617361168827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 133.08 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 134 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. TRAW, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 518 13TH ST
 City HUNTINGTON BEACH State CA Zip Code 92648-4038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Cust Service
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2617365668827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MISKELLCLOUTIER, DOMINIQUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12101 STRETFORD FOREST COURT
 City BRISTOW State VA Zip Code 20136-2078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2618984968827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. DOMB, JULIET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 CHURCH ST
 City WATERTOWN State MA Zip Code 02472-4721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1442.25

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2618988768827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 297.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 135 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. CONNOR, MARSHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3845 WEST 143RD TERRACE
 City LEAWOOD State KS Zip Code 66224-3911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2618994368827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. OLSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 S CORONA ST
 City DENVER State CO Zip Code 80209-4410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2622561668827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. TROCINSKI, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 ROBIN COURT
 City WEST SALEM State WI Zip Code 54669-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2623691068827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 133.08 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 136 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MOURAS, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5942 BRIARWOOD COURT
 City CLARKSTON State MI Zip Code 48346-3176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt: 07 / 31 / 2023
Transaction ID : PR2623702968827
 Amount of Each Receipt this Period: 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. CAMP, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 WOODFIELD BLVD
 City MECHANICVILLE State NY Zip Code 12118-3038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt: 07 / 31 / 2023
Transaction ID : PR2624436868827
 Amount of Each Receipt this Period: 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. GREIN, DEEDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6610 XERXES AVE S
 City EDINA State MN Zip Code 55435-3542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2904.00

Date of Receipt: 07 / 31 / 2023
Transaction ID : PR2624442268827
 Amount of Each Receipt this Period: 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 828.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 137 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MULES, REBECCA, , , | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 1136 BATTERY AVENUE | | Transaction ID : PR2624442668827 |
| City BALTIMORE | State MD | Zip Code 21230-4112 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 384.60 |
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) VP Govt Affs | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2884.50 | P/R Deduction (\$192.30 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SINGH, KANWAR, , , | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 10422 VERDI COURT | | Transaction ID : PR2624445968827 |
| City ELLCOTT CITY | State MD | Zip Code 21042-2586 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 28.08 |
| Name of Employer (for Individual) Optum Services, Inc | Occupation (for Individual) Dir Gen Mgmt | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.60 | P/R Deduction (\$14.04 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SMITH, LISA, , , | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 5040 INTERLACHEN BLUFF | | Transaction ID : PR2625503768827 |
| City EDINA | State MN | Zip Code 55436-1360 |
| 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 | Occupation (for Individual) SVP Gen Mgmt | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 138 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. LIVERS, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 402 DERBY COURT
 City MEBANE State NC Zip Code 27302-9452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2626346068827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. TERRAL, RECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6828 SIMMONS RD
 City NORTH RICHLAND HILLS State TX Zip Code 76182-4259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2626359668827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. BONAR, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2589 HONEYBELL LANE
 City ESCONDIDO State CA Zip Code 92027-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir, Software Engineering
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2626906868827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 84.24 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 139 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SCHENCK, ERIK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18236 DOE TRAIL
 City BRAINERD State MN Zip Code 56401-7987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2627730468827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SCOTT, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29039 HOBBLEBUSH
 City SAN ANTONIO State TX Zip Code 78260-2249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2627731968827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. MORRIS, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1045 SWEET GUM WAY
 City MEBANE State NC Zip Code 27302-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clms
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2627735568827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 84.24 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 140 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. LINDLEY, SHEILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3656 WINDING WOOD LANE
 City LEXINGTON State KY Zip Code 40515-1283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2627739868827
 Amount of Each Receipt this Period 27.80
 Memo Item
 P/R Deduction (\$13.90 Bi-Weekly)

B. DUKART, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2541 DRESDEN LANE
 City GOLDEN VALLEY State MN Zip Code 55422-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2627749168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PARIS, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17365 62ND AVE N
 City MAPLE GROVE State MN Zip Code 55311-6405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2628320668827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 604.70 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 141 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SHJERVE, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12126 94TH AVE N
 City MAPLE GROVE State MN Zip Code 55369-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR262832986827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MANNING, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12703 DEER CREEK DRIVE
 City OMAHA State NE Zip Code 68142-1762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR262833146827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. VANDERWALDE, LAMBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 AUDUBON CAUSEWAY
 City LANTANA State FL Zip Code 33462-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHG Research-Corp Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR262833236827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 142 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PIAZZA, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 HILLSIDE LN
 City POTTSTOWN State PA Zip Code 19465-8583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2628334168827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. KORNHAUSER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 SUMMIT LANE
 City BALA CYNWYD State PA Zip Code 19004-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 869.40

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2628335768827
 Amount of Each Receipt this Period 115.92
 Memo Item
 P/R Deduction (\$57.96 Bi-Weekly)

C. MILLER, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5218 PINEHURST COURT
 City WHITESTOWN State IN Zip Code 46075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Product
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2628791368827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 220.92 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 143 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ERICKSON, ALYSSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6430 POLARIS LANE N
 City MAPLE GROVE State MN Zip Code 55311-4320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1442.25**

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2628798968827
 Amount of Each Receipt this Period **192.30**
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. THOMPSON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2826 HEDGEROW DRIVE
 City DALLAS State TX Zip Code 75235-7590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2884.50**

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2628833668827
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BENJAMIN, GEORGANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3439 S MILLSPUR WAY
 City BOISE State ID Zip Code 83716-8648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2629554168827
 Amount of Each Receipt this Period **30.00**
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 606.90 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 144 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DREFAHL, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6104 FOX MEADOW LN
 City EDINA State MN Zip Code 55436-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Division COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2632078968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. NAPOLITANO, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CHESTNUT COURT
 City BASKING RIDGE State NJ Zip Code 07920-3100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Capability
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2632087768827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. GORSUCH, KIRSTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10020 E GRAYTHORN DRIVE
 City SCOTTSDALE State AZ Zip Code 85262-5134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2632087868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 797.28 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 145 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. TUFFIN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5904 ASHBY MANOR PLACE
 City ALEXANDRIA State VA Zip Code 22310-2267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2307.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2632087968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MEENTS, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6531 BIG WOODS DRIVE
 City MINNETRISTA State MN Zip Code 55331-2026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2632088168827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WALTHOUR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5049 COLFAX AVE S
 City MINNEAPOLIS State MN Zip Code 55419-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2632877068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 146 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. PARR, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2625 LEROY LANE
 City WEST BLOOMFIELD State MI Zip Code 48324-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2632883568827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SARGENT, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3750 CANAL STREET
 City SAINT CHARLES State MO Zip Code 63301-8510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2634119368827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. HAPGOOD, WADE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 NW 82ND
 City TOPEKA State KS Zip Code 66617-2223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 865.35

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2634167068827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 171.54 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 147 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ROALDI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4720 HARRIET AVENUE
 City MINNEAPOLIS State MN Zip Code 55419-5434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 577.50

Date of Receipt: 07 / 31 / 2023
Transaction ID : PR2634169568827
 Amount of Each Receipt this Period: 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

B. HACKNEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 N 15TH ST
 City NASHVILLE State TN Zip Code 37206-2774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt: 07 / 31 / 2023
Transaction ID : PR2634170368827
 Amount of Each Receipt this Period: 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. PRIBLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1923 SHIVER DR
 City ALEXANDRIA State VA Zip Code 22307-1629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt: 07 / 31 / 2023
Transaction ID : PR2634656668827
 Amount of Each Receipt this Period: 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 148 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. SIEVERS, NORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18605 75TH AVE N
 City MAPLE GROVE State MN Zip Code 55311-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Recruit
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2634880968827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. THOMPSON, DUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3037 E BDE MAKA SKA PKWY
 City MINNEAPOLIS State MN Zip Code 55408-2520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2704.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2634882768827
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

C. WARGIN, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11149 SWEETWATER PATH
 City WOODBURY State MN Zip Code 55129-5293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2634883868827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1216.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 149 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. WOJCIK, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11424 BOULDER DRIVE
 City ORLAND PARK State IL Zip Code 60467-7419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2634886568827
 Amount of Each Receipt this Period
 398.00
 Memo Item
 P/R Deduction (\$199.00 Bi-Weekly)

B. PESCATELLO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 HAMLIN STREET NE
 City WASHINGTON State DC Zip Code 20017-2451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1442.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2634888568827
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. POWER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 SMITH LANE
 City SAINT JAMES State NY Zip Code 11780-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2659.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2634892868827
 Amount of Each Receipt this Period
 424.00
 Memo Item
 P/R Deduction (\$212.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1014.30
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 150 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. PAYET, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26495 SE KENT KANGLEY RD
 City RAVENSDALE State WA Zip Code 98051-9427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2635440068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MANN, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15526 ELM RD
 City MAPLE GROVE State MN Zip Code 55311-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2635442168827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. MIRAU, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 HAWKCREST CIR
 City CHANHASSEN State MN Zip Code 55317-4860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2635444268827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

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

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 151 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|-------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ELLER, JESSE, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : PR2635445168827 |
| Mailing Address 28108 N 17TH DR | | | Amount of Each Receipt this Period 28.08 |
| City PHOENIX | State AZ | Zip Code 85085-5352 | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$0.00 Bi-Weekly) |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) Exec Dir | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 210.60 | |

| | | | |
|---|-------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ROOS, THOMAS, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : PR2635451268827 |
| Mailing Address 3199 KAGEN AVE NE | | | Amount of Each Receipt this Period 384.60 |
| City SAINT MICHAEL | State MN | Zip Code 55376-3416 | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$192.30 Bi-Weekly) |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) SVP Chief Acctng Off | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2884.50 | |

| | | | |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. NELSON, MICHAEL, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 Transaction ID : PR2636719368827 |
| Mailing Address 2048 STAGHORN DRIVE | | | Amount of Each Receipt this Period 28.08 |
| City SHAKOPEE | State MN | Zip Code 55379-5412 | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$14.04 Bi-Weekly) |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) People Business Partner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 210.60 | |

