Image# 202307209583902801				PAGE 1 / 198
	EPORT OF R ND DISBURS Other Than An Autho	EMENTS		Office Use Only
	E OR PRINT ▼	Example: If typing,	type 12FE4M	
		over the lines.		
UnitedHealth Group Incor				
ADDRESS (number and street)	01 Pennsylvania Ave, NW			
Check if different	uite 600			
than previously reported. (ACC)	Vashington			20004
2. FEC IDENTIFICATION NUMB		•	STATE ▲	ZIP CODE
C C00274431	3. IS T REF	HIS NEV PORT X (N)	W OR (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Mar 20	(M3) Jun	20 (M6) Sep	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20	(M4) <b>X</b> Jul	20 (M7) Oct	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General	
October 15 Quarterly Report (Q3)	Report for the:	Convention (120	C) Special (	125)
January 31 Year-End Report (YE)	Election of	on / D	D D / Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (S	30R) Special (30S)
Termination Report (TER)	Election	on /	/ Y = Y = Y = Y	in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2023	through	M M / D D / 06 30	2023
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of m Iuldoon, Allison, , ,	y knowledge and beli	ief it is true, correct and	d complete.
Signature of Treasurer	Allison, , ,	[Electronically Fi	iled] Date 07	1 / D D / Y Y Y Y 20 2023
NOTE: Submission of false, erroneous	, or incomplete information n	nay subject the person	signing this Report to the	ne penalties of 52 U.S.C. § 30109
Office Use Only				FEC FORM 3X Rev. 05/2016

07/20/2023 15 : 18

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

### UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

R	eport Covering the Period: From: 06	M     /     D     D     /     Y     Y     Y     Y       S     01     /     2023     To	b: 06 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2023		422616.69
	(b) Cash on Hand at Beginning of Reporting Period	807144.71	
	(c) Total Receipts (from Line 19)	117639.13	825322.15
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	924783.84	1247938.84
7.	Total Disbursements (from Line 31)	228250.00	551405.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	696533.84	696533.84
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From: 06		06 / D D / Y Y Y Y 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	440007.44	
(i) Itemized (use Schedule A)	112307.44	743625.66
(ii) Unitomized	5331.69	79196.49
(ii) Unitemized (iii) TOTAL (add		
Lines 11(a)(i) and (ii)	117639.13	822822.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	447000.40	022022.45
Totals to Line 33, page 5)▶	117639.13	822822.15
12. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
13. All Loans Received		
14 Loop Denovmente Dessived	0.00	0.00
14. Loan Repayments Received	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	ApApAmAm	AphAphAphAphAph
(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),	447000.40	005000 45
12, 13, 14, 15, 16, 17, and 18(c))▶	117639.13	825322.15
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	117639.13	825322.15

Page 3

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures ..... (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 422500.00 and Other Political Committees... 125000.00 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 105.00 0.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 105.00 29. Other Disbursements (Including Non-Federal Donations)..... 128800.00 103250.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds ..... 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) ..... 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 228250.00 551405.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 228250.00 551405.00

L

### DETAILED SUMMARY PAGE

of Disbursements

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

### SCHEDULE A (FEC Form 3X) DEAEIDTA

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16     1       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middl GAUDIO, JOSEPH, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4842 E MOUNTAIN VIEV			06 30 2023							
City PARADISE VALLEY	State AZ	Zip Code 85253-1539	Transaction ID : PR1159811868559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middl B. MIGLIORI, RICHARD, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8025 VIA VECCHIA	1		06 / D D / Y Y Y Y 06 30 2023							
City NAPLES	State FL	Zip Code 34108-7700	Transaction ID : PR1159827468559							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Senior Advisor	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middl C. MILLER, KATHERINE, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2321 HARBOR LAKE DR		7	06 / <sup>D</sup> <sup>D</sup> 2023							
City ORANGE PARK	State FL	Zip Code 32003-7799	Transaction ID : PR1554324368559           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optiona	l)		1153.80							
TOTAL This Period (last page this line num	ber only)									

## SCHEDULE A (FEC Form 3X) DEAEIDTA

## Use separate schedule(s)

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PAGE 7 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16     1       erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		derede er any political committe								
UnitedHealth Group Incorpor	rated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle ANDERSON, CRAIG, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 47 AMATO CIRCLE			M M / D D / Y Y Y Y 06 30 2023							
City WETHERSFIELD	State CT	Zip Code 06109-3971	Transaction ID : PR1575957368559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. KELLY, JOHN, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4901 HAWTHORNE COL SUITE 304			M = M / D = D / Y = Y = Y = Y 06 30 2023							
City EDINA	State MN	Zip Code 55436-5802	Transaction ID : PR1575959768559							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Tax	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. JOHNSON, THAD, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9741 GLACIER BAY			06 / D D / Y Y Y Y Y 2023							
City EDEN PRAIRIE	State MN	Zip Code 55347-2615	Transaction ID : PR1596304368559           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group Gen Counsel	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optiona	l)		1153.80							
TOTAL This Period (last page this line num	ber only)									

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PAGE 8 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	¥ 11a 11b 11c 12
		13 14 15 16 17
	nd Statements may not be sold or used by any p g the name and address of any political committe	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Midd <b>A.</b> SCHUMACHER, DANIEL, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 5401 LARADA LANE		06 30 2023
City EDINA	StateZip CodeMN55436-1024	Transaction ID : PR1596305468559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Chief Strat & Growth Officer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Midd <b>3. THEISEN, SCOTT</b> , , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1950 MEADOWWOODS		06 / D D / Y Y Y Y 06 30 2023
City LONG LAKE	StateZip CodeMN55356-9312	Transaction ID : PR1596305668559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Bus Unit CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Midd C. ANDERSON, MICHAEL, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 17907 INVERNESS CUF		06 / D D / Y Y Y Y 2023
City EDEN PRAIRIE	StateZip CodeMN55347-2155	Transaction ID : PR1596309368559           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) SVP CInt Relationship	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
	l)	

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

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PAGE 9 OF

		Use separate schedule(s)	(checl	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-	11b		11c	12			
Any information copied from such Reports an			erson for			e of sol					
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	iddress of any political committe	e to solic	t cont	ributio	ns from	such	committ	ee.		
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle BORCA, TROY, , ,	e Initial) or Full C	organization Name	Da	te of l	Receip	ot					
Mailing Address 2112 STROLLING WAY			The second secon	06	/ D	30	/ Y	y 2023	Y		
City NORTHLAKE	State TX	Zip Code 76226-3369						1046855 s Period	9		
FEC ID number of contributing federal political committee.	С				-7-		-7	76.9	92		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Mer	no Ite	m					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R	Dedu	ction (S	\$38.46	Bi-We	ekly)			
Full Name of Individual (Last, First, Middle DAVIDSON, TRACY, , ,	e Initial) or Full C	organization Name	Da	te of l	Receip	ot					
Mailing Address 6058 HARBOUR TOWN			N	06	/ D	о 30	/ Y	2023	Y		
City WESTERVILLE	State OH	Zip Code 43082-8144						<b>1166855</b> s Period	9		
FEC ID number of contributing federal political committee.	С						, pr tin	384.6	60		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt	-  C	Mer	no Ite	m					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R	Deduc	ction (\$	\$192.30	) Bi-W	eekly)			
Full Name of Individual (Last, First, Middle C. HEUMANN, KURT, , ,	e Initial) or Full C	organization Name	Da	te of I	Receip	ot					
Mailing Address 63 MUIRFIELD COURT			T.	06 <sup>M</sup>	/ D	30	/ Y	2023	Y		
City SAINT LOUIS	State MO	Zip Code 63141-7372						<b>1376855</b> s Period	9		
FEC ID number of contributing federal political committee.	С				y		<b>9</b>	88.4	46		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Mei	mo Ite	m					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date  574.99	P/R	Dedu	ction (	\$44.23	Bi-We	ekly)			
SUBTOTAL of Receipts This Page (optiona	)				y		9	549.9	98		
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				each category of the tailed Summary Page		<b>K</b> 11a		11b	11c	12		
Any information copied	from such Reports and Sta	itements ma	ay not	be sold or used by any pe	erson	13 for the	purp	14 Dose of	15 soliciting	16 g contribu	17 Itions	
or for commercial purp	oses, other than using the r											
NAME OF COMMIT	TEE (In Full) Group Incorporated	d PAC (l	Jnite	edHealth Group PA	C)							
Full Name of Individ A. HIGGINS, MARY	lual (Last, First, Middle Initia <, , ,	al) or Full O	rganiz	ation Name		Date of	Re	ceipt				
Mailing Address 54	BELCREST ROAD					м м 06	/	30	) / Y	y y 2023	Ŷ	
City WEST HARTFORD		State CT	Z	Zip Code 06107-3304						31386855 nis Perioc		
FEC ID number of of federal political com	0	С						<b>,</b>	-	76	.92	
Name of Employer United HealthCare S	. ,		upatio Gen N	n (for Individual) Igmt		Me	emo	Item				
Receipt For: Primary Other (specify	General ) ▼	Aggregate	Year-1	to-Date ▼ 499.98		P/R Dedu	uctio	on (\$38	.46 Bi-W	eekly)		
Full Name of Individ B. TODD, JEFFR	lual (Last, First, Middle Initia EY, , ,	al) or Full O	rganiz	ration Name		Date of	Re	ceipt				
	7 PRAIRIE WAY SOUTH	-				м м 06	/	D 10 30	) / Y	2023	Y	
City BAYPORT		State MN		Zip Code 55003-1607	-			-		31906855 nis Perioc	-	
FEC ID number of of federal political com	0	С						-		50		
Name of Employer United HealthCare S			•	n (for Individual) writing		Me	emo	Item				
Receipt For: Primary Other (specify	General ) ▼	Aggregate	Year-1	to-Date ▼ , 325.00	F	P/R Dedu	uctic	on (\$25.	00 Bi-We	eekly)		
Full Name of Individ	lual (Last, First, Middle Initia MATTHEW, , ,	al) or Full O	rganiz	ation Name		Date of	Re	ceipt				
Mailing Address 22	60 FOX STREET					06 <sup>M</sup>	/	30		2023	Ŷ	
City ORONO		State MN		Zip Code 55356-8316						6699685 nis Perioc		
FEC ID number of of federal political com	0	С				<u> </u>	_	y	. ,	384	.60	
Name of Employer United HealthCare S			•	n (for Individual) llary & Ind/Sgt CAO		Me	emo	Item				
Receipt For: Primary Other (specify	General	Aggregate	Year-1	to-Date ▼ 2499.90		P/R Ded	uctio	on (\$19	2.30 Bi-V	Veekly)		
SUBTOTAL of Receip	ts This Page (optional)			•				,	. ,	511.	52	
TOTAL This Period (la	ast page this line number or	nly)		•••••	-			, I				