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 440.76 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 152 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MADONDO, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 WINSTON ROAD
 City HOLLISTON State MA Zip Code 01746-1454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2636726168827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. DEMPSEY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6614 PARKWOOD LANE
 City EDINA State MN Zip Code 55436-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2636726368827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HILL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 RIDGE AVENUE UNIT 303
 City EVANSTON State IL Zip Code 60201-5980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2636726568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 230.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 153 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. LUSIC, TANYA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20840 SAWMILL ROAD
 City JORDAN State MN Zip Code 55352-9633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1442.25

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2636727568827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. PEDERSEN, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1862 CLOVER MEADOW DR
 City CHASKA State MN Zip Code 55318-5400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2637684768827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. CALABRESE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 FARM HILL RD
 City CAPE ELIZABETH State ME Zip Code 04107-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2639708368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 604.98 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 154 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. MESSING, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 BUTTERFIELD DR
 City GREENLAWN State NY Zip Code 11740-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir, Software Engineering
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2639734968827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SMITH, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 ROCKAWAY AVE
 City MARBLEHEAD State MA Zip Code 01945-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2639746268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WIGGIN, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 MIDDLEBROOK RD
 City WEST HARTFORD State CT Zip Code 06119-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 865.35

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2639759368827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 220.38 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 155 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. ZUCCO, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2608 CROMWELL COURT
 City MINNEAPOLIS State MN Zip Code 55410-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2639760068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DUTTA, SUMIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 W WRIGHTWOOD AVE
 City CHICAGO State IL Zip Code 60614-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2639773868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SMITH, DELYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 447
 City MT PROSPECT State IL Zip Code 60056-0447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2639801568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 156 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. GALLOWAY, MERCEDEIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6737 LANCER DRIVE
 City CHARLOTTE State NC Zip Code 28226-7729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Client Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2640452068827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. WEBER, ALISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10633 NW 74TH PLACE
 City JOHNSTON State IA Zip Code 50131-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2640461068827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. STOW, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5505 30TH ST NW
 City WASHINGTON State DC Zip Code 20015-1249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2640466468827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 528.06 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 157 OF 253 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. WILJANEN HATHAWAY, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 369 135TH AVE
 City WAYLAND State MI Zip Code 49348-9402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Dvlp Cons
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2640835268827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SHARKEY, S PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8607 ELLISTON DRIVE
 City WYNDMOOR State PA Zip Code 19038-7957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 432.75

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2640845468827
 Amount of Each Receipt this Period 57.70
 Memo Item
 P/R Deduction (\$28.85 Bi-Weekly)

C. BRISSON, SAMUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2454 GETTYSBURG AVE S
 City ST LOUIS PARK State MN Zip Code 55426-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2640854568827
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 113.78 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 158 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PIERCEHARRIS, PHELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3041 DEE ANN DRIVE
 City MEMPHIS State TN Zip Code 38119-9132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assoc Dir Clin Pract Perf
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2640866368827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. ESTESS, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 ASHBROOKE TRAIL
 City MADISON State MS Zip Code 39110-6855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2640876568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. METKO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23665 HIGHVIEW LANE
 City LAKEVILLE State MN Zip Code 55044-6025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2640877368827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 181.92 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 159 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ADVANI, PROTIMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7618 BRITTANY PARC CT
 City FALLS CHURCH State VA Zip Code 22043-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Rsch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2642024168827
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. STRAND, UTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 SPRINGDALE DRIVE
 City NASHVILLE State TN Zip Code 37215-1134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2642025568827
 Amount of Each Receipt this Period
 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. JENSEN, GINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6287 JUNEAU LANE N
 City MAPLE GROVE State MN Zip Code 55311-4166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2642031468827
 Amount of Each Receipt this Period
 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

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|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 461.52 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 160 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MARTIN, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7002 N VIA DE MANANA
 City SCOTTSDALE State AZ Zip Code 85258-3951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Market VP Sls AM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2642818068827
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. KIRK, ARETHUSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 OTHORIDGE ROAD
 City LUTHERVILLE State MD Zip Code 21093-5413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2642830268827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

C. LONG, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4825 PENN AVE S
 City MINNEAPOLIS State MN Zip Code 55419-5258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2642831268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 258.82 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 161 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. FOX, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 SECOND STREET
 City ALEXANDRIA State VA Zip Code 22314-1416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2642832068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HASAN, NADIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16731 LAKE STREET EXTENSION
 City MINNETONKA State MN Zip Code 55345-2745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1308.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2642832968827
 Amount of Each Receipt this Period 218.00
 Memo Item
 P/R Deduction (\$109.00 Bi-Weekly)

C. KEISERJENKINS, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9325 MARTINS LAKE DRIVE
 City ROSWELL State GA Zip Code 30076-2865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2642834468827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 630.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 162 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. RUDOLPH, CLAYTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4937 RUSSELL AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2746.65

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2643199368827
 Amount of Each Receipt this Period 409.70
 Memo Item
 P/R Deduction (\$204.85 Bi-Weekly)

B. CRAGLE, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6604 MOHAWK TRAIL
 City EDINA State MN Zip Code 55439-1030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2643200668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. NEELY, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1159 BUFFALO RIDGE RD
 City CASTLE PINES State CO Zip Code 80108-8190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2643203168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional).....▶ | 1178.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 163 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. WINNEROSKI, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 ABBOTT AVE S
 City MINNEAPOLIS State MN Zip Code 55410-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2644647168827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. MCKOY, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 927 LINCOLN AVE
 City SAINT PAUL State MN Zip Code 55105-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2644651668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. JEZARIAN, WENDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 HUMBOLDT AVE S
 City MINNEAPOLIS State MN Zip Code 55419-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Mktg Rsch Cnslt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2644659668827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 451.14 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 164 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. CHAPMAN, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 SECOND STREET
 City NEW ORLEANS State LA Zip Code 70113-1632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acct Mgmt SB KA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2645103068827
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. VALLI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351 JEFFERSON DRIVE
 City PITTSBURGH State PA Zip Code 15228-2166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2645168868827
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. MAHRT, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4640 N TOMSIK ST
 City LAS VEGAS State NV Zip Code 89129-4816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2645176968827
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 884.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 165 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. PRICE, CASSANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7903 S 193 AVENUE
 City GRETNA State NE Zip Code 68028-5017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2646263668827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. KELLNER, KYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1641 WHITE PINE WAY
 City CARVER State MN Zip Code 55315-4563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2646268368827
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

C. HOFFMAN, SHERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3409 DEEP WILLOW AVENUE
 City PIKESVILLE State MD Zip Code 21208-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2646294668827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 184.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 166 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. STANKIEWICZ, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17761 WEAVER LAKE DRIVE
 City MAPLE GROVE State MN Zip Code 55311-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2646304068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SWENSSON, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6312 MERRIMAC LANE NORTH
 City MAPLE GROVE State MN Zip Code 55311-3835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2698403968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ROSENHAUS, MORGANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724 FARRAGUT STREET NW
 City WASHINGTON State DC Zip Code 20011-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2698409868827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 167 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. ZENICK, GEOFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7714 TWISTED OAKS CIRCLE
 City DALLAS State TX Zip Code 75231-4711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2698410868827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. TAYLOR, JOSHUA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 CARRIAGE HILL RD
 City WOODBRIDGE State CT Zip Code 06525-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2698416768827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. DOWLING, MELODY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 N EVERGREEN ST
 City GARDNER State KS Zip Code 66030-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2699182568827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 192.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 168 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. AHLSTROM, ALEXIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3421 OAKWOOD TERRACE
 City WASHINGTON State DC Zip Code 20010-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2699187168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ZHOU, JINGXIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12011 FAIRVIEW CT
 City MINNETONKA State MN Zip Code 55343-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2699187868827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HECK, DARRYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 CALLAWAY CHASE LN
 City PANAMA CITY State FL Zip Code 32404-6188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Bus Anlys Cnslt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2700831968827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 489.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 169 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. GOMEZ, REYNALDO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2633 SOUTH WEST 31 AVENUE
 City COCONUT GROVE State FL Zip Code 33133-2905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) GP Mkt Sls Mgr Field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2700833968827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

B. OFFIELD, MIRANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1906 N MEYERS RD
 City LIBERTY LAKE State WA Zip Code 99016-5049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Manager Data Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2700857568827
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

C. STEARNS, SALLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 COLONIAL HOMES DRIVE NW #1505
 City ATLANTA State GA Zip Code 30309-1293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Acct Mgt Cons Clnt Svc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2700861768827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 86.90 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 170 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. WARNER, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 CAMBRIDGE DRIVE
 City RAMSEY State NJ Zip Code 07446-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2700873568827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. WAYLAND, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5601 MATOAKA RD
 City RICHMOND State VA Zip Code 23226-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2700924668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MCSWEENEY, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1128 EDINGTON PLACE
 City MARCO ISLAND State FL Zip Code 34145-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Chief People Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2701818068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 797.28 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 171 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. OCONNELL, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 LATIGO PLACE
 City COLUMBINE VALLEY State CO Zip Code 80123-6683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2701819668827
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

B. BRUCE, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1433 POWDER DRIVE
 City O FALLON State MO Zip Code 63366-1398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2701823068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SPARKS, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10681 S CEDAR NILES BLVD
 City OLATHE State KS Zip Code 66061-7415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1442.25

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2701825568827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 172 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|------------------------------------|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KRAMER, NANCY, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 4672 BITTERN LANE | | | Transaction ID : PR2702501468827 |
| City LEBANON | State OH | Zip Code 45036-7562 | Amount of Each Receipt this Period 76.92 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Optum Services, Inc | | Occupation (for Individual) Dir Clin Ops | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 576.90 | | |

| | | | |
|---|------------------------------------|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BERKE, ETHAN, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 4624 TOWER ST | | | Transaction ID : PR2703245268827 |
| City EDINA | State MN | Zip Code 55424-1549 | Amount of Each Receipt this Period 80.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Optum Services, Inc | | Occupation (for Individual) CMO/VP Public Health | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 560.00 | | |

| | | | |
|---|------------------------------------|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MERZLICKE, CAREY, , , | | | Date of Receipt MM / DD / YYYY 07 / 31 / 2023 |
| Mailing Address 950 BENTLEY PARK CIRCLE | | | Transaction ID : PR2703246968827 |
| City O FALLON | State MO | Zip Code 63368-8022 | Amount of Each Receipt this Period 76.92 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) Dir Fin | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 576.90 | | |

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 233.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 173 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. BROWN, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 502 BERRYMANS LANE
 City REISTERSTOWN State MD Zip Code 21136-6003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Pract Perf
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR270325086827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. CRIPPIN, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11328 W 142ND STREET
 City OVERLAND PARK State KS Zip Code 66221-8060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR270363956827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. WESTRA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4042 E ROBIN LANE
 City PHOENIX State AZ Zip Code 85050-6875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) AES VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR270414346827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 84.22 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 174 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. HOROHO, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7808 PALMILLA COURT
 City REUNION State FL Zip Code 34747-6417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2704194668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DELANY, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 GARLAND AVENUE
 City DECATUR State GA Zip Code 30030-4940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2704196368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. JOHAR, RAVI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 ARGUS MANOR CT
 City CHESTERFIELD State MO Zip Code 63017-2469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2705065168827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 797.28 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 175 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. DAUN, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W273N6194 BASHAM LANE
 City SUSSEX State WI Zip Code 53089-4702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Natl VP, Key Accts-Spec Ben
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2705966268827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. ZELLER, TRISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 290 PRESERVE CT
 City CHANHASSEN State MN Zip Code 55317-8716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2705971468827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. SPADE, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1060 ELLIOTT LANE
 City YORK State PA Zip Code 17403-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2705987068827
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 210.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 176 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. BARBARO, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 ARBUTUS STREET
 City MIDDLETOWN State CT Zip Code 06457-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP National Sales
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2705988268827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KMIEC, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4736 PRAIRIE DUNES WAY
 City EAGAN State MN Zip Code 55123-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2705989268827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PETRONE, DAMIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 DEAN CT
 City WEST CHESTER State PA Zip Code 19382-2100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2706418968827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 177 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. BARTHOLET, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5918 VALEWOOD DRIVE
 City MINNETONKA State MN Zip Code 55345-6545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2706451168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MULDOON, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 E LURAY AVENUE
 City ALEXANDRIA State VA Zip Code 22301-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2706452768827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. MOORE, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9405 EAGLE NEST LANE
 City MIDDLETON State WI Zip Code 53562-5647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2706453568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 178 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MCAHON, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4125 DREW AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.45

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2740509068827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

B. HUNT, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5594 MARSHALL HOUSE CT
 City BURKE State VA Zip Code 22015-2141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2740514068827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WEINBERG, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 N MILL VIEW WAY
 City PONTE VEDRA BEACH State FL Zip Code 32082-4389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2740514868827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 181.90 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 179 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DELANEY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2876 GENEVA ST
 City DENVER State CO Zip Code 80238-3035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2740759268827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. PONS, NATALIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3209 GALLERIA UNIT 803
 City EDINA State MN Zip Code 55435-2547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off/SD Gen Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2740761968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ALTIERI, DOMINIQUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6611 HIGHWAY 100
 City NASHVILLE State TN Zip Code 37205-4226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2740762568827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 489.58 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 180 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. FEHR, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6601 BLACKFOOT PASS
 City EDINA State MN Zip Code 55439-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Mkt Grp Chief People Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2748020568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PROCHNO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4640 ST JAMES GATE
 City EXCELSIOR State MN Zip Code 55331-9397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2748021968827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. SEVERANCE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2160 N MARION ST
 City DENVER State CO Zip Code 80205-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2750288168827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 181 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. TAIT, ROBYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 LIPTON LANE
 City LANGHORNE State PA Zip Code 19047-5782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Product
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2754215968827
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. ORIE, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2317 RESIDENCE CIRCLE #B4-102
 City NAPLES State FL Zip Code 34105-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2754244168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PAGET, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15268 LOUISIANA AVE
 City SAVAGE State MN Zip Code 55378-5654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2754246068827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 489.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 182 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. KONTOR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123A SPA VIEW AVE
 City ANNAPOLIS State MD Zip Code 21401-3542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2754673668827
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. BOTHRA, SIDDHARTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17200 SE 45TH STREET
 City BELLEVUE State WA Zip Code 98006-6510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2754720768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WILSON, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15619 SWANSCOMBE LOOP
 City UPPER MARLBORO State MD Zip Code 20774-8412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2755347868827
 Amount of Each Receipt this Period 38.40
 Memo Item
 P/R Deduction (\$19.20 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 615.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 183 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. ABRAHAM, SANTIAGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4320 COTTONWOOD LN
 City EXCELSIOR State MN Zip Code 55331-9328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2755652168827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KRAUTKRAMER, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 LAKEVIEW PKWY
 City MOUND State MN Zip Code 55364-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M A VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2755995768827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ASHENHURST, KARLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 865 BRINSMERE DRIVE
 City ELM GROVE State WI Zip Code 53122-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2756173668827
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 576.90 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 184 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MASONER, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15400 MAPLE STREET
 City OVERLAND PARK State KS Zip Code 66223-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2756359868827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. HERMELINGIII, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 5TH STREET
 City WILMETTE State IL Zip Code 60091-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2756521668827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. TANG, SHI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 WOOSTER STREET APT 3B
 City NEW YORK State NY Zip Code 10012-3195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2704.00

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2756690668827
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 877.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 185 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. SATTERWHITE, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1722 MONUMENT STREET
 City CONCORD State MA Zip Code 01742-5310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2810.46

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2757435768827
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$198.00 Bi-Weekly)

B. BARTLES, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25263 RODEO LANE
 City PARMA State ID Zip Code 83660-7107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Beh Affordability, Assc Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2759243368827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

C. AZAM, MISHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 629 JEFFERSON AVENUE
 City CHERRY HILL State NJ Zip Code 08002-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 577.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2759343868827
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 501.06 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 186 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. HUNT, BRITTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7820 JARED WAY
 City TALLAHASSEE State FL Zip Code 32309-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2759756468827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SCHLAIFER, MARISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 N STUART ST #400
 City ARLINGTON State VA Zip Code 22201-5727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2759756868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DIFRONZO, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 CRAIG LN
 City HINGHAM State MA Zip Code 02043-3411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Analytics
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2759978168827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 187 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. KELLOGG, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 JEFFERSON AVENUE
 City NEW ORLEANS State LA Zip Code 70115-4120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2759984168827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ROBERT, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 79373 FITZGERALD CHURCH ROAD
 City COVINGTON State LA Zip Code 70435-7809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2759986068827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. REYNOLDS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 SE 68TH STREET
 City OAK ISLAND State NC Zip Code 28465-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1428.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2760046368827
 Amount of Each Receipt this Period 285.70
 Memo Item
 P/R Deduction (\$142.85 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 439.54 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 188 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ALTMAN, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1861 TRANQUILITY COURT
 City PROSPER State TX Zip Code 75078-9744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2704.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2760046568827
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

B. DECKER, WYATT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1482 HUNTER DRIVE
 City WAYZATA State MN Zip Code 55391-9658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Chief Phys, Innov & VBC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2760134068827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MASTEN, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9845 BENNINGTON DRIVE
 City SHARONVILLE State OH Zip Code 45241-3619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2760775868827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 189 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DELMONICO, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MULBERRY CIRCLE
 City JOHNSTON State RI Zip Code 02919-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2760781768827
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

B. CRAWFORD, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 744 SHELLEY LANE
 City FRANKLIN State TN Zip Code 37064-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2760825168827
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C. VELASCO, JOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6352 31 PLACE NW ST
 City WASHINGTON State DC Zip Code 20015-2358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Intl Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2760938568827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 190 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MILLER, CORINNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6083 OLD BRICKSTORE ROAD
 City GREENSBORO State NC Zip Code 27455-8335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2761090068827
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. OBRIEN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11017 CAVELL CIR
 City BLOOMINGTON State MN Zip Code 55438-2284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 721.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2761138268827
 Amount of Each Receipt this Period 96.14
 Memo Item
 P/R Deduction (\$48.07 Bi-Weekly)

C. ARYA, RAJIV, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 GALWAY ROAD
 City SKILLMAN State NJ Zip Code 08558-1731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director, Advisory Svcs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2762648768827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 211.52 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 191 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SONNIER, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 DEMONBREUN ST UNIT 1805
 City NASHVILLE State TN Zip Code 37201-2248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2762649968827
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

B. CLAYTON, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 BRIER RIDGE DRIVE
 City DURHAM State NC Zip Code 27703-0339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2762749968827
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. BIDINGER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3757 INDEPENDENCE RD
 City MAPLE PLAIN State MN Zip Code 55359-9759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2762957568827
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 424.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 192 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. DAVIS, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4330 CROWN POINT DR
 City COLUMBUS State OH Zip Code 43220-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 721.05

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2763180368827
 Amount of Each Receipt this Period 96.14
 Memo Item
 P/R Deduction (\$48.07 Bi-Weekly)

B. LAUSCH, KERSTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 236 E NEWELL STREET
 City WINTER GARDEN State FL Zip Code 34787-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.45

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2767047768827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

C. FOLEY, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6260 BLACK FOX WAY
 City TALLAHASSEE State FL Zip Code 32312-4504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 692.25

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2769239268827
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 216.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 193 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. OBARSKI, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2035 S CLARKSON ST
 City DENVER State CO Zip Code 80210-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2769243968827
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

B. MOORE, MALVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4520 SUNSET RIDGE
 City MINNEAPOLIS State MN Zip Code 55416-3333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.45

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2769866468827
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