FOR LINE NUMBER:

PAGE 11 OF

			(check c	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	<u> </u>		
Any information copied from such Reports ar or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle A. EMERSON, PAUL, , ,	e Initial) or Full O	rganization Name	Date	of R	eceipt					
Mailing Address 18855 MEADOW VIEW B	LVD		06		D D D D D D D D D D D D D D D D D D D	) / Y	Y Y 2023	Y		
City PRIOR LAKE	State MN	Zip Code 55372-3133					<b>75036855</b> iis Period	9		
FEC ID number of contributing federal political committee.	С				-yr- 1		384.	60		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Unit CEO		Mem	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R D	educt	ion (\$19:	2.30 Bi-W	/eekly)			
Full Name of Individual (Last, First, Middle B. ANDERSON, CATHERINE, , ,	e Initial) or Full O	rganization Name	Date	of R	eceipt					
Mailing Address 57 SIMMONS LANE			06		D D D 30	) / Y	y y 2023	Y		
City SEVERNA PARK	State MD	Zip Code 21146-1921					55076855 iis Period	9		
FEC ID number of contributing federal political committee.	С		C		-gr. 1		384.	60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) PHealth Equity Strategy		Mem	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R D	educti	ion (\$192	2.30 Bi-W	/eekly)			
Full Name of Individual (Last, First, Middle C. WEYMOUTH, PAUL, , ,	Initial) or Full O	rganization Name	Date	of R	eceipt					
Mailing Address 1185 HOPKINTON RD			00		D 0 30		ү ү 2023	Y		
City HOPKINTON	State NH	Zip Code 03229-2647					63696855 iis Period	9		
FEC ID number of contributing federal political committee.	С		Ē		, .	,	384.	60		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp CIO		Mem	o Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R D	educt	ion (\$19	2.30 Bi-W	Veekly)			
SUBTOTAL of Receipts This Page (optional	)				,	. ,	1153.	30		
TOTAL This Period (last page this line num	per only)				-					

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle DUPERRE, BRIAN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 100 LONG HILL DRIVE			M M / D D / Y Y Y Y 06 30 2023						
City SOMERS	State CT	Zip Code 06071-1272	Transaction ID : PR1910417368559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) outy Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify) $\bigtriangledown$	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. GILDERNICK, AMY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2709 WILLIAMS GRANT			M M / D D / Y Y Y Y 06 30 2023						
City DE PERE	State WI	Zip Code 54115-9456	Transaction ID : PR2119475268559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary     General       Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. KANNE, KATHLEEN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4826 PALOMINO COURT			06 / 0 / Y Y Y Y 2023						
City ERIE	State PA	Zip Code 16506-6624	Transaction ID : PR2119479668559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Experience	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			501.52						
TOTAL This Period (last page this line number	er only)								

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

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

FOR LINE NUMBER:

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TEWIZED RECEIFTS		Detailed Summary Page	×	11a		] 11b	b 🗌	11c	12	
				13		14		15	16	17
Any information copied from such Reports a or for commercial purposes, other than usir										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Midc A. MACEMEADOR, HEATHER, , ,	lle Initial) or Full C	rganization Name		Date of	Re	eceip	ot			
Mailing Address 13531 CARLTON OAKS	3			м м 06	/	D	30	/ Y	ү 2023	Y
City	State	Zip Code		Trans	acti	ion	ID : P	R2119	48256855	9
SAN ANTONIO	ТХ	78232-4902	/	Amount	of	Eac	ch Re	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					-		-gr	40.	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		Me	emo	b Ite	m			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. NYGARD, KEITH, , ,	lle Initial) or Full C	rganization Name		Date of	Re	eceip	ot			
Mailing Address 8056 CARPENTER CRE	EK AVENUE			M M	/	D	30	/ Y	y y 2023	Y
City LAS VEGAS	State NV	Zip Code 89113-3685	/						<b>48506855</b> his Period	9
FEC ID number of contributing federal political committee.	С					- -		-9-	40.	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Reg Adhr		Me	emo	b Ite	m			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/	ſR Dedu	uctic	on (\$	\$20.0	0 Bi-We	eekly)	
Full Name of Individual (Last, First, Midc C. WRIGHT, GREGORY, , ,	lle Initial) or Full C	rganization Name		Date of	Re	eceip	ot			
Mailing Address 10471 STRAND TERRA	VCE			<sup>M</sup> 06	/	D	30	/ Y	y y 2023	Y
City SANTA ANA	State CA	Zip Code 92705-1495							49416855	9
FEC ID number of contributing federal political committee.	C			Amount	OT	Eac	cn Re	ceipt th	iis Period 384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	o Ite	em			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P	/R Ded	uctio	on (	\$192.	30 Bi-V	Veekly)	
SUBTOTAL of Receipts This Page (option	al)	<b>\</b>							464.	60
TOTAL This Period (last page this line nur	mber only)	·····	_			-				

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ı <del>ب</del>	ITEMIZED RECEIPTS		Use separate schedule	(check only one)								
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	y information copied from such Reports and St for commercial purposes, other than using the				on for the	purpo	ose of s	soliciting	contrib		ıs	
	NAME OF COMMITTEE (In Full)		<i>,</i> ,,									
	UnitedHealth Group Incorporate	d PAC (	UnitedHealth Grou	IP PAC	)							
Α.	Full Name of Individual (Last, First, Middle Init HULTGREN, BROR, , ,	ial) or Full C	Drganization Name		Date of	f Rec	eipt					
	Mailing Address 408 22ND ST				06 M	1	D D D 30	/ Y	y y 2023	Y		
	City GOLDEN	State CO	Zip Code 80401-2452					PR21331 eceipt th				
	FEC ID number of contributing federal political committee.	С			384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Gen Mgmt		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2499.9	0	P/R Ded	uctior	n (\$192.	.30 Bi-W	/eekly)			
B.	Full Name of Individual (Last, First, Middle Init PUTNAM, T JEFFREY, , ,		Date of	f Rec	eipt							
	Mailing Address 303 ELMWOOD PLACE WEST City State Zip Code						30	I L	2023			
	MINNEAPOLIS	MN	55419-1349	-				R21331 ceipt th				
	FEC ID number of contributing federal political committee.	C								u 1.60		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) tt Group CFO		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2499.s	90	P/R Deduction (\$500.00 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initi RUMMEL, LEAH, , ,	ial) or Full C	Drganization Name		Date of	f Rec	eipt					
	Mailing Address 12100 TRAUTWEIN ROAD	State	Zin Onde		06		30	I L	2023			
	City AUSTIN	TX	Zip Code 78737-9358		Amount			PR21457				
	FEC ID number of contributing federal political committee.	С				,		y	38	3.46		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Govt Affs		М	emo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 461.5		P/R Ded	luctio	n (\$0.00	) Bi-Wee	ekly)			
	UBTOTAL of Receipts This Page (optional)					,			807	7.66	_ 	

## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	Use separate schedule(s)	(cheo	(check only one)								
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	soliciting	g con	tributi	ons
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initia LEWIS, KURT, , ,	al) or Full O	rganization Name	D	ate of	Re	ceipt				
	Mailing Address 961 RIVER FOREST DRIVE				м м 06	/	D D 30	/ Y	Ý 20	23 23	Y
City MAINEVILLE		State OH	Zip Code 45039-7720		Transaction ID : PR2203967568559 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C								384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/f	र Dedi	uctio	on (\$192	2.30 Bi-W	Veekl	y)	
в.	Full Name of Individual (Last, First, Middle Initia BEAULE, JEAN-FRANCOIS, , ,	al) or Full O	rganization Name	D	ate of	Re	ceipt				
	Mailing Address 7 STRATFORD RD						30	/ Y	202	23 23	Y
	City FARMINGTON	State CT	Zip Code 06032-1444					PR22258			
	FEC ID number of contributing	C					Each Re	eceipt th		eriod 390.0	0
	federal political committee.       Name of Employer (for Individual)   Occupation (for Individual)						Item	ye.	_		
	United HealthCare Services Inc		P HIth Advancement								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		2455.38	P/F	≀ Dedu	uctio	on (\$195	.00 Bi-W	/eekly	y)	
с.	Full Name of Individual (Last, First, Middle Initia RYAN, JOHN, , ,	al) or Full O	rganization Name	D	ate of	Re	ceipt				
	Mailing Address 45 WESTMORELAND LN				<sup>M</sup> 06	1	D D 30	/ Y	202	23	Y
	City NAPERVILLE	State IL	Zip Code 60540-5817				-	PR2225			)
	FEC ID number of contributing	C		A	mount	OT	Each Re	eceipt th		erioa 384.6	0
	federal political committee.			17			9	9	_		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sion CEO	_ !	Me	emc	ttem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/I	२ Ded	ucti	on (\$192	2.30 Bi-V	Veekl	у)	
s	UBTOTAL of Receipts This Page (optional)		•••••	. [			, .	.,	1	159.2	0
т	OTAL This Period (last page this line number o	nly)						1.45			

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

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		Use separate schedule(s)	(check only one)								
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathematic and a	I ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ated PAC (	UnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle KANTOLA, KEVIN, , ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 7031 HALSTEAD DRIVE			06 30 Y Y Y Y Y 2023								
City MINNETRISTA	State MN	Zip Code 55364-3201	Transaction ID : PR2247627068559								
FEC ID number of contributing			Amount of Each Receipt this Period								
federal political committee.	C		384.60								
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)								
Other (specify)		2499.90									
Full Name of Individual (Last, First, Middle B. OBRIEN, DENNIS, , ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 61 LOUGHLIN AVE			06 30 2023								
City	State	Zip Code	Transaction ID : PR2247627368559								
COS COB	СТ	06807-2621	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO	Memo Item								
Receipt For:		Year-to-Date ▼	—								
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. PRINCE, JOHN, , ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 546 HARRINGTON ROAD			06 30 2023								
City WAYZATA	State MN	Zip Code 55391-1550	Transaction ID : PR2259738468559								
FEC ID number of contributing	C	333311330	Amount of Each Receipt this Period								
federal political committee.	U										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp Pres & COO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2307.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			961.50								
TOTAL This Period (last page this line number	er only)										

## Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			Person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorport	ated PAC (	JnitedHealth Group P/	4C)
Full Name of Individual (Last, First, Middle CRONN, CHRISTOPHER, , ,	,	rganization Name	Date of Receipt
Mailing Address 1122 COLORADO STREE 	T		06 30 2023
City AUSTIN	State TX	Zip Code 78701-2132	Transaction ID : PR2270522968559
		10101-2132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.38
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄t Affs Dir	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 749.97	P/R Deduction (\$57.69 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. KEPLEYCARRIER, ANGELA, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 3219 PENINSULA DRIVE			06 30 2023
City	State	Zip Code	Transaction ID : PR2402317768559
JAMESTOWN	NC	27282-8717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	-
Primary     General       Other (specify) ▼		, 260.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. MCGRATH, STACY, , ,	Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address 5801 CHOWEN AVE S			06 30 2023
City EDINA	State MN	Zip Code 55410-2759	Transaction ID : PR2402318568559
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item
Receipt For:     Primary     General       Other (specify)	I	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			195.38
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ıт.	ITEMIZED RECEIPTS		Use separate schedule(s)	(che	(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15		12 16	17	
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$\setminus$	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group PA	AC)								
/	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name									
Α.	HIGA, JOY, , ,			_	Date of	Re	·					
	Mailing Address 2208 ELM AVENUE				06 30 2023							
	City		Zip Code		Transaction ID : PR2402446268559							
	MANHATTAN BEACH	CA	90266-2809	_ :	Amount	of	Each R	eceipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-			384.6	0	
	Name of Employer (for Individual)	Осси	upation (for Individual)		M	emo	Item					
	United HealthCare Services Inc	Chie	ef Compl Off & SVP Reg Affs									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					00 D' M				
	Other (specify) V		2499.90		7R Dea	uctio	on (\$192	2.30 Bi-W	veeкi	y)		
				<u> </u>								
B.	Full Name of Individual (Last, First, Middle Initia ALEXANDER, CORY, , ,	al) or Full O	Organization Name		Date of	Re	ceipt					
	Mailing Address 6412 HIGHLAND DRIVE				<sup>M</sup> 06	/	<sup>D</sup> 30	/ Y	202	23	Ŷ	
	City	State MD	Zip Code	-				PR24054				
			20815-6608	- 1	Amount	: of	Each R	eceipt th	nis Pe	eriod	_	
	FEC ID number of contributing federal political committee.	С			<u>L</u> .			1 - AJA		384.60	0	
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P, Senior Advisor		M	emo	Item					
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify) ▼		2499.90	P	/R Ded	uctio	on (\$192	30 Bi-W	/eekly	/)		
<u></u> с.	Full Name of Individual (Last, First, Middle Initia WEE, KATHLYN, , ,	al) or Full O	Organization Name		Date of	Re	ceipt					
	Mailing Address 2225 46TH ST NW				06 <sup>M</sup>	1	D D D 30	/ Y	202	23	Y	
	City WASHINGTON	State DC	Zip Code 20007-1032					PR2408			i	
			20007-1032	- 1	Amount	: of	Each R	eceipt th	nis Pe	)riod		
	FEC ID number of contributing federal political committee.	С			Ľ.		y			384.60	0	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	ltem					
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Other (specify)		2499.90	]   <sup>F</sup>	P/R Ded	uctio	on (\$192	2.30 Bi-V	Veekl	у)		
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			•			,		1	153.80	D	

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		Use separate schedule(s)	(che	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12			
Any information copied from such Reports ar or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle BALTHAZOR, PAUL, , ,	e Initial) or Full O	rganization Name	[	Date of	Re	ceipt					
Mailing Address 2002 SUGARWOOD DRI	VE			м м 06	/	D D D 30	/ Y	y y 2023	Y		
City ORONO	State MN	Zip Code 55356-9339		Transaction ID : PR2437120768559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С						-	384.	60		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment COO		Me	emo	ltem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	] P.	/R Dedu	uctic	on (\$192	2.30 Bi-W	/eekly)			
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NESS, LAURA, , ,										
Mailing Address 10550 PINNACLE WAY		Zip Code		Date of	/	D D D 30	/ Y	ү ү 2023	Y		
City WOODBURY	State MN						<b>12156855</b> iis Period	-			
FEC ID number of contributing federal political committee.	ting C					,		384.	_		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO		Me	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	] P/	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. COSGRIFF, JOHN, , ,	e Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 1875 HUNTER LANE				06 <sup>M</sup>	/	р 30	/ Y	ү ү 2023	Y		
City MENDOTA HEIGHTS	State MN	Zip Code 55118-4110						12166855 iis Period			
FEC ID number of contributing federal political committee.	С					y .		384.	60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO		Me	emo	Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	]   P	/R Dedu	uctio	on (\$192	2.30 Bi-V	Veekly)			
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Date of Receipt						
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_ Amount of Each Receipt this Period						
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-Weekly)						
2023						
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this Period						
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i-Weekly)						

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

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

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			Detailed Summary Page	×	11a		11		11	ŀ	12	47	
	y information copied from such Reports and Staten for commercial purposes, other than using the name						pos	se of s		iting			
<u> </u>	NAME OF COMMITTEE (In Full)		and the arry point our commune				June		5.11	54011	50111111		
$\Big\rangle$	UnitedHealth Group Incorporated F	PAC (U	InitedHealth Group P	AC)									
A.	Full Name of Individual (Last, First, Middle Initial) of LANGER, DONALD, , ,	or Full Or	ganization Name		Date of	Re	ecei	ipt	_				
	Mailing Address 5110 OAK RAMBLING DRIVE				06 / <sup>1</sup> 2023								
	9	State TX	Zip Code 77494-1971	Δ	Transaction ID : PR2445015468559 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.				384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO		Memo Item								
	Receipt For:     Ag       Primary     General       Other (specify) ▼	ggregate Y	Year-to-Date ▼ 2499.90	P/	R Dedu	uctio	on (	(\$192	.30 I	Bi-We	eekly)		
в.	Full Name of Individual (Last, First, Middle Initial) of MCMAHON, DIRK, , ,	or Full Or	ganization Name		Date of	Re	ecei	ipt					
	Mailing Address 60 WILDHURST ROAD				06 / <sup>D</sup> D / <sup>Y</sup> Y Y Y 2023								
		State MN	Zip Code 55331-8461				-				5 <b>706855</b> s Period	9	
	FEC ID number of contributing federal political committee.		ļ			-,-			,	384.	60		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Presi		Me	emo	o It∉	em						
	Receipt For:     Ag       Primary     General       Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90					P/R Deduction (\$192.30 Bi-Weekly)						
C.	Full Name of Individual (Last, First, Middle Initial) on NATHAN, DONALD, , ,	or Full Or	ganization Name		Date of	Re	ecei	ipt					
	Mailing Address 1643 SPRING CREEK DRIVE				<sup>M</sup> 06	/	L	30	/		y y 2023		
	,	State FL	Zip Code 34239-5046	A							5736855 s Period	9	
	FEC ID number of contributing federal political committee.				_		y			,	384.	60	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Senior Advisor		Me	emo	o Ite	em					
	Receipt For:     Ag       Primary     General       Other (specify)	gregate Y	P/	R Dedi	uctio	on	(\$192	.30	Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)			•			,			,	1153.8	30	
Т	OTAL This Period (last page this line number only)			•			-			,			