C. HAUSMAN, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1617 WEST 25TH STREET
 City MINNEAPOLIS State MN Zip Code 55405-2466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2778612768827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 443.42 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 194 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. BAKER, OMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 SPRING HILL FARM DR
 City MCLEAN State VA Zip Code 22102-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CMO/SVP Strat Intv
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR277898666827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PIERINI, RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3761 SAN YSIDRO WAY
 City SACRAMENTO State CA Zip Code 95864-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR277898736827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. GHAZANFARIANTALEGHANI, AZITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1039 MOUNTAIN AVE
 City BERKELEY HEIGHTS State NJ Zip Code 07922-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Care, Inc. Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR278260216827
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 195 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. ROMANOW, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6804 MARBURY ROAD
 City BETHESDA State MD Zip Code 20817-6052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1442.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2782733068827
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. SABAL, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6151 WILLOW ROCK ST
 City LAS VEGAS State NV Zip Code 89135-1482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2783559968827
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MOYER, CASEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7568 W SNOWBERRY
 City BOISE State ID Zip Code 83709-1674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir, Software Engineering
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2783746868827
 Amount of Each Receipt this Period
 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 299.98 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 196 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. BRADY, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N7623 OLSON RD
 City ONEIDA State WI Zip Code 54155-9619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2786671268827
 Amount of Each Receipt this Period
 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

B. OWEN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9011 LESLIES GATE
 City BOERNE State TX Zip Code 78015-4779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2786908668827
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CONWAY, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 WINDING RIVER RD
 City WELLESLEY State MA Zip Code 02482-7320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2787875568827
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 797.26 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 197 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. CLARKE, LACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 MILO STREET
 City HUDSON State NY Zip Code 12534-2722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2789668268827
 Amount of Each Receipt this Period
 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. MORDEN, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4624 TOWER ST
 City EDINA State MN Zip Code 55424-1549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2790158668827
 Amount of Each Receipt this Period
 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. FISHER, HEIDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 SPYGLASS PLACE
 City DELLWOOD State MN Zip Code 55110-1250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2704.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2790274368827
 Amount of Each Receipt this Period
 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 649.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 198 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. BILLS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18961 DEVONSHIRE ST
 City BEVERLY HILLS State MI Zip Code 48025-4031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **692.25**

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2790558768827
 Amount of Each Receipt this Period **92.30**
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

B. SEGERMAN, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7306 REDBRIDGE CT
 City SPRINGFIELD State VA Zip Code 22153-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **288.45**

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2791475868827
 Amount of Each Receipt this Period **38.46**
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. HAINES, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 NESHAMINY ROAD
 City CROYDON State PA Zip Code 19021-5427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2800.00**

Date of Receipt **07 / 31 / 2023**
Transaction ID : PR2791476968827
 Amount of Each Receipt this Period **400.00**
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 530.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 199 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SMITH, TAMEEKA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12201 CAPWELL DRIVE
 City MIDLOTHIAN State VA Zip Code 23113-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2791832968827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BRADY, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5110 ALVARADO LAN N
 City PLYMOUTH State MN Zip Code 55446-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Medicare STARS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2794131668827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. MORSE, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6398 VALE STREET
 City ALEXANDRIA State VA Zip Code 22312-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2794473468827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1169.20 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 200 OF 253 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. TOWSLEY, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10210 SAN FRANCISCO RD NE
 City ALBUQUERQUE State NM Zip Code 87122-3452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2795226468827
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. ALBERT, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5365 CEDAR POINT RD
 City MINNETRISTA State MN Zip Code 55364-9394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Auditor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2805722368827
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. VINYARD, ANDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4019 E MITCHELL DR
 City PHOENIX State AZ Zip Code 85018-5911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2805726168827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 864.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 201 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. MILLAR, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 BAYBERRY DRIVE
 City CHAPEL HILL State NC Zip Code 27517-9113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Industry Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2816690368827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. SALAMA, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 SNOWY OWL TERRACE
 City PLANTATION State FL Zip Code 33324-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2497.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2817286768827
 Amount of Each Receipt this Period 454.00
 Memo Item
 P/R Deduction (\$227.00 Bi-Weekly)

C. WALTHALL, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1948 ROCKINGHAM ST
 City MCLEAN State VA Zip Code 22101-4922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2817960468827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1254.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 202 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. EINODSHOFER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 WILLOW LINKS DR
 City BELLE VERNON State PA Zip Code 15012-4334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharmacy Programs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2817961468827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. SCHWARTZ, ERICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5935 PREMIER WAY UNIT 1425
 City NAPLES State FL Zip Code 34109-7903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Insurance Sols
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2818047668827
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. BECHAN, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 MCVICKERS LANE
 City MENDHAM State NJ Zip Code 07945-2936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2387.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2822501468827
 Amount of Each Receipt this Period 434.00
 Memo Item
 P/R Deduction (\$217.00 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1234.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 203 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. KISLOFF, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 N UNDERWOOD ST
 City ARLINGTON State VA Zip Code 22205-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2704.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2823340568827
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

B. MINOR, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3932 CHAPEL HEIGHTS DRIVE
 City MARIETTA State GA Zip Code 30062-2217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2704.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2823660868827
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

C. SCHOENEBECK, DARCEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 804 ECLIPSE PKWY
 City NEW PRAGUE State MN Zip Code 56071-2015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Client Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2604.00

Date of Receipt 07 / 31 / 2023
Transaction ID : PR2824394768827
 Amount of Each Receipt this Period 434.00
 Memo Item
 P/R Deduction (\$217.00 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1266.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 204 OF 253 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. VISWANATHAN, KARTHIK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 CARAWAY CT
 City SAN RAMON State CA Zip Code 94582-5027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Digital Svs Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2826678968827
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. HUMMEL, KRISTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 EDEN CIRCLE
 City WESTBOROUGH State MA Zip Code 01581-3653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Talent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2827479668827
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. LOCKE, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 732 SOUTH ALFRED STREET
 City ALEXANDRIA State VA Zip Code 22314-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 422.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : PR2831507068827
 Amount of Each Receipt this Period
 105.66
 Memo Item
 P/R Deduction (\$52.83 Bi-Weekly)

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | 905.66 |
| TOTAL This Period (last page this line number only)..... | 119257.90 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Alex Padilla For Senate

Mailing Address 777 S. Figueroa St
Suite 4050

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement

Contribution

011

Category/
Type

Candidate Name

Padilla, Alex, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2028

Primary General
 Other (specify) ▼

State: CA

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 27 / 2023

FEC Identification Number

C C00765164

Transaction ID : 48934303

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Tan Parker Campaign

Mailing Address P.O. Box 271741

City
Flower Mound

State
TX

Zip Code
75027

Purpose of Disbursement

Contribution

011

Candidate Name

Parker, Tan, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48897501

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Blanco For State Senate

Mailing Address PO Box 27074

City
El Paso

State
TX

Zip Code
79926

Purpose of Disbursement

Contribution

011

Candidate Name

Blanco, Cesar, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48897502

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Jose Menendez Campaign

Mailing Address PO Box 100833

City
San Antonio

State
TX

Zip Code
78201

Purpose of Disbursement

Contribution

011

Candidate Name

Menendez, Jose, , TX Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48897503

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 6000.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Texans for Kelly Hancock

Mailing Address 7101 Burns Street

City
Richland Hills

State
TX

Zip Code
76118

Purpose of Disbursement

Contribution

011

Candidate Name

Hancock, Kelly, , TX Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48897504

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Senator Hinojosa Campaign

Mailing Address PO Box 1421

City
Austin

State
TX

Zip Code
78767

Purpose of Disbursement

Contribution

011

Candidate Name

Hinojosa, Juan, , TX Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48897506

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Texans for Joan Huffman

Mailing Address 3733-1 Westheimer Road
Suite 40

City
Houston

State
TX

Zip Code
77027

Purpose of Disbursement

Contribution

011

Candidate Name

Huffman, Joan, , TX Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48897507

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b through 30b, with line 29 selected.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Paul Bettencourt

Mailing Address 1 E. Greenway Plaza Ste. 225

City Houston State TX Zip Code 77046

Purpose of Disbursement

Contribution

011

Candidate Name

Bettencourt, Paul, , TX Sen.,

Category/ Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 07 / 12 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48897508

Amount of Each Disbursement this Period

[Redacted] 2000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Phil King Campaign

Mailing Address PO Box 1913

City Weatherford State TX Zip Code 76086

Purpose of Disbursement

Contribution

011

Candidate Name

King, Phil, , ,

Category/ Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 07 / 12 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48897509

Amount of Each Disbursement this Period

[Redacted] 2000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Lois W. Kolkhorst Campaign

Mailing Address PO Box 2546

City Brenham State TX Zip Code 77834

Purpose of Disbursement

Contribution

011

Candidate Name

Kolkhorst, Lois, , TX Sen.,

Category/ Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 07 / 12 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48897578

Amount of Each Disbursement this Period

[Redacted] 2000.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

[Redacted] 6000.00

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Nathan Johnson Campaign

Mailing Address PO Box 670994

City
Dallas

State
TX

Zip Code
75367

Purpose of Disbursement

Contribution

011

Candidate Name

Johnson, Nathan, , TX Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48897580

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Carol Alvarado Campaign

Mailing Address P.O. Box 230842

City
Houston

State
TX

Zip Code
77223

Purpose of Disbursement

Contribution

011

Candidate Name

Alvarado, Carol, , TX Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48897581

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Brandon Creighton

Mailing Address 2257 N Loop 336
Ste 140-366

City
Conroe

State
TX

Zip Code
77304

Purpose of Disbursement

Contribution

011

Candidate Name

Creighton, Brandon, , TX Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48897583

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. House Democratic Caucus

Mailing Address P.O. Box 12453

City Austin State TX Zip Code 78711

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 07 / 12 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 48897613

Amount of Each Disbursement this Period

Amount field: 5000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Texas Legislative Black Caucus

Mailing Address 1108 Lavaca Street, Ste. 110 PMB 171

City Austin State TX Zip Code 78701

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 07 / 12 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 48897848

Amount of Each Disbursement this Period

Amount field: 2500.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Mexican American Legislative Caucus

Mailing Address 1108 Lavaca Street Ste. 110-351

City Austin State TX Zip Code 78701

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 07 / 12 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 48897909