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Mailing Address 3615 THORNAPPLE STREET         City       State       Zip Code         CHEVY CHASE       MD       20815-4113         FEC ID number of contributing federal political committee.       C       384.60         Name of Employer (for Individual) Optum Services, Inc       Occupation (for Individual) SVP Strategy       Memo Item         Primary       General       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$192.30 Bi-Weekly)		EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
VintedHealth Group Incorporated PAC (UnitedHealth Group PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. SMITH, KARA,         Mailing Address 3917 TERRY PLACE         City         ALEXANDRIA         Value of Enclosed and the second s		for commercial purposes, other than using the na										
A.       SMITH, KARA, ,       Date of Receipt         Mailing Address 3917 TERRY PLACE       06       30       2023         City       XLEXANDRIA       VA       2204-1737       Amount of Each Receipt is Period         Mailing Address 3917 TERRY PLACE       06       30       2023         City       XLEXANDRIA       VA       2204-1737       Amount of Each Receipt is Period         Matter Committee       C			PAC (l	JnitedHealth Group PA	AC)							
City       ALEXANDRIA       VA       Zip Code       Transaction ID : PR2540175368553         FEC ID number of contributing       C       Amount of Each Receipt this Period       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       VP Govt Affs       P/R Deduction (\$192.30 Bi-Weekly)         Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$192.30 Bi-Weekly)       Date of Receipt         B. PURDY, PATRICIA, .,       Maling Address 3615 THORNAPPLE STREET       Off       30       2023         City       Maling Address 3615 THORNAPPLE STREET       MD       20154113       Transaction ID : PR2540130686553         FEC ID number of contributing federal political committee.       Occupation (for Individual) SVP Strategy       Date of Receipt this Period         Receipt For:       Magregate Year-to-Date V       P/R Deduction (\$192.30 Bi-Weekly)       P/R Deduction (\$192.30 Bi-Weekly)         FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name       Memo Item       Memo Item         Receipt For:       Aggregate Year-to-Date V       P/R Deduction (\$192.30 Bi-Weekly)       P/R Deduction (\$192.30 Bi-Weekly)         FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name       Memo Item       Memo Item         Maling Address 543 E LURAY AVE       C	Α.		) or Full O	rganization Name	Date of Receipt							
ALEXANDRIA       VA       22304-1737       Amount of Each Receipt this Period         FEC 1D number of contributing tederal political committee.       C       384.60         Name of Employer (for Individual)       Occupation (for Individual)       P/R Deduction (\$192.30 Bi-Weekly)         Mailing Address 3615 THORNAPPLE STREET       City       State       Z499.90         Receipt Cit D number of contributing tederal political committee.       Date of Receipt       06 / 2023         Mailing Address 3615 THORNAPPLE STREET       City       State       Z19 Code         Other (specify) ▼       State       Z19 Code       Amount of Each Receipt this Period         Receipt Cit Individual       C       Tanaaction ID - PR2541300658655       Amount of Each Receipt this Period         Mailing Address 5435 EURAY AVE       State       Z499,80       P/R Deduction (\$192.30 Bi-Weekly)         Primary       General       Occupation (for Individual)       SVP Strategy         Receipt Cit       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$192.30 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 543 E LURAY AVE       Zip Code       Tanaaction ID : PR25425422		Mailing Address 3917 TERRY PLACE	1									
FEC ID number of contributing federal political committee.       C       384.60         Name of Employer (for Individual) United HealthCares Services Inc       C       384.60         Raceipt For: Other (specify) ▼       Cecupation (for Individual) VP Gox Affs       P/R Deduction (\$192.30 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. PURDV, PATRICIA,       Mailing Address 3615 THORNAPPLE STREET       Date of Receipt         City       State       Zip Code       Transaction ID : PR2541300668559         CHEVY CHASE       MD       20615-4113       Amount of Each Receipt for 30 / 2023         Receipt For: Optim Services, Inc       C       384.60         Receipt For: Optim Services, Inc       C       384.60         Receipt For: Optim Services, Inc       C       384.60         Name of Individual (Last, First, Middle Initial) or Full Organization Name       C         City       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         City       City       Zip Code       Amount of Each Receipt This Period         RAMSAY, RICHARD, ,       <					Transaction ID : PR2540175368559							
rederal political committee.       U		ALEXANDRIA	VA	22304-1737	Amount of Each Receipt this Period							
United HealthCare Services Inc       VP Govi Affs         Receipt For:		5	С		384.60							
Primary       General       P/R Deduction (\$192.30 Bi-Weekly)         P/R Deduction (\$192.30 Bi-Weekly)       P/R Deduction (\$192.30 Bi-Weekly)         B. PURDY, PATRICIA, . , .       Mailing Address 3615 THORNAPPLE STREET         City       State       Z/p Code         CHEVY CHASE       Mb       20815-4113         FEC ID number of contributing federal political committee.       C       384.60         Name of Employer (for Individual) OCcupation (for Individual) SVP Strategy       P/R Deduction (\$192.30 Bi-Weekly)         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$192.30 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$192.30 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       RAMSAY, RICHARD, . , .       Mailing Address 543 E LURAY AVE         City       State       Zip Code         ALEXANDRIA       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)       Transaction ID : PR2542542268559         Amount of Each Receipt this Period       100.00       Memo Item         P/R Deduction (\$50.00 Bi-Weekly)       P/R Deduction (\$50.00 Bi-Weekly)       P/R Deduction (\$50.00 Bi-Weekly)				,	Memo Item							
Primary       General       2499.90       P/R Deduction (\$192.30 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B.       PURDY, PATRICIA,		Receipt For:	Aggregate	Year-to-Date V	-							
B.       PURDY, PATRICIA, , ,       Date of Receipt         Mailing Address 3615 THORNAPPLE STREET       06       30       2023         City       State       Zip Code       Transaction ID : PR2541300668559         CHEVY CHASE       MD       20815-4113       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation (for Individual)       P/R Deduction (\$192.30 Bi-Weekly)         Primary       General       Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         C.       RAMSAY, RICHARD, , ,       Mailing Address 543 E LURAY AVE       Date of Receipt         City       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)       Date of Receipt         Mailing Address 543 E LURAY AVE       Zip Code       Transaction ID : PR2542542268559       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       PR2642542268559       Amount of Each Receipt this Period       Image: State Services Inc       100.00         Receipt For:       Prased Africo       Aggregate Year-to-Date ▼       P/R Deduction (\$50.00 Bi-Weekly)       P/R Deduction (\$50.00 Bi-Weekly)       P/R Deduction (\$		Primary General			P/R Deduction (\$192.30 Bi-Weekly)							
City       State       Zip Code       Transaction ID : PR2541300668559         CHEVY CHASE       MD       20815-4113       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       384.60         Name of Employer (for Individual) Occupation (for Individual) SVP Strategy       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         C.       RAMSAY, RICHARD, , ,       Mailing Address 543 E LURAY AVE       Date of Receipt Ib : Prezode y 2023         City       Mailing Address 543 E LURAY AVE       Zip Code y 2023       Transaction ID : PR2542542268559         City       Mailing Address 543 E LURAY AVE       Date of Receipt Ibit Period         City       State       Zip Code y 2023         ALEXANDRIA       State       Zip Code y 2023         Name of Employer (for Individual)       Occupation (for Individual)       Preceipt His Period         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       P/R Deduction (\$50.00 Bi-Weekly)         United HealthCare Services Inc       Aggregate Year-to-Date ▼       P/R Deduction (\$50.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)       Aggregate Ye	в.		) or Full O	rganization Name	Date of Receipt							
CHEVY CHASE       MD       20815-4113       Amount of Each Receipt this Precid         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Precid         Name of Employer (for Individual) Optum Services, Inc       Occupation (for Individual) SVP Strategy       Memo Item         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         City       ALEXANDRIA       State       Zip Code       Transaction ID : PR2542564268559         Mame of Employer (for Individual)       Occupation (for Individual)       Date of Receipt this Period       100.00         FEC ID number of contributing federal political committee.       C       C       Aggregate Year-to-Date ▼       Pransaction ID : PR2542542568559         Name of Employer (for Individual)       Occupation (for Individual)       Preceipt this Period       100.00         Memo Item       P/R Deduction (\$50.00 Bi-Weekly)       P/R Deduction (\$50.00 Bi-Weekly)       2650.00         SubtotAL of Receipts This Page (optional)		Mailing Address 3615 THORNAPPLE STREET										
FEC ID number of contributing federal political committee.       C       384.60         Name of Employer (for Individual) Optum Services, Inc       Occupation (for Individual) SVP Strategy       Memo Item         Receipt For: Primary General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         Cliv       Aggregate Year-to-Date ▼       Date of Receipt         Cliv       State       Zip Code         ALEXANDRIA       VA       22301-1605         FEC ID number of contributing federal political committee.       Occupation (for Individual)         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       P/R Deduction (\$50.00 Bi-Weekly)         VP Regl Alfs       Aggregate Year-to-Date ▼       P/R Deduction (\$50.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)		City		Zip Code	Transaction ID : PR2541300668559							
federal political committee.       384.60         Name of Employer (for Individual) Optum Services, Inc       Occupation (for Individual) SVP Strategy       Memo Item         Primary       General       2499,90       P/R Deduction (\$192.30 Bi-Weekly)         C. RAMSAY, RICHARD, , ,       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 543 E LURAY AVE       VA       22301-1605         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual) United HealthCare Services Inc       Occupation (for Individual) VP Regl Affs       Memo Item         Receipt For:       Primary       General       Occupation (for Individual)       P/R Deduction (\$50.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)       Aggregate Year-to-Date ▼       P/R Deduction (\$50.00 Bi-Weekly)       869.20		CHEVY CHASE	MD	20815-4113	Amount of Each Receipt this Period							
Optim Services, Inc       SVP Strategy         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         P/R Deduction (\$192.30 Bi-Weekly)         C.       RAMSAY, RICHARD, , ,         Mailing Address 543 E LURAY AVE       Date of Receipt         City       State       Zip Code         ALEXANDRIA       VA       Z2301-1605         FEC ID number of contributing federal political committee.       Date of Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         United HealthCare Services Inc       Aggregate Year-to-Date ▼       P/R Deduction (\$50.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)		5	С		384.60							
Primary       General         Other (specify) ▼       P/R Deduction (\$192.30 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       RAMSAY, RICHARD, , ,         Mailing Address 543 E LURAY AVE       Date of Receipt         City       State       Zip Code         ALEXANDRIA       VA       22301-1605         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer (for Individual)       Occupation (for Individual)       VP Regl Affs         Receipt For:       Primary       General       Aggregate Year-to-Date ▼         Other (specify)       General       650.00       P/R Deduction (\$50.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)				· · · · · ·	Memo Item							
C.       RAMSAY, RICHARD, , ,       Date of Receipt         Mailing Address 543 E LURAY AVE       Zip Code       2023         City       State       Zip Code         ALEXANDRIA       VA       22301-1605         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         United HealthCare Services Inc       Aggregate Year-to-Date        P/R Deduction (\$50.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)       State (optional)       869.20		Primary General	Aggregate		P/R Deduction (\$192.30 Bi-Weekly)							
City       State       Zip Code       Transaction ID : PR2542542268559         ALEXANDRIA       VA       22301-1605       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer (for Individual)       Occupation (for Individual)       100.00         United HealthCare Services Inc       VP Regl Affs       Memo Item         Primary       General       Aggregate Year-to-Date ▼       P/R Deduction (\$50.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)	с.		) or Full O	rganization Name	Date of Receipt							
ALEXANDRIA       VA       22301-1605       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       100.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         United HealthCare Services Inc       VP Regl Affs       Memo Item         Primary       General       Aggregate Year-to-Date ▼       P/R Deduction (\$50.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional).       Seg.20       869.20		Mailing Address 543 E LURAY AVE										
FEC ID number of contributing federal political committee.       C       100.00         Name of Employer (for Individual) United HealthCare Services Inc       Occupation (for Individual) VP Regl Affs       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$50.00 Bi-Weekly)         Other (specify)       650.00       650.00         SUBTOTAL of Receipts This Page (optional)		-			Transaction ID : PR2542542268559							
federal political committee.       Image: Committee.       Image: Committee.       Image: Committee.         Name of Employer (for Individual)       Occupation (for Individual)       Image: Committee.       Image: Committee.         United HealthCare Services Inc       VP Regl Affs       Image: Committee.       Image: Committee.         Primary       General       Aggregate Year-to-Date ▼       Image: Committee.       P/R Deduction (\$50.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional).       Image: Committee.       Image: Committee.       Image: Committee.		ALEXANDRIA	VA	22301-1605	Amount of Each Receipt this Period							
United HealthCare Services Inc       VP Regl Affs         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         650.00       P/R Deduction (\$50.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)		5	С		100.00							
Primary       General         Other (specify)       650.00         SUBTOTAL of Receipts This Page (optional)				1 ( )	Memo Item							
		Primary General	Aggregate	650.00	P/R Deduction (\$50.00 Bi-Weekly)							