Amount of Each Disbursement this Period

Amount field: 2500.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Subtotal field: 10000.00

Total field: (empty)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Texas Association of Health Plans PAC

Mailing Address 1001 Congress Avenue
Suite 300

City Austin State TX Zip Code 78701

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 48897911

Amount of Each Disbursement this Period

[REDACTED] 25000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Texas House Republican Caucus PAC

Mailing Address PO Box 13305

City Austin State TX Zip Code 78711

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 48897912

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Osborne For Arizona Senate

Mailing Address 13523 W Monte Vista Cir

City Goodyear State AZ Zip Code 85395

Purpose of Disbursement

Void - Osborne For Arizona Senate; Check Dated 07/27/2022

011

Candidate Name

Osborne, Joanne, , AZ Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 48900521

Amount of Each Disbursement this Period

[REDACTED] - 1000.00

Memo Item Void - Osborne For Arizona Senate; Check Dated 07/27/2022

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 29000.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Judy for AZ

Mailing Address 420 E Campo Bello Dr

City Phoenix State AZ Zip Code 85022

Purpose of Disbursement
Void - Judy for AZ; Check Dated 10/25/2022

Candidate Name
Schwiebert, Judy, , AZ Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 48900522

Amount of Each Disbursement this Period

[REDACTED] - 500.00

Memo Item Void - Judy for AZ; Check Dated 10/25/2022

Full Name (Last, First, Middle Initial)

B. Karianne Campaign to Elect

Mailing Address 4334 West 1700 S

City Syracuse State UT Zip Code 84075

Purpose of Disbursement
Void - Karianne Campaign to Elect; Check Dated 11/07/2022

Candidate Name
Lisonbee, Karianne, , UT Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 48900523

Amount of Each Disbursement this Period

[REDACTED] - 200.00

Memo Item Void - Karianne Campaign to Elect; Check Dated 11/07/2022

Full Name (Last, First, Middle Initial)

C. Cullimore for Senate

Mailing Address 8359 Snow Basin Dr

City Sandy State UT Zip Code 84093

Purpose of Disbursement
Void - Cullimore for Senate; Check Dated 11/07/2022

Candidate Name
Cullimore, Kirk, , UT Sen., Jr.

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 48900524

Amount of Each Disbursement this Period

[REDACTED] - 400.00

Memo Item Void - Cullimore for Senate; Check Dated 11/07/2022

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] - 1100.00

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Don Ipson

Mailing Address 539 Diagonal Street

City
St. George

State
UT

Zip Code
84770

Purpose of Disbursement
Void - Committee to Elect Don Ipson; Check Dated 11/07/2022

011
Category/
Type

Candidate Name
Ipson, Don, , UT Sen.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 13 | / | 2023 |

FEC Identification Number

C []
Transaction ID : 48900525
 Amount of Each Disbursement this Period
 [] - 300.00

Memo Item Void - Committee to Elect Don Ipson; Check Dated 11/07/2022

Full Name (Last, First, Middle Initial)

B. Wilson Leadership PAC

Mailing Address 67 South Main Street
Suite 300

City
Layton

State
UT

Zip Code
84041

Purpose of Disbursement
Void - Wilson Leadership PAC; Check Dated 11/07/2022

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 13 | / | 2023 |

FEC Identification Number

C []
Transaction ID : 48900526
 Amount of Each Disbursement this Period
 [] - 500.00

Memo Item Void - Wilson Leadership PAC; Check Dated 11/07/2022

Full Name (Last, First, Middle Initial)

C. Elect Mike Schultz

Mailing Address 4904 W 5850 S

City
Hooper

State
UT

Zip Code
84315

Purpose of Disbursement
Void - Elect Mike Schultz; Check Dated 11/07/2022

011
Category/
Type

Candidate Name
Schultz, Mike, , UT Rep.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 13 | / | 2023 |

FEC Identification Number

C []
Transaction ID : 48900527
 Amount of Each Disbursement this Period
 [] - 400.00

Memo Item Void - Elect Mike Schultz; Check Dated 11/07/2022

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] - 1200.00
 []

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Val Peterson Campaign

Mailing Address 528 W 1160 N

City
Orem

State
UT

Zip Code
84057

Purpose of Disbursement

Void - Val Peterson Campaign; Check Dated 11/07/2022

011

Candidate Name

Peterson, Val, , UT Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 3 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48900528

Amount of Each Disbursement this Period

[REDACTED] - 400.00

Memo Item Void - Val Peterson Campaign; Check Dated 11/07/2022

Full Name (Last, First, Middle Initial)

B. Committee to Elect Jefferson Moss

Mailing Address 1668 Aspen Circle

City
Saratoga Springs

State
UT

Zip Code
84045

Purpose of Disbursement

Void - Committee to Elect Jefferson Moss; Check Dated 11/07/2022

011

Candidate Name

Moss, Jefferson, , UT Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 3 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48900529

Amount of Each Disbursement this Period

[REDACTED] - 400.00

Memo Item Void - Committee to Elect Jefferson Moss; Check Dated 11/07/2022

Full Name (Last, First, Middle Initial)

C. The Committee to Elect Steve Eliason

Mailing Address 8157 South Grambling Way

City
Sandy

State
UT

Zip Code
84094

Purpose of Disbursement

Void - The Committee to Elect Steve Eliason; Check Dated 11/07/2022

011

Candidate Name

Eliason, Steven, , UT Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 3 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48900531

Amount of Each Disbursement this Period

[REDACTED] - 250.00

Memo Item Void - The Committee to Elect Steve Eliason; Check Dated 11/07/2022

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] - 1050.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Joel Ferry Election Committee

Mailing Address 780 North 1100 West

City Brigham City State UT Zip Code 84302

Purpose of Disbursement
Void - Joel Ferry Election Committee; Check Dated 11/07/2022

Candidate Name

Ferry, Joel, , UT Rep.,

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

| | | | | |
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| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 13 | / | 2023 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48900533

Amount of Each Disbursement this Period

[REDACTED] - 200.00

Memo Item Void - Joel Ferry Election Committee; Check Dated 11/07/2022

Full Name (Last, First, Middle Initial)

B. Vargas for Nebraska

Mailing Address 713 Caniglia Plaza

City Omaha State NE Zip Code 68108

Purpose of Disbursement
Void - Vargas for Nebraska; Check Dated 08/18/2022

Candidate Name

Vargas, Tony, , NE Sen.,

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 14 | / | 2023 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48914208

Amount of Each Disbursement this Period

[REDACTED] - 500.00

Memo Item Void - Vargas for Nebraska; Check Dated 08/18/2022

Full Name (Last, First, Middle Initial)

C. Ballard for Kansas State House

Mailing Address 1532 Alvamar Drive

City Lawrence State KS Zip Code 66047

Purpose of Disbursement
Void - Ballard for Kansas State House; Check Dated 10/03/2022

Candidate Name

Ballard, Barbara, , KS Rep.,

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 14 | / | 2023 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48914209

Amount of Each Disbursement this Period

[REDACTED] - 500.00

Memo Item Void - Ballard for Kansas State House; Check Dated 10/03/2022

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] - 1200.00

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Rui Xu for Kansas House

Mailing Address 4724 Belinder Rd

City
Westwood

State
KS

Zip Code
66205

Purpose of Disbursement

Void - Rui Xu for Kansas House; Check Dated 10/12/2022

011

Category/
Type

Candidate Name

Xu, Rui, , KS Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 4 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48914210

Amount of Each Disbursement this Period

[REDACTED] - 500.00

Memo Item Void - Rui Xu for Kansas House;
Check Dated 10/12/2022

Full Name (Last, First, Middle Initial)

B. Steve Erdman for Legislature

Mailing Address 8527 L62A

City
Bayard

State
NE

Zip Code
69334

Purpose of Disbursement

Void - Steve Erdman for Legislature; Check Dated 10/25/2022

011

Category/
Type

Candidate Name

Erdman, Steve, , NE Sen.,

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 4 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48914211

Amount of Each Disbursement this Period

[REDACTED] - 500.00

Memo Item Void - Steve Erdman for
Legislature; Check Dated
10/25/2022

Full Name (Last, First, Middle Initial)

C. Friends of Mike McDonnell

Mailing Address 5401 A Street

City
Omaha

State
NE

Zip Code
68106

Purpose of Disbursement

Void - Friends of Mike McDonnell; Check Dated 10/25/2022

011

Category/
Type

Candidate Name

McDonnell, Mike, , NE Sen.,

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 4 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48914212

Amount of Each Disbursement this Period

[REDACTED] - 1000.00

Memo Item Void - Friends of Mike McDonnell;
Check Dated 10/25/2022

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] - 2000.00

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. McCombie for Illinois

Mailing Address 1548 Bond St.
Ste. 102

City
Naperville

State
IL

Zip Code
60563

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

McCombie, Tony, , IL Rep.,

Office Sought:

| |
|------------------------------------|
| <input type="checkbox"/> House |
| <input type="checkbox"/> Senate |
| <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State:

District:

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 18 | | 2023 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 48915924

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Andy Beshear for Governor

Mailing Address PO Box 4278

City
Louisville

State
KY

Zip Code
40204

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Beshear, Andy, , KY Gov.,

Office Sought:

| |
|------------------------------------|
| <input type="checkbox"/> House |
| <input type="checkbox"/> Senate |
| <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 26 | | 2023 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 48929383

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Florida Republican Senatorial Campaign Committee, Inc.