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle DAVENPORT, ALLISON, , ,	II Name of Individual (Last, First, Middle Initial) or Full Organization Name AVENPORT, ALLISON, , ,										
Mailing Address 141 PELHAM ROAD			06 30 / Y Y Y Y Y 06 30								
City PHILADELPHIA	State PA	Zip Code 19119-2661	Transaction ID : PR2552313668559								
FEC ID number of contributing federal political committee.	C	19119-2001	Amount of Each Receipt this Period 384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. BRYANT, JEREMY, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 4534 MYSTIQUE WAY											
City ROSWELL	State GA	Zip Code 30075-2087	Transaction ID : PR2552961368559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Mgmt NA Accts	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. COLEMAN, MICHAEL, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 842 NAGLE STREET			06 / D D / Y Y Y Y 06 30 2023								
City HOUSTON	State TX	Zip Code 77003-1266	Transaction ID : PR2552961468559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			538.44								
TOTAL This Period (last page this line numb											

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle FLANNERY, SCOTT, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 8508 TRELADY CT			06 30 / Y Y Y Y 2023					
City PLANO	State TX	Zip Code 75024-6827	Transaction ID : PR2552962368559           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		192.30					
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Hlth	upation (for Individual) Plan CEO	Memo Item					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. JAMES, GREGORY, , ,	Initial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2323 KINGS POINT DRIVE							
City LARGO	State FL	Zip Code 33774-1009	Transaction ID : PR2552963268559 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. KIDAMBI, NARASIMHAN, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 18477 85TH AVE N			06 / D D / Y Y Y Y 2023					
City MAPLE GROVE	State MN	Zip Code 55311-1663	Transaction ID : PR2552963868559 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		40.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Anlys	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)	)		309.22					
TOTAL This Period (last page this line numb	per only)							

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	NC)								
Full Name of Individual (Last, First, Middle A. LOVELADY, JOHN, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 5378 BUENA VISTA DR	State	Zip Code	06 30 2023 Transaction ID : PR2552964268559								
FRISCO	TX	75034-2253	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Bus Ops	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. PAULUS, LESLIE, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 305 E TUCKEY LN											
City PHOENIX	State AZ	Zip Code 85012-1048	Transaction ID : PR2552965268559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) United HealthCare Services Inc											
Receipt For: Primary General Other (specify)	eceipt For: Primary General Aggregate Year-to-Date ▼										
Full Name of Individual (Last, First, Middle POTTER, DONALD, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 116 FULLER LANE			06 / D D / Y Y Y Y Y 2023								
City WINNETKA	State IL	Zip Code 60093-4213	Transaction ID : PR2552965468559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		69.22								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 449.93	P/R Deduction (\$34.61 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			530.74								
TOTAL This Period (last page this line number	er only)	••••••									

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	<b>NIZED RECEIPTS</b>		for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12	<u> </u>		
	nformation copied from such Reports and Stat commercial purposes, other than using the na					purpo						
	ME OF COMMITTEE (In Full)											
	nitedHealth Group Incorporated	PAC (L	JnitedHealth Group	p PAC)	)							
	ll Name of Individual (Last, First, Middle Initial ROSKAUER, DANIEL, , ,	) or Full Or	rganization Name		Date of	Rece	eipt					
Ma	ailing Address 240 DERBY STREET				<sup>M</sup> M	/	D D 30	/ Y	y y 2023	Y		
Cit	y EWTON	State MA	Zip Code 02465-1006						<b>7506855</b> is Period	9		
	C ID number of contributing deral political committee.	С							38.4	16		
	me of Employer (for Individual) otum Services, Inc		upation (for Individual) Architecture		Me	emo I	ltem					
	agint For:	Aggregate Y	Year-to-Date ▼ 249.99	9	P/R Dedu	uction	n (\$19.2	23 Bi-We	eekly)			
	Il Name of Individual (Last, First, Middle Initial EIDY, GREGORY, , ,	) or Full Or	rganization Name		Date of	Rece	eipt					
	ailing Address 1005 BLAKEFIELD DRIVE				06	1	D D 30	/ Y	2023	Y		
Cit	y RENTWOOD	State TN	Zip Code 37027-8479	-					13368559 is Period	9		
FE	C ID number of contributing deral political committee.	C							384.6	60		
	ame of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) In CEO		Me	emo I	ltem					
Re	eceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2499.90	0	P/R Dedu	uction	n (\$192.	30 Bi-W	eekly)			
	II Name of Individual (Last, First, Middle Initial	) or Full Or	rganization Name		Date of	Rece	eipt					
	ailing Address 7756 N 85TH STREET	1			06 M	1	D D D 30	/ Y	y y 2023	Y		
Cit	y MAHA	State NE	Zip Code 68122-1281						06446855 is Period	9		
	C ID number of contributing deral political committee.	С				. ,		y	76.9	92		
Op	me of Employer (for Individual) otum Services, Inc	Occu Med	upation (for Individual) Dir		Me	emo l	ltem					
Re	Cecipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	8	P/R Dedu	uctior	n (\$38.4	16 Bi-We	ekly)			
SUB	TOTAL of Receipts This Page (optional)			►					499.9	98		
тот	AL This Period (last page this line number on	ly)		····· <b>&gt;</b>		-,		-				

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page			11a 13		] 1 <sup>.</sup>	1b	_	11c	12 16	17	
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		po	se of	soli	citing	contribu	itions	
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial) GIANCURSIO, DONALD, , ,	or Full O	rgar	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 72 MIDNIGHT RIDGE DR	Otata		Zie Oode	M M / D D / Y Y Y Y Y 06 / 30 / 2023									
	City LAS VEGAS	State NV		Zip Code 89135-1680								649685		
		С				moun	t of	Ea	ach Ri	ece	ipt this	s Perioc 384	_	
	Name of Employer (for Individual) Health Plan of Nevada		•	ion (for Individual) n CEO		Μ	lemc	o It	tem					
	Receipt For:       A         Primary       General         Other (specify) ▼       I	Yea	r-to-Date ▼ 2499.90	P/	P/R Deduction (\$192.30 Bi-Weekly)									
B.	Full Name of Individual (Last, First, Middle Initial) LIPPMAN, SHELDON, , ,	or Full O	rgar	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 55 CLIFFIELD ROAD					м м 06	/	l	D D 30	1	Y	y y 2023	Y	
	City BEDFORD	State NY		Zip Code 10506-1210								6 <b>546855</b> s Perioc		
	FEC ID number of contributing federal political committee.	С				_		,			-	194	.00	
	Name of Employer (for Individual) United HealthCare Services Inc		upat d Dir	ion (for Individual)		Memo Item								
	Receipt For:       A         Primary       General         Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 1261.00	P/R Deduction (\$97.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) LOBERG, ANGELA, , ,	or Full O	rgar	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 2837 EAST PARK PLACE					<sup>M</sup> 06	/	[	D 0 30	1	Y	2023 Y	Y	
	City	State		Zip Code		Trans	sact	tio	n ID :	PR	25600	655685	59	
	MILWAUKEE	WI		53211-3845	A	moun	t of	Ea	ach R	ece	ipt this	s Perioc	1	
	FEC ID number of contributing federal political committee.	С				_		y			9		.92	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) /P SIs Acct Mgt		N	lemo	o li	tem					
	Receipt For:     A       Primary     General       Other (specify)	ggregate	Yea	r-to-Date ▼ 499.98	P/	R Dec	ducti	ion	(\$38.	46 I	Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)			••••••								655.	52	
т	OTAL This Period (last page this line number only	′)			Ī			,			-			

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

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

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12							
Any information conied from such Benetic	and Statements me	av not be sold or used by any n	13     14     15     16     17       person for the purpose of soliciting contributions							
or for commercial purposes, other than us			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	orated PAC (l	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Mic MILICH, DAVID, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2702 BIRCHMERE CC	URT		M M / D D / Y Y Y Y 06 30 2023							
City KATY	State TX	Zip Code	Transaction ID : PR2560066068559							
		77450-1303	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item							
Receipt For:		Year-to-Date ▼								
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mid B. NOEL, TIMOTHY, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4316 FREMONT AVEN	IUE SOUTH		06 30 2023							
City	State	Zip Code	Transaction ID : PR2560398868559							
MINNEAPOLIS	MN	55409-1721	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mic C. LUND, BRIAN, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 11471 NORTH SHORI	E DRIVE		06 30 2023							
City	State	Zip Code	Transaction ID : PR2561457668559							
GRANTSBURG	WI	54840-8059	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		78.00							
Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir 1	upation (for Individual) Fax	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 507.00	P/R Deduction (\$39.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optio	nal)		847.20							
TOTAL This Period (last page this line n										

FOR LINE NUMBER:

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ıт.							(check only one)						
11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		<b>X</b> 11a 13		11b	11c		Г	17	
	y information copied from such Reports and St. for commercial purposes, other than using the					for the		pose of	soliciting	g contr	ributic	ons	
$\setminus$	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate	d PAC (I	Un	tedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initi WILLSON, JOSH, , ,	al) or Full C	Orgai	nization Name		Date o	f Re	eceipt					
	Mailing Address 201 ADAMS CT					м м 06	/	D 0 30	/ Y	Y 2023	ү ү 3	1	
	Colleyville	State TX		Zip Code 76034-6811	_				PR2564				
FEC ID number of contributing federal political committee.											76.92	2	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) S SB and Spec Ben		М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 499.98		P/R Ded	lucti	on (\$38.	46 Bi-We	∋ekly)			
в.	Full Name of Individual (Last, First, Middle Initi CARLSON, CHRISTOPHER, , ,	al) or Full C	Orgai	nization Name		Date o	f Re	eceipt					
Mailing Address 10618 WEST RIVER ROAD				Zip Code	06 / 30 / 2023 Transaction ID : PR2564802668559								
	City BROOKLYN PARK	State MN		55443-1233					PR25648 eceipt th				
	FEC ID number of contributing federal political committee.	C									92.30	)	
	Name of Employer (for Individual) United HealthCare Services Inc		upa Prd	tion (for Individual)		М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1249.95		P/R Ded	ucti	on (\$96.	15 Bi-We	ekly)			
С.	Full Name of Individual (Last, First, Middle Initi HANSEN, PAUL, , ,	al) or Full C	Orgai	nization Name		Date of	f Re	eceipt					
	Mailing Address 4960 SHADY ISLAND CIRCLE					M M 06		30		2023	3		
	City MOUND	State MN		Zip Code 55364-9218					PR2564				
	FEC ID number of contributing federal political committee.	С						1			00.00	)	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Iment CFO		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	rr-to-Date ▼ 2394.00		P/R Dec	lucti	ion (\$20	0.00 Bi-V	Veekly	)		
s	UBTOTAL of Receipts This Page (optional)			•				,	,	6	69.22		
т	OTAL This Period (last page this line number o	nly)			-					_	-		

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

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

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(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
or for commercial purposes, other than usir			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Mide MARDEN, PAUL, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9 VAN MULEN STREET	1		M M / D D / Y Y Y Y Y 06 30 2023							
City	State	Zip Code	Transaction ID : PR2564803368559							
MAHWAH	NJ	07430-2977	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>	-							
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mido B. MOQUIST, DARREN, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5313 MINNEHAHA BLV	D		M M / D D / Y Y Y Y 06 30 2023							
City	State	Zip Code	Transaction ID : PR2564803468559							
EDINA	MN	55424-1406	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regnl Pres	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mido C. CARTER, WILLIAM, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1363 CHIPPENDALE R	D		M M / D D / Y Y Y Y 06 30 2023							
City	State	Zip Code	Transaction ID : PR2565448768559							
HOUSTON	ТХ	77018-5257	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		846.12							
TOTAL This Period (last page this line nu	mber only)									

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

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

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IT.			Use separate schedule(s)	(che	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>	
	y information copied from such Reports and Sta for commercial purposes, other than using the r					purpo					
<u>.</u>	NAME OF COMMITTEE (In Full)										
$\rangle$	UnitedHealth Group Incorporated	d PAC (L	JnitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initia MOYER, BRUCE, , ,	al) or Full Or	rganization Name		Date of	Rec	eipt				
	Mailing Address 6890 CANTERBURY LANE				<sup>M</sup> 06	1	D D D 30	/ Y	y y 2023	Ŷ	
	City EDEN PRAIRIE	State MN	Zip Code 55346-2904						783685 is Period		
	FEC ID number of contributing federal political committee.	С							78	.00	
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Sen Mgmt		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 507.00	P	/R Dedu	uction	n (\$39.0	00 Bi-We	ekly)		
в.	Full Name of Individual (Last, First, Middle Initia HINTON, DUSTIN, , ,	al) or Full Or	rganization Name		Date of	Rec	eipt				
	Mailing Address W132N6475 MARACH RD				м м 06	/	30	/ Y	2023	Ŷ	
	City MENOMONEE FALLS	State WI	Zip Code						787685		
			53051-6085	^	Amount	of E	ach Re	eceipt th	is Perioo	1	
	FEC ID number of contributing federal political committee.	C			<u></u> _		<u>p. 1</u>		384	.60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P.	/R Dedu	uctior	า (\$192.	30 Bi-W	eekly)		
C.	Full Name of Individual (Last, First, Middle Initia GRAY, BRIAN, , ,	al) or Full Or	rganization Name		Date of	Rec	eipt				
	Mailing Address 6098 CLOPTON DRIVE	State	Zin Oode		06 M	/	30		2023		
	City GREENSBORO	NC	Zip Code 27455-8373				-		5885685 is Period		
	FEC ID number of contributing federal political committee.	С					, , ,	,		.60	
	Name of Employer (for Individual) United HealthCare Services Inc		ıpation (for Individual) Itwk Pricing		Me	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 482.60	]   <sup>P</sup>	P/R Dedu	uctio	n (\$39.8	30 Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)			•					542	.20	
т	OTAL This Period (last page this line number or	nly)	· · · · · · · · · · · · · · · · · · ·	•				-			

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

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

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ITEMIZED RECEIPTS				Detailed Summary Page	×			] 11b	b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated									311 300				
<u> </u>	Full Name of Individual (Last, First, Middle Initia CARLSON, KEVIN, , ,	l) or Full O	Orgai	nization Name		Date of	Re	eceip	ot					
-	Mailing Address 4511 BROWNDALE AVENUE				06 30 2023									
	City EDINA	State MN		Zip Code 55424-1142				-			59006855 is Perioc	-		
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period 392.00								
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt		M	emo	b Ite	em					
	Receipt For: Primary General Other (specify) ▼	ur-to-Date ▼ 2448.15	]   P.	/R Ded	uctio	on (S	\$196.	00 Bi-W	/eekly)					
в.	Full Name of Individual (Last, First, Middle Initia WIFFLER, THOMAS, , ,	l) or Full O	Orgai	nization Name		Date of	Re	eceip	ot					
	Mailing Address 3680 GRANDE BAY COURT		06 / D D / Y Y Y Y Y 2023											
	City MELBOURNE BEACH	State FL		Zip Code 32951-3155							99276855 is Perioc			
	FEC ID number of contributing federal political committee.	С						- <b>y</b>			384	60		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) it CEO		M	emo	lte	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 2499.90	P/	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia MASTERS, SCOTT, , ,	l) or Full O	Orgai	nization Name		Date of	Re	eceip	ot					
	Mailing Address 1894 VILLAGE GLEN DRIVE	1				<sup>M</sup> 06	/	D	30	/ Y	ү ү 2023	Y		
	City SAINT JOHNS	State FL		Zip Code 32259-9215							9 <b>796685</b> is Perioc			
	FEC ID number of contributing federal political committee.	С						<b>9</b>		y	77.	00		
	Name of Employer (for Individual) Optum Services, Inc	Occi SVP	•	tion (for Individual) s		M	emo	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 500.50	<b>]</b>	/R Ded	uctio	on (S	\$38.5	0 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)			••••••				,		9	853.	60		
Т	OTAL This Period (last page this line number on	ıly)						-		-				

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17			Use separate sch		(check onl	y one)						
11	EMIZED RECEIPTS		for each category Detailed Summary		¥ 11a 13	11b	11c	12	Г	17		
	y information copied from such Reports and St for commercial purposes, other than using the				son for the	purpose of	soliciting	contrik		าร		
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth G	Group PAC	C)							
Α.	Full Name of Individual (Last, First, Middle Initian WOHNOUTKA, CHRISTOPHER, , ,	al) or Full O	rganization Name		Date of Receipt							
	Mailing Address 17597 HIBISCUS AVE			M M / D D / Y Y Y Y 06 30 2023								
	City LAKEVILLE	State MN	Zip Code 55044-3906			action ID : of Each R						
FEC ID number of contributing federal political committee.							1 - 7F	7	6.92			
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir	upation (for Individua Tax	l)	М	emo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	499.98	P/R Ded	uction (\$38.	46 Bi-We	ekly)				
в.	Full Name of Individual (Last, First, Middle Initi CIANFROCCO, HEATHER, , ,	al) or Full O	organization Name		Date of	Receipt						
	Mailing Address 913 CHAMPLAIN PLACE				06 / 30 / 2023 Transaction ID : PR2574986268559							
	City GIBSONIA	State PA	Zip Code 15044-8079									
	FEC ID number of contributing federal political committee.	C	13044-0073		of Each R	eceipt th		4.60				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individua Segment CEO	l)	М	emo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi BURNETT, JAMIE, , ,	al) or Full O	organization Name		Date of	Receipt						
	Mailing Address 4625 EWING AVENUE SOUTH				<sup>M</sup> 06	/ D D D 30		2023		]		
	City MINNEAPOLIS	State MN	Zip Code 55410-1745			action ID :						
	FEC ID number of contributing federal political committee.	С				,	, j		8.00			
	Name of Employer (for Individual) Optum Services, Inc	Occi VP I	upation (for Individua T	l)	М	emo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	507.00	P/R Ded	uction (\$39	.00 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)			••••••		.,	,	53	9.52			
Т	OTAL This Period (last page this line number c	nly)					-		-			

## Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16						
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle LANG, HEATHER, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1210 RIVER TERRACE DR	RIVE		M M / D D / Y Y Y Y 06 30 2023						
City BLOOMINGTON	State MN	Zip Code 55431-4230	Transaction ID : PR2574991468559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) puty Gen Counsel Mgr	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. SJOBLAD, BETHANY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 100 2ND STREET NE #510			06 30 / Y Y Y Y Y 2023						
City	State MN	Zip Code	Transaction ID : PR2575009168559						
MINNEAPOLIS	IVIIN	55413-2541	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle <b>FORKER, JUDITH</b> , , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5109 WEST 56TH STREET		Zin Oode	06 / D D / Y Y Y Y 2023						
City EDINA	State MN	Zip Code 55436-2427	Transaction ID : PR2575013468559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		434.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) People Team	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2170.00	P/R Deduction (\$217.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			895.52						
TOTAL This Period (last page this line number	er only)								

## Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIF 13		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle MADDOX, JEFFREY, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7810 HANOVER ST			M M / D D / Y Y Y Y Y 06 30 2023						
City DALLAS	State TX	Zip Code 75225-8220	Transaction ID : PR2575039568559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. FITZPATRICK, JOSEPH, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3936 CAMPELLO CURVE			06 / 0 / Y Y Y Y Y 2023						
City CHASKA	State MN	Zip Code 55318-4639	Transaction ID : PR2575053768559						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle LINDSAY, VIVIAN, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 14930 SW 39 ST			06 / D D / Y Y Y Y Y 2023						
City DAVIE	State FL	Zip Code 33331-2767	Transaction ID : PR2575054968559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional	)		1153.80						
TOTAL This Period (last page this line num	per only)								

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
or	y information copied from such Reports and State for commercial purposes, other than using the nar											
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	(C)								
Α.	Full Name of Individual (Last, First, Middle Initial) CLACKO, MARY ANN, , ,	or Full O	rganization Name	Date of Receipt								
	Mailing Address 6358 COTEAU TRAIL	State	Zip Code	06 / 30 / 2023								
	EDEN PRAIRIE	MN	55344-5205	Transaction ID : PR2575057968559           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.38								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item								
	Receipt For:       A         Primary       General         Other (specify) ▼	ggregate	Year-to-Date ▼ 288.45	P/R Deduction (\$57.69 Bi-Weekly)								
B.	Full Name of Individual (Last, First, Middle Initial)	or Full O	organization Name	Date of Receipt								
	Mailing Address 11359 ENTREVAUX DRIVE	<u></u>		06 / 0 / 2023								
	City EDEN PRAIRIE	State MN	Zip Code 55347-2862	Transaction ID : PR2575060268559           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		153.84								
	Name of Employer (for Individual) Optum Services, Inc	Occu M A	upation (for Individual) VP	Memo Item								
	Receipt For:       A         Primary       General         Other (specify) ▼	ggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial)	or Full O	organization Name	Date of Receipt								
	Mailing Address 8232 GUNNAR DRIVE			06 / D D / Y Y Y Y 2023								
	City FULTON	State MD	Zip Code 20759-2218	Transaction ID : PR2575064168559 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Equity	Memo Item								
	Receipt For:     A       Primary     General       Other (specify)	ggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			329.22								
т	OTAL This Period (last page this line number only	/)	••••••									

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

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				each category ailed Summar			<b>×</b> 11a 13		11	-	11c	12	г	17	
	y information copied from such Reports and State for commercial purposes, other than using the na						for the		rpos	se of	soliciting	g contri	ibutic	ons	
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	Unite	dHealth G	Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) ZAETTA, CHRISTOPHER, , ,	or Full C	Drganiza	ation Name			Date of Receipt								
	Mailing Address 214 PRINCE STREET				06 / D D / Y Y Y Y 2023										
	City ALEXANDRIA	State VA	Zi	Transaction ID : PR2575068368559											
	FFC ID number of contributing	C		22314-3314	Amount of Each Receipt this Period 384.60										
	Name of Employer (for Individual) Optum Services, Inc		•	for Individua Gen Counsel	1)	-	N	Vemo	o Ite	em	,				
	Respiret For:	ggregate	Year-to		499.90		P/R De	ducti	ion	(\$192	2.30 Bi-V	√eekly)			
B.	Full Name of Individual (Last, First, Middle Initial) VERCHICK, TAMI, , ,	or Full C	Drganiza	ation Name			Date	of Re	ecei	ipt					
	Mailing Address 9916 DUSTY WINDS AVE					06 / D D / Y Y Y Y 2023									
	City LAS VEGAS	State NV		p Code 39117-5986		_					PR25750 eceipt th				
	FEC ID number of contributing federal political committee.	С						76.92							
	Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Director Technology						o Ite	em					
	Receipt For:       A         Primary       General         Other (specify) ▼	ggregate	Year-to	P/R Deduction (\$38.46 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial)	or Full C	Organiza	ation Name			Date	of Re	ecei	ipt					
	Mailing Address 8494 E HAWAII LN						<sup>M</sup> 06			30	/ Y	y 2023			
	City DENVER	State CO		p Code 30231-2732							PR2575				
	FFC ID number of contributing	C					Amou	nt of	"Ea	ich Re	eceipt th		iod 76.92	2	
	Name of Employer (for Individual) United HealthCare Services Inc		upation Gen Mg	(for Individua gmt	l)		ľ	Memo	o It	em					
	Receipt For:     A       Primary     General       Other (specify)	aggregate	Year-to		499.98		P/R De	educti	ion	(\$38.4	46 Bi-W	ekly)			
s	UBTOTAL of Receipts This Page (optional)								,			53	38.44		
Т	OTAL This Period (last page this line number only	/)			····· ►				-				-		

## Use separate schedule(s)

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using			13     14     15     16     1       erson for the purpose of soliciting contributions       to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle NICHOLS, SANDRA, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 16900 CROWN BRIDGE D			06 / D D / Y Y Y Y Y 2023								
City DELRAY BEACH	State FL	Zip Code 33446-2407	Transaction ID : PR2575074568559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 2 CMO	Memo Item								
Receipt For: Primary General Other (specify) $\bigvee$	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. ONEILL, AUDREY, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 71 CHESTNUT RIDGE RD		7: 0.4	06 / D D / Y Y Y Y 2023								
City QUEENSBURY	State NY	Zip Code 12804-7317	Transaction ID : PR2575089468559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		38.46								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. VIESTA, RICHARD, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1 COMPASS COURT	1		06 / D D / Y Y Y Y 2023								
City OYSTER BAY	State NY	Zip Code 11771-1602	Transaction ID : PR2575098568559           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		396.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Actuary	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2414.46	P/R Deduction (\$198.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			819.06								
TOTAL This Period (last page this line number	er only)										

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17									
Any information copied from such Reports or for commercial purposes, other than usi	and Statements ma ng the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	prated PAC (I	JnitedHealth Group P	4C)									
Full Name of Individual (Last, First, Mide A. CHAMPION, PHEBE, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 127 TAPATIO ST			06 / D D / Y Y Y Y 06 2023									
City HENDERSON	State NV	Zip Code 89074-1934	Transaction ID : PR2575108368559 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Cust Service	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)									
Full Name of Individual (Last, First, Mide B. HAYDEN, KARI, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 6109 BANEY COURT			06 / D D / Y Y Y Y 2023									
City MINNETONKA	State MN	Zip Code 55345-6301	Transaction ID : PR2575110368559 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strategy	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Mide C. DOERFLER, JAMES, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9163 WASSERMANN C			06 / D D / Y Y Y Y Y 06 2023									
City VICTORIA	State MN	Zip Code 55386-4592	Transaction ID : PR2575131568559 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		38.46									
Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir 1	upation (for Individual) Fax	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)									
SUBTOTAL of Receipts This Page (option	nal)		165.38									
TOTAL This Period (last page this line nu	mber only)											

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тс			Use separate schedule(s)	(ch	eck only	/ on	ne)						
	MIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17			
	information copied from such Reports and Stat or commercial purposes, other than using the na				for the		oose of	soliciting	g contribu	utions			
	IAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (U	InitedHealth Group PA	NC)									
	ull Name of Individual (Last, First, Middle Initial DEWALL, PATRICK, , ,	) or Full Or	ganization Name		Date of	Re	ceipt						
_	Aailing Address 7662 RIDGEVIEW WAY				м м 06	/	D D 30	/ Y	y y 2023	Ý			
	City CHANHASSEN	State MN	Zip Code 55317-4507		Transaction ID : PR2575145368559 Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С						-	76	.92			
C	Jame of Employer (for Individual) Dptum Services, Inc		pation (for Individual) ity Gen Counsel Mgr		Me	emo	Item						
F	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 499.98	F	P/R Ded	uctio	on (\$38.	46 Bi-We	∍ekly)				
В.	ull Name of Individual (Last, First, Middle Initial PETERSOHN, PATRICK, , ,	) or Full Or	ganization Name		Date of	Re	ceipt						
N	Nailing Address 16413 BIRCH STREET			06 / 30 / 2023 Transaction ID : PR2575148368559									
	City OVERLAND PARK	State KS	Zip Code 66085-7842	-									
F	EC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) Inited HealthCare Services Inc	Occu GP F	Memo Item										
F	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)									
	ull Name of Individual (Last, First, Middle Initial PELNER, DAVID, , ,	) or Full Or	ganization Name		Date of	Re	ceipt						
_	Aailing Address 1200 WEST MINNEHAHA PARK				<sup>M</sup> 06	/	D D D 30		2023	_			
	City MINNEAPOLIS	State MN	Zip Code 55419-1163						1559685 nis Perioc				
	EC ID number of contributing ederal political committee.	С			<u> </u>		y .	, j	38	.46			
ι	Jame of Employer (for Individual) Jnited HealthCare Services Inc		pation (for Individual) eal Estate Svs		M	emo	tem						
F	Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 249.99		P/R Ded	uctio	on (\$19.	23 Bi-We	ekly)				
SU	BTOTAL of Receipts This Page (optional)		•••••				,	,	499	.98			
то	TAL This Period (last page this line number on	ly)		-				-					

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171	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	/ or	ne)						
			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15		2	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	g cont	ributio	ons		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial THOMAS, DIANE, , ,	) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 2701 KING JAMES AVE				06 30 Y Y Y Y Y 06 30 2023								
	City SAINT CHARLES	State IL	Zip Code 60174-7827		Transaction ID : PR2575156468559 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						-	1	153.84	4		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Mkt	ipation (for Individual) Pres		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P	P/R Ded	uctio	on (\$76.	92 Bi-We	ekly)				
в.	Full Name of Individual (Last, First, Middle Initial HAMANN, CHAD, , ,	) or Full Or	rganization Name	Date of Receipt									
	Mailing Address 7638 RIDGEVIEW WAY		Zip Code		06 / 0 / 2023 Transaction ID : PR2575170168559								
	City CHANHASSEN	State MN					PR25751 eceipt th						
	FEC ID number of contributing federal political committee.	С		192.30									
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP 1	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1249.95	P	/R Dedu	uctio	on (\$96.)	15 Bi-We	ekly)				
с.	Full Name of Individual (Last, First, Middle Initial DEMARIS, PETER, , ,	) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 2301 OLIVER AVE S				M M 06	/	<sup>D</sup> 30	JL	202	3	_		
	City MINNEAPOLIS	State MN	Zip Code 55405-2448				-	PR2575					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	y		384.60	0		
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Iktg eComm		Me	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•				,	,	7	730.74	4		
т	OTAL This Period (last page this line number on	ly)	••••••	-						-			