Mailing Address 2640-A Mitcham Drive

City
Tallahassee

State
FL

Zip Code
32308

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Office Sought:

| |
|------------------------------------|
| <input type="checkbox"/> House |
| <input type="checkbox"/> Senate |
| <input type="checkbox"/> President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 48933979

Amount of Each Disbursement this Period

| |
|----------|
| 25000.00 |
|----------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 30000.00 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Todd Hunter Campaign

Mailing Address 445 Cape Henry

City
Corpus Christi

State
TX

Zip Code
78412

Purpose of Disbursement

Contribution

011

Candidate Name

Hunter, Todd, , TX Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48933980

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Jacey Jetton Campaign

Mailing Address 1723 Hearthside Ct

City
Richmond

State
TX

Zip Code
77406

Purpose of Disbursement

Contribution

011

Candidate Name

Jetton, Jacey, , TX Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48933981

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Texans for Trent Ashby

Mailing Address PO Box 412

City
Lufkin

State
TX

Zip Code
75902

Purpose of Disbursement

Contribution

011

Candidate Name

Ashby, Trenton, , TX Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48933982

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. JM Lozano for State Rep. Campaign

Mailing Address 8953 CR 2411

City Sinton State TX Zip Code 78387

Purpose of Disbursement

Contribution

011

Candidate Name

Lozano, Jose, M, TX Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C []

Transaction ID : 48933983

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Armando Martinez Campaign

Mailing Address PO Box 1651

City Weslaco State TX Zip Code 78599

Purpose of Disbursement

Contribution

011

Candidate Name

Martinez, Armando, , TX Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C []

Transaction ID : 48933984

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Trey Martinez Fischer Campaign

Mailing Address 104 Babcock Rd Ste 107

City San Antonio State TX Zip Code 78201

Purpose of Disbursement

Contribution

011

Candidate Name

Martinez Fischer, Trey, , TX Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C []

Transaction ID : 48933985

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 3000.00

TOTAL This Period (last page this line number only)..... ▶

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. John Kuempel Campaign

Mailing Address 902 E. College Street

City
Seguin

State
TX

Zip Code
78155

Purpose of Disbursement

Contribution

011

Candidate Name

Kuempel, John, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 7 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934047

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Dustin Burrows Campaign

Mailing Address P.O. Box 2569

City
Lubbock

State
TX

Zip Code
79408

Purpose of Disbursement

Contribution

011

Candidate Name

Burrows, Dustin, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 7 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934048

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Liz Campos Campaign

Mailing Address 1028 Rigsby

City
San Antonio

State
TX

Zip Code
78210

Purpose of Disbursement

Contribution

011

Candidate Name

Campos, Elizabeth, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 7 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934049

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 3000.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Giovanni Capriglione Campaign

Mailing Address 1352 Ten Bar Trail

City Southlake State TX Zip Code 76092

Purpose of Disbursement

Contribution

011

Candidate Name

Capriglione, Giovanni, , TX Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 7 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C []

Transaction ID : 48934050

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Nicole Collier Campaign

Mailing Address PO Box 24241

City Fort Worth State TX Zip Code 76124

Purpose of Disbursement

Contribution

011

Candidate Name

Collier, Nicole, , TX Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 7 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C []

Transaction ID : 48934051

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Philip Cortez for State Representative

Mailing Address 7919 Liberty Island

City San Antonio State TX Zip Code 78227

Purpose of Disbursement

Contribution

011

Candidate Name

Cortez, Philip, , TX Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 7 | | 2 | 0 | 2 | 3 |

FEC Identification Number

C []

Transaction ID : 48934124

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 3000.00

TOTAL This Period (last page this line number only)..... ▶

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Tom Craddick Campaign

Mailing Address Two Lakes Drive

City
Midland

State
TX

Zip Code
79705

Purpose of Disbursement

Contribution

011

Candidate Name

Craddick, Tom, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934125

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. James Frank Campaign

Mailing Address 1206 Hatton Rd

City
Wichita Falls

State
TX

Zip Code
76302

Purpose of Disbursement

Contribution

011

Candidate Name

Frank, James, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934127

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Craig Goldman Campaign

Mailing Address PO Box 100039

City
Fort Worth

State
TX

Zip Code
76185

Purpose of Disbursement

Contribution

011

Candidate Name

Goldman, Craig, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934128

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 3000.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Bobby Guerra Campaign

Mailing Address 10213 N. 10th Street

City McAllen State TX Zip Code 78504

Purpose of Disbursement

Contribution

011

Candidate Name

Guerra, Roberto, Bobby, TX Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48934129

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Lacey Hull for Texas

Mailing Address PO Box 19231

City Houston State TX Zip Code 77724

Purpose of Disbursement

Contribution

011

Candidate Name

Hull, Lacey, , TX Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48934130

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Ryan Guillen Campaign

Mailing Address PO Box 1024

City Austin State TX Zip Code 78767

Purpose of Disbursement

Contribution

011

Candidate Name

Guillen, Ryan, , TX Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48934131

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30a, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Sam Harless Campaign

Mailing Address 15814 Champion Forest Drive PMB #312

City Spring State TX Zip Code 77379

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Harless, Sam, , TX Rep.,

Office Sought: House, Senate, President. State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date: 07 / 27 / 2023

FEC Identification Number

FEC ID: C

Transaction ID : 48934132

Amount of Each Disbursement this Period

Amount: 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Ana Hernandez Campaign

Mailing Address PO Box 15538

City Houston State TX Zip Code 77220

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Hernandez, Ana, E., TX Rep.,

Office Sought: House, Senate, President. State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date: 07 / 27 / 2023

FEC Identification Number

FEC ID: C

Transaction ID : 48934133

Amount of Each Disbursement this Period

Amount: 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Donna Howard Campaign

Mailing Address P.O. Box 5375

City Austin State TX Zip Code 78763

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Howard, Donna, , TX Rep.,

Office Sought: House, Senate, President. State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date: 07 / 27 / 2023

FEC Identification Number

FEC ID: C

Transaction ID : 48934135

Amount of Each Disbursement this Period

Amount: 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Subtotal: 3000.00

Total: 3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Steve Allison Campaign

Mailing Address 200 Morningside Drive

City
San Antonio

State
TX

Zip Code
78209

Purpose of Disbursement

Contribution

011

Candidate Name

Allison, Steve, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934136

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Terry Meza Campaign

Mailing Address P.O. Box 155076

City
Irving

State
TX

Zip Code
75015

Purpose of Disbursement

Contribution

011

Candidate Name

Meza, Thresa, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934208

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Joe Moody Campaign

Mailing Address PO Box 920827

City
El Paso

State
TX

Zip Code
79902

Purpose of Disbursement

Contribution

011

Candidate Name

Moody, Joseph, E., TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934209

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 3000.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Stephanie Klick Campaign

Mailing Address P.O. Box 7592

City
Fort Worth

State
TX

Zip Code
76111

Purpose of Disbursement

Contribution

011

Candidate Name

Klick, Stephanie., TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48934211

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Victoria Neave Campaign

Mailing Address P.O. Box 472773

City
Garland

State
TX

Zip Code
75047

Purpose of Disbursement

Contribution

011

Candidate Name

Neave, Victoria., TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48934212

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Candy Noble Campaign

Mailing Address 1105 E. Main Street
#223

City
Allen

State
TX

Zip Code
75002

Purpose of Disbursement

Contribution

011

Candidate Name

Noble, Candy., TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 48934213

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Dennis Paul Campaign

Mailing Address 626 1/2 Barringer Ln
Ste. E

City Webster State TX Zip Code 77598

Purpose of Disbursement

Contribution

011

Candidate Name

Paul, Dennis, , TX Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 48934214

Amount of Each Disbursement this Period

[Redacted] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Texans for Dade

Mailing Address PO Box 5990

City Austin State TX Zip Code 78763

Purpose of Disbursement

Contribution

011

Candidate Name

Phelan, Dade, , TX Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 48934215

Amount of Each Disbursement this Period

[Redacted] 5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Kyle Kacal Campaign

Mailing Address PO Box 6628

City College Station State TX Zip Code 77805

Purpose of Disbursement

Contribution

011

Candidate Name

Kacal, Kyle, , TX Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 48934216

Amount of Each Disbursement this Period

[Redacted] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 7000.00

TOTAL This Period (last page this line number only)..... ▶

[Redacted]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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

Form A: Will Metcalf Campaign. Includes fields for Full Name, Mailing Address (195 Lake View Circle), City (Montgomery), State (TX), Zip Code (77356), Purpose of Disbursement (Contribution), Candidate Name (Metcalf, William, T., TX Rep.), Office Sought, Disbursement For, Date of Disbursement (07/27/2023), FEC Identification Number, Transaction ID (48934217), and Amount of Each Disbursement (1000.00).

Form B: Geanie Morrison Campaign. Includes fields for Full Name, Mailing Address (PO Box 4642), City (Victoria), State (TX), Zip Code (77903), Purpose of Disbursement (Contribution), Candidate Name (Morrison, Geanie, W., TX Rep.), Office Sought, Disbursement For, Date of Disbursement (07/27/2023), FEC Identification Number, Transaction ID (48934218), and Amount of Each Disbursement (1000.00).

Form C: Ramon Romero Campaign. Includes fields for Full Name, Mailing Address (P.O. Box 181), City (Fort Worth), State (TX), Zip Code (76101), Purpose of Disbursement (Contribution), Candidate Name (Romero, Ramon, , TX Rep., Jr.), Office Sought, Disbursement For, Date of Disbursement (07/27/2023), FEC Identification Number, Transaction ID (48934220), and Amount of Each Disbursement (1000.00).

SUBTOTAL of Disbursements This Page (optional) 3000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Toni Rose Campaign

Mailing Address PO Box 41867

City
Dallas

State
TX

Zip Code
75241

Purpose of Disbursement

Contribution

011

Candidate Name

Rose, Toni, N., TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | | 2 | 7 | | | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934221

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Matt Shaheen Campaign

Mailing Address 3917 Malton Drive

City
Plano

State
TX

Zip Code
75025

Purpose of Disbursement

Contribution

011

Candidate Name

Shaheen, Matt, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| 0 | 7 | | | | 2 | 7 | | | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934223

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Lynn Stucky Campaign

Mailing Address PO Box 464

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement

Contribution

011

Candidate Name

Stucky, Lynn, , TX Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | | 2 | 7 | | | | 2 | 0 | 2 | 3 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934224

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 3000.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Senfronia Thompson Campaign

Mailing Address 4828 Loop Central Dr
#600

City Houston State TX Zip Code 77081

Purpose of Disbursement

Contribution

011

Candidate Name

Thompson, Senfronia, , TX Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 27 | / | 2023 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934225

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [REDACTED] | 1000.00 |
|------------|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Chris Turner Campaign

Mailing Address PO Box 182093

City Arlington State TX Zip Code 76096

Purpose of Disbursement

Contribution

011

Candidate Name

Turner, Christopher, , TX Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 27 | / | 2023 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934227

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [REDACTED] | 1000.00 |
|------------|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Hubert Vo Campaign

Mailing Address 11360 Bellaire Blvd
Suite 880

City Houston State TX Zip Code 77072

Purpose of Disbursement

Contribution

011

Candidate Name

Vo, Hubert, , TX Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 27 | / | 2023 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48934228

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [REDACTED] | 1000.00 |
|------------|---------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | |
|------------|---------|
| [REDACTED] | 3000.00 |
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TOTAL This Period (last page this line number only)..... ▶

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| [REDACTED] | |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Armando Walle Campaign

Mailing Address 4826 Hollybrook Lane

City Houston State TX Zip Code 77039

Purpose of Disbursement

Contribution

011

Candidate Name

Walle, Armando, , TX Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 48934229

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [Redacted] | 1000.00 |
|------------|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. The Campaign To Elect Walter ('Four') Price

Mailing Address 2606 S Lipscomb St

City Amarillo State TX Zip Code 79109

Purpose of Disbursement

Contribution

011

Candidate Name

Price, Walter, , TX Rep., IV

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 48934231

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [Redacted] | 1000.00 |
|------------|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. John Raney Campaign

Mailing Address PO Box 11461

City College Station State TX Zip Code 77842

Purpose of Disbursement

Contribution

011

Candidate Name

Raney, John, , TX Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 48934282

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [Redacted] | 1000.00 |
|------------|---------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | |
|------------|---------|
| [Redacted] | 3000.00 |
|------------|---------|

TOTAL This Period (last page this line number only)..... ▶

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|------------|--|
| [Redacted] | |
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Representative Richard Pena Raymond Future of Texas Fund

Mailing Address PO Box 450349

City Laredo State TX Zip Code 78045

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Raymond, Richard, Pena, TX Rep.,

Office Sought: House Senate President

State: _____ District: _____

Disbursement For:

Primary General

Other (specify) ▼

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 27 | / | 2023 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 48934302

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. David Osborne Campaign Fund for State Rep

Mailing Address PO Box 8

City Prospect State KY Zip Code 40059

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Osborne, David, , KY Rep.,

Office Sought: House Senate President

State: _____ District: _____

Disbursement For:

Primary General

Other (specify) ▼

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 27 | / | 2023 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 48934305

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. David Meade for State Representative

Mailing Address PO Box 121

City Stanford State KY Zip Code 40484

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Meade, David, , KY Rep.,

Office Sought: House Senate President

State: _____ District: _____

Disbursement For:

Primary General

Other (specify) ▼

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 27 | / | 2023 |

FEC Identification Number

| |
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| C |
|---|

Transaction ID : 48934306

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 5000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Rudy for Kentucky

Mailing Address 350 Peppers Mill Dr

City Paducah

State KY

Zip Code 42001

Purpose of Disbursement

Contribution

011

Candidate Name

Rudy, Steven, , KY Rep.,

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48934307

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. State Senator Jared Carpenter Campaign Fund

Mailing Address P.O. Box 100

City Berea

State KY

Zip Code 40403

Purpose of Disbursement

Contribution

011

Candidate Name

Carpenter, Jared, , KY Sen.,

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48934308

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Kim Moser for State Representative

Mailing Address PO Box 143

City Independence

State KY

Zip Code 41051

Purpose of Disbursement

Contribution

011

Candidate Name

Moser, Kimberly, , KY Rep.,

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48934309

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Carroll for State Senate

Mailing Address 702 Capital Ave Annex Room 228

City Frankfort State KY Zip Code 40601

Purpose of Disbursement

Contribution

011

Candidate Name

Carroll, Danny, , KY Sen.,

Category/ Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48934310

Amount of Each Disbursement this Period

1000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Gooch for State Rep.

Mailing Address 806 Princeton St

City Providence State KY Zip Code 42450

Purpose of Disbursement

Contribution

011

Candidate Name

Gooch, Jim, , KY Rep., Jr.

Category/ Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48934311

Amount of Each Disbursement this Period

1000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. House Republican Caucus Campaign Committee

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48934314

Amount of Each Disbursement this Period

5000.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Senate Republican Caucus Campaign Committee

Mailing Address P.O. Box 1068

City
Frankfort

State
KY

Zip Code
40602

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 48934315

Amount of Each Disbursement this Period

[Redacted] 5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Kentucky House Democratic Caucus Campaign Committee

Mailing Address PO Box 4204

City
Frankfort

State
KY

Zip Code
40604

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 48934316

Amount of Each Disbursement this Period

[Redacted] 2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Federation of Iowa Insurers PAC

Mailing Address 1331 Grand Avenue
Station 5W528

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 48934666

Amount of Each Disbursement this Period

[Redacted] 2000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 9500.00

TOTAL This Period (last page this line number only)..... ▶

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Pelton for State Senate

Mailing Address 15530 Blair Street

City Sterling

State CO

Zip Code 80751

Purpose of Disbursement

Contribution

011

Candidate Name

Pelton, Byron, , CO Sen.,

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48935065

Amount of Each Disbursement this Period

225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Pelton for State Senate

Mailing Address 15530 Blair Street

City Sterling

State CO

Zip Code 80751

Purpose of Disbursement

Contribution

011

Candidate Name

Pelton, Byron, , CO Sen.,

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48935266

Amount of Each Disbursement this Period

225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Cmte To Elect Barbara Kirkmeyer to State Senate

Mailing Address 6100 County Road 4

City Brighton

State CO

Zip Code 80603

Purpose of Disbursement

Contribution

011

Candidate Name

Kirkmeyer, Barbara, , CO Sen.,

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C

Transaction ID : 48935518

Amount of Each Disbursement this Period

225.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

675.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Cmte To Elect Barbara Kirkmeyer to State Senate

Mailing Address 6100 County Road 4

City Brighton State CO Zip Code 80603

Purpose of Disbursement

Contribution

011

Candidate Name

Kirkmeyer, Barbara, , CO Sen.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection: 07 / 27 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48935737

Amount of Each Disbursement this Period

225.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Elect Don Wilson

Mailing Address 646 Trumbull Ln

City Monument State CO Zip Code 80132

Purpose of Disbursement

Contribution

011

Candidate Name

Wilson, Don, , CO Rep.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection: 07 / 27 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48935738

Amount of Each Disbursement this Period

225.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Elect Don Wilson

Mailing Address 646 Trumbull Ln

City Monument State CO Zip Code 80132

Purpose of Disbursement

Contribution

011

Candidate Name

Wilson, Don, , CO Rep.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection: 07 / 27 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48935739

Amount of Each Disbursement this Period

225.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

675.00

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Coleman For Colorado

Mailing Address PO Box 7222

City
Denver

State
CO

Zip Code
80207

Purpose of Disbursement

Contribution

011

Candidate Name

Coleman, James, , CO Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48935740

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Coleman For Colorado

Mailing Address PO Box 7222

City
Denver

State
CO

Zip Code
80207

Purpose of Disbursement

Contribution

011

Candidate Name

Coleman, James, , CO Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48935741

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Meghan Lukens For Colorado

Mailing Address PO Box 771879

City
Steamboat Springs

State
CO

Zip Code
80477

Purpose of Disbursement

Contribution

011

Candidate Name

Lukens, Meghan, , CO Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48935742

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 675.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Meghan Lukens For Colorado

Mailing Address PO Box 771879

City
Steamboat Springs

State
CO

Zip Code
80477

Purpose of Disbursement

Contribution

011

Candidate Name

Lukens, Meghan, , CO Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 27 / 2023

FEC Identification Number

C []

Transaction ID : 48935743

Amount of Each Disbursement this Period

[] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Rose For Colorado

Mailing Address 9235 N Union Blvd
Ste 150 #128

City
Colorado Springs

State
CO

Zip Code
80920

Purpose of Disbursement

Contribution

011

Candidate Name

Pugliese, Rose, , CO Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 27 / 2023

FEC Identification Number

C []

Transaction ID : 48935744

Amount of Each Disbursement this Period

[] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Rose For Colorado

Mailing Address 9235 N Union Blvd
Ste 150 #128

City
Colorado Springs

State
CO

Zip Code
80920

Purpose of Disbursement

Contribution

011

Candidate Name

Pugliese, Rose, , CO Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 27 / 2023

FEC Identification Number

C []

Transaction ID : 48935750

Amount of Each Disbursement this Period

[] 225.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 675.00

[]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Janet Buckner For Colorado

Mailing Address 4124 South Elkhart Street

City Aurora State CO Zip Code 80014

Purpose of Disbursement

Contribution

011

Candidate Name

Buckner, Janet, , CO Sen.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 07 / 27 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48935751

Amount of Each Disbursement this Period

225.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Janet Buckner For Colorado

Mailing Address 4124 South Elkhart Street

City Aurora State CO Zip Code 80014

Purpose of Disbursement

Contribution

011

Candidate Name

Buckner, Janet, , CO Sen.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 07 / 27 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48935752

Amount of Each Disbursement this Period

225.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Lindsey For Colorado

Mailing Address 7007 Dudley Dr.

City Arvada State CO Zip Code 80004

Purpose of Disbursement

Contribution

011

Candidate Name

Daugherty, Lindsey, , CO Sen.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 07 / 27 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48935753

Amount of Each Disbursement this Period

225.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

675.00

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Lindsey For Colorado

Mailing Address 7007 Dudley Dr.

City
Arvada

State
CO

Zip Code
80004

Purpose of Disbursement

Contribution

011

Candidate Name

Daugherty, Lindsey, , CO Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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FEC Identification Number

C [REDACTED]

Transaction ID : 48935822

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Elect Judy Amabile SD-18

Mailing Address 820 Spruce Street

City
Boulder

State
CO

Zip Code
80302

Purpose of Disbursement

Contribution

011

Candidate Name

Amabile, Judy, , CO Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48935823

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Elect Judy Amabile SD-18

Mailing Address 820 Spruce Street

City
Boulder

State
CO

Zip Code
80302

Purpose of Disbursement

Contribution

011

Candidate Name

Amabile, Judy, , CO Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48935824

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 675.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Hansen For Colorado

Mailing Address 1177 Newport St.

City Denver State CO Zip Code 80220

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Hansen, Chris., CO Sen.,

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date: 07 / 27 / 2023

FEC Identification Number

FEC ID: C

Transaction ID : 48935825

Amount of Each Disbursement this Period

Amount: 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Hansen For Colorado

Mailing Address 1177 Newport St.

City Denver State CO Zip Code 80220

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Hansen, Chris., CO Sen.,

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date: 07 / 27 / 2023

FEC Identification Number

FEC ID: C

Transaction ID : 48935918

Amount of Each Disbursement this Period

Amount: 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Dafna Michaelson Jenet For SD21

Mailing Address 16891 E 107th Ave

City Commerce City State CO Zip Code 80022

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Michaelson Jenet, Dafna., CO Sen.,

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date: 07 / 27 / 2023

FEC Identification Number

FEC ID: C

Transaction ID : 48935920

Amount of Each Disbursement this Period

Amount: 225.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Subtotal: 675.00

Total: (blank)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Dafna Michaelson Jenet For SD21

Date of Disbursement

Date selection grid showing 07/27/2023

Mailing Address 16891 E 107th Ave

City Commerce City State CO Zip Code 80022

FEC Identification Number

FEC ID number grid showing C

Transaction ID : 48935921

Amount of Each Disbursement this Period

Amount grid showing 225.00

Contribution Memo Item

Purpose of Disbursement

Contribution

Category/Type grid showing 011

Candidate Name

Michaelson Jenet, Dafna, , CO Sen.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Bird For Colorado

Date of Disbursement

Date selection grid showing 07/27/2023

Mailing Address PO Box 350753

City Westminster State CO Zip Code 80035

FEC Identification Number

FEC ID number grid showing C

Transaction ID : 48935972

Amount of Each Disbursement this Period

Amount grid showing 225.00

Contribution Memo Item

Purpose of Disbursement

Contribution

Category/Type grid showing 011

Candidate Name

Bird, Shannon, , CO Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Bird For Colorado

Date of Disbursement

Date selection grid showing 07/27/2023

Mailing Address PO Box 350753

City Westminster State CO Zip Code 80035

FEC Identification Number

FEC ID number grid showing C

Transaction ID : 48936135

Amount of Each Disbursement this Period

Amount grid showing 225.00

Contribution Memo Item

Purpose of Disbursement

Contribution

Category/Type grid showing 011

Candidate Name

Bird, Shannon, , CO Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Subtotal grid showing 675.00

Total grid showing 675.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Bridges for Colorado

Mailing Address 7600 Landmark Way
#805

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement

Contribution

011

Candidate Name

Bridges, Jeff, , CO Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

C

Transaction ID : 48936136

Amount of Each Disbursement this Period

225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Bridges for Colorado

Mailing Address 7600 Landmark Way
#805

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement

Contribution

011

Candidate Name

Bridges, Jeff, , CO Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

C

Transaction ID : 48936137

Amount of Each Disbursement this Period

225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Kyle For Colorado

Mailing Address 667 W Lilac Ct

City Louisville State CO Zip Code 80027

Purpose of Disbursement

Contribution

011

Candidate Name

Brown, Kyle, , CO Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

C

Transaction ID : 48936138

Amount of Each Disbursement this Period

225.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

675.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Kyle For Colorado

Mailing Address 667 W Lilac Ct

City
Louisville

State
CO

Zip Code
80027

Purpose of Disbursement

Contribution

011

Candidate Name

Brown, Kyle, , CO Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936139

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Weinberg For Colorado

Mailing Address 1770 Tabeguache

City
Loveland

State
CO

Zip Code
80538

Purpose of Disbursement

Contribution

011

Candidate Name

Weinberg, Ron, , CO Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936140

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Weinberg For Colorado

Mailing Address 1770 Tabeguache

City
Loveland

State
CO

Zip Code
80538

Purpose of Disbursement

Contribution

011

Candidate Name

Weinberg, Ron, , CO Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936141

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 675.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee To Elect Matt Soper

Mailing Address PO Box 81

City
Delta

State
CO

Zip Code
81416

Purpose of Disbursement

Contribution

011

Candidate Name

Soper, Matt, , CO Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936142

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Elect Matt Soper

Mailing Address PO Box 81

City
Delta

State
CO

Zip Code
81416

Purpose of Disbursement

Contribution

011

Candidate Name

Soper, Matt, , CO Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936143

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Brianna For Colorado

Mailing Address PO Box 18015

City
Golden

State
CO

Zip Code
80402

Purpose of Disbursement

Contribution

011

Candidate Name

Titone, Brianna, , CO Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936144

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 675.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Brianna For Colorado

Mailing Address PO Box 18015

City
Golden

State
CO

Zip Code
80402

Purpose of Disbursement

Contribution

011

Candidate Name

Titone, Brianna, , CO Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936145

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Mary Young For Colorado

Mailing Address PO Box 625

City
Greeley

State
CO

Zip Code
80632

Purpose of Disbursement

Contribution

011

Candidate Name

Young, Mary, , CO Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936146

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Mary Young For Colorado

Mailing Address PO Box 625

City
Greeley

State
CO

Zip Code
80632

Purpose of Disbursement

Contribution

011

Candidate Name

Young, Mary, , CO Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936147

Amount of Each Disbursement this Period

[REDACTED] 225.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 675.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Brandi Bradley For Colorado House District 39

Mailing Address 6638 Lakeside Circle

City Littleton State CO Zip Code 80125

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Bradley, Brandi, , CO Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 48936148

Amount of Each Disbursement this Period

| |
|--------|
| 225.00 |
|--------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Brandi Bradley For Colorado House District 39

Mailing Address 6638 Lakeside Circle

City Littleton State CO Zip Code 80125

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Bradley, Brandi, , CO Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 48936149

Amount of Each Disbursement this Period

| |
|--------|
| 225.00 |
|--------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Hartsook For House

Mailing Address 10940 S Parker Road
Ste 632

City Parker State CO Zip Code 80138

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Hartsook, Anthony, , CO Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 48936150

Amount of Each Disbursement this Period

| |
|--------|
| 225.00 |
|--------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|--------|
| 675.00 |
|--------|

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Hartsook For House

Mailing Address 10940 S Parker Road
Ste 632

City Parker State CO Zip Code 80138

Purpose of Disbursement

Contribution

011

Candidate Name

Hartsook, Anthony, , CO Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936151

Amount of Each Disbursement this Period

| | |
|------------|--------|
| [REDACTED] | 225.00 |
|------------|--------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Kyle Mullica For SD 24

Mailing Address 14761 Forest Way

City Thornton State CO Zip Code 80602

Purpose of Disbursement

Contribution

011

Candidate Name

Mullica, Kyle, , CO Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936152

Amount of Each Disbursement this Period

| | |
|------------|--------|
| [REDACTED] | 225.00 |
|------------|--------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Kyle Mullica For SD 24

Mailing Address 14761 Forest Way

City Thornton State CO Zip Code 80602

Purpose of Disbursement

Contribution

011

Candidate Name

Mullica, Kyle, , CO Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

C [REDACTED]

Transaction ID : 48936153

Amount of Each Disbursement this Period

| | |
|------------|--------|
| [REDACTED] | 225.00 |
|------------|--------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | |
|------------|--------|
| [REDACTED] | 675.00 |
|------------|--------|

TOTAL This Period (last page this line number only)..... ▶

| | |
|------------|--|
| [REDACTED] | |
|------------|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. ZenPAC

Mailing Address 8274 Ammons Circle

City
Arvada

State
CO

Zip Code
80005

Purpose of Disbursement

Contribution

Candidate Name

| |
|-------------------|
| 011 |
| Category/ Type |

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

| |
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| C |
|---|

Transaction ID : 48936156

Amount of Each Disbursement this Period

| |
|--------|
| 725.00 |
|--------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Rose PAC

Mailing Address 9235 N. Union Blvd.
Ste. 150, #128

City
Colorado Springs

State
CO

Zip Code
80920

Purpose of Disbursement

Contribution

Candidate Name

| |
|-------------------|
| 011 |
| Category/ Type |

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 48936157

Amount of Each Disbursement this Period

| |
|--------|
| 725.00 |
|--------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Putting Colorado First

Mailing Address 6100 CR 4

City
Brighton

State
CO

Zip Code
80603

Purpose of Disbursement

Contribution

Candidate Name

| |
|-------------------|
| 011 |
| Category/ Type |

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 27 | | 2023 |

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 48936158

Amount of Each Disbursement this Period

| |
|--------|
| 725.00 |
|--------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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|---------|
| 2175.00 |
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Lundeen Leadership Fund

Mailing Address PO Box 2127

City
Monument

State
CO

Zip Code
80132

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 48936159

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. McCluskie For Colorado Leadership Fund

Mailing Address 502 Vail Circle

City
Dillon

State
CO

Zip Code
80435

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 48936160

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Bacon For Colorado Leadership Fund

Mailing Address 4860 Chambers Rd
PO Box 53

City
Denver

State
CO

Zip Code
80239

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 48936162

Amount of Each Disbursement this Period

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Building Bridges For Colorado

Mailing Address 7600 Landmark Way #805

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 48936163

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Bird For Colorado Leadership Fund

Mailing Address 1125 W. 140th Drive

City Westminister State CO Zip Code 80023

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 48936164

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Judy Amabile Leadership Fund

Mailing Address 820 Spruce Street

City Boulder State CO Zip Code 80302

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 48936216

Amount of Each Disbursement this Period

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. The Coleman Leadership Fund

Mailing Address 5389 Liverpool Street

City
Denver

State
CO

Zip Code
80249

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 48936367

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