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	-	Use separate schedule(s)	(check on	nly on	e)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c	12						
Any information copied from such Reports an													
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committee	e to solicit co	ontrib	utions ti	om sucr	Committe	ee.					
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle CONDON, CRAIG, , ,	Initial) or Full O	rganization Name	Date o	Date of Receipt									
Mailing Address 268 OAK LANDING WAY			M N 06	06 / D D / Y Y Y Y 2023									
City SEVERNA PARK	State MD	Zip Code 21146-3116		Transaction ID : PR2575203168559 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C				7		384.6	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO		/lemo	ltem								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Dec	ductio	on (\$192	2.30 Bi-W	′eekly)						
Full Name of Individual (Last, First, Middle B. REDMOND, GRETA, , ,	Initial) or Full O	rganization Name	Date o	of Re	ceipt								
Mailing Address 350 N MAIN STREET #44	4	- 1	06										
City STILLWATER	State MN	Zip Code 55082-6758			-		11368559	)					
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 474.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Underwriting	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1915.20	P/R Dec	P/R Deduction (\$237.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. CARRIS, DONNA, , ,	Initial) or Full O	rganization Name	Date o	of Re	ceipt								
Mailing Address 27 WEST WILLOW LN			06		30		2023						
City CHARLESTOWN	State RI	Zip Code 02813-1727					21256855 is Period	9					
FEC ID number of contributing federal political committee.	С				,	,	76.9	92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		/lemo	Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R De	ductio	on (\$38.	46 Bi-We	ekly)						
SUBTOTAL of Receipts This Page (optional)					,	.,	935.5	52					
TOTAL This Period (last page this line numb	per only)				,								

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ידו	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	y or	ne)							
111			for each category of the Detailed Summary Page	×	-		11b	11c	12	<u> </u>				
	y information copied from such Reports and S for commercial purposes, other than using the													
<u> </u>	NAME OF COMMITTEE (In Full)													
$\rangle$	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)	C)									
Α.	Full Name of Individual (Last, First, Middle Ini STORDAHL, PAUL, , ,	tial) or Full O	organization Name		Date of	Re	ceipt							
	Mailing Address 7001 W 175TH AVENUE			06 / D D / Y Y Y Y 2023										
	City EDEN PRAIRIE	State MN	Zip Code 55346-2161	Transaction ID : PR2575213068559           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С							384.0	30				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Actuary		Me	emc	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P	/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)					
	Full Name of Individual (Last, First, Middle Ini MEYERHOFER, JEFFREY, , ,	itial) or Full O	organization Name	Date of Receipt										
	Mailing Address 6624 IROQUOIS TRAIL				м м 06	/	30	) / Y	2023	Y				
	City EDINA	State MN	Zip Code 55439-1065						1466855	9				
	FEC ID number of contributing federal political committee.	C	33439-1003		Amount	OT	Each H	eceipt th	is Period 115.:	38				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt	Memo Item										
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 749.97	P	P/R Deduction (\$57.69 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Ini WILSON, ADAM, , ,	itial) or Full O	organization Name		Date of	Re	ceipt							
	Mailing Address 336 SALEM CHURCH ROAD	•			<sup>M</sup> 06	1	30		2023 Y	Y				
	City SUNFISH LAKE	State MN	Zip Code 55118-4719						21866855 is Period	9				
	FEC ID number of contributing federal political committee.	С					,	. ,	115.3	38				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		M	emo	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 749.97	P	P/R Ded	ucti	on (\$57	.69 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)		•	.			, .	. ,	615.3	36				
$\vdash$	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			• - •		-	9 1 	, , ,	6	15.3				

## Use separate schedule(s)

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ידו			Use separate schedule(s)	(check c	only o	ne)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n			erson for th		rpose of	soliciting	contrib	outions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	NC)								
A.	Full Name of Individual (Last, First, Middle Initia SHORS, MATTHEW, , ,	l) or Full Or	rganization Name	Date	of R	eceipt						
	Mailing Address 4649 EWING AVENUE SOUTH			M Of		D D 30	/ Y	y y 2023	Ŷ			
	City MINNEAPOLIS	State MN	Zip Code 55410-1745	Transaction ID : PR2575222368559           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				-g= 1	-	384	4.60			
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:		ipation (for Individual) eputy Gen Counsel		Mem	o Item						
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 2499.90	P/R D	educt	ion (\$192	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Initia SANTORO, MICHAEL, , ,	l) or Full Or	rganization Name	Date	of R	eceipt						
	Mailing Address 18 OLD FIRE ROAD			06		D D 30	/ Y	2023	Y			
	City TRUMBULL	State CT	Zip Code 06611-1431			ion ID : I Each Re						
	FEC ID number of contributing federal political committee.	С							4.60			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP (	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Initia GRUNDHOEFER, BRYAN, , ,	l) or Full Or	rganization Name	Date	of R	eceipt						
	Mailing Address 317 SIDNEY BAKER STREET S SUITE 400 PMB 519			00	3	30		2023				
	City KERRVILLE	State TX	Zip Code 78028-6150			Each R						
	FEC ID number of contributing federal political committee.	С				y	,		4.00			
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Med Grp Non Physn		Mem	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2496.00	P/R Deduction (\$192.00 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)							1153	3.20			
т	OTAL This Period (last page this line number on	ly)					, ,		-			

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

## Use separate schedule(s)

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	-	Use separate schedule(s)	(check only	one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b 11								
Any information copied from such Reports a or for commercial purposes, other than usin					iting contribu							
NAME OF COMMITTEE (In Full)	g the hame and a											
UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Midd DIMARTINO, TIMOTHY, , ,	le Initial) or Full O	rganization Name	Date of I	Receipt								
Mailing Address 49605 KEYCOVE ST			м м 06	/ D D / 30	Y Y Y 2023	Y						
City CHESTERFIELD	State MI	Zip Code 48047-2361	Transaction ID : PR2575248168559 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C				76.	.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Mer	no Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduc	ction (\$38.46 Bi	-Weekly)							
Full Name of Individual (Last, First, Midd B. BRANT, PAUL, , ,	le Initial) or Full O	rganization Name	Date of I	Receipt								
Mailing Address 17 ROCKY BROOK ROA	D		06 / 06 / Y Y Y Y Y 06 2023									
City	State	Zip Code	Transa	ction ID : PR25	57525026855	9						
WILTON	СТ	06897-1919	Amount of	of Each Receip	ot this Period	1						
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	P/R Deduction (\$38.46 Bi-Weekly)									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98										
Full Name of Individual (Last, First, Midd C. KUETER, DANIEL, , ,	le Initial) or Full O	rganization Name	Date of I	Receipt								
Mailing Address 1500 WINGATE DRIVE			06	/ D D / 30	y y y 2023							
City DELAWARE	State OH	Zip Code 43015-9200		ction ID : PR2								
FEC ID number of contributing federal political committee.	С			, ,	384.	60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Mer	no Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	al)				538.	44						
TOTAL This Period (last page this line num	nber only)	······			y 1 1 4							

## Use separate schedule(s)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>४</b> 11a 11b 11c 12								
			13 14 15 16 17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpor			4C)								
Full Name of Individual (Last, First, Middle BACHMANN, ANITA, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 815 NORTHERN SHORE			06 / D D / Y Y Y Y 2023								
City	State NC	Zip Code	Transaction ID : PR2575258468559								
GREENSBORO		27455-3459	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For:											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. BROOMFIELD, ROBERT, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 12501 WEST 156TH STR	EET										
City	State	Zip Code	Transaction ID : PR2575260468559								
OVERLAND PARK	KS	66221-2662	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		92.30								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 599.95	P/R Deduction (\$46.15 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. ZARN, MARY, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 11192 BLUESTEM LANE	1		06 30 2023								
City	State	Zip Code	Transaction ID : PR2575269168559								
EDEN PRAIRIE	MN	55347-4731	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		170.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sion CEO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1087.30	P/R Deduction (\$85.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num			646.90								

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ITE			Use separate schedule(s)	(check	only	one)			-			
			for each category of the Detailed Summary Page		-	11b 14	11c 15	12	Г	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n			erson for	the pu	urpose of	soliciting	g contri	ibutio	ns		
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initial HAMBLIN, JILLIAN, , ,	l) or Full Or	rganization Name	Dat	e of F	Receipt						
	Mailing Address 3103 BEACON GROVE ST				м 06	/ D 0 30	) / Y	2023	ү ү 3	1		
	City SPRING	State TX	Zip Code 77389-4348	Transaction ID : PR2575290368559           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						7	76.92			
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Product		Men	no Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R	Deduc	tion (\$38	.46 Bi-We	∍ekly)				
	Full Name of Individual (Last, First, Middle Initia MUELLER, STEVEN, , ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 6895 LAKE HARRISON CIRCLE		Zip Code		06	/ D I 30		2023	Y Y 3	]		
	City CHANHASSEN	State MN				PR25752 Receipt th						
	FEC ID number of contributing federal political committee.	С		76.92								
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (		Men	no Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 499.98	P/R	Deduc	tion (\$38.	.46 Bi-We	∍ekly)				
	Full Name of Individual (Last, First, Middle Initia HEWITT, SCOTT, , ,	l) or Full Or	rganization Name	Dat	e of F	Receipt						
	Mailing Address 1443 RAYMOND AVE				06	/ D 1		2023	3	]		
	City SAINT PAUL	State MN	Zip Code 55108-1430				PR2575					
	FEC ID number of contributing federal political committee.	С				J	J		53.84			
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Itwk Prgms		Men	no Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Bi-Weekly)								
s	JBTOTAL of Receipts This Page (optional)					9		30	07.68			
т	OTAL This Period (last page this line number on	ly)	· · · · · · · · · · · · · · · · · · ·			- -			-			

#### SCHEDULE A (FEC Form 3X) - - - - -

## Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)	and name and a	across of any pointeal contribute	to concil contributions from such committee.						
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle A. WEBER, ERIN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1791 RESTHAVEN LANE			M M / D D / Y Y Y Y Y 06 30 2023						
City MOUND	State MN	Zip Code 55364-1308	Transaction ID : PR2575298668559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		416.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2288.00	P/R Deduction (\$208.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle CUEVAS, BRANDON, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 8 CLOISTER COURT			06 / D D / Y Y Y Y Y 2023						
	State	Zip Code	Transaction ID : PR2575305668559						
LADERA RANCH	CA	92694-1556	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Strat/Grwth Off	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻	7						
Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle PEEL, CHAD, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7185 GUNFLINT TRAIL	0	7.0.4	06 / D D / Y Y Y Y 2023						
City CHANHASSEN	State MN	Zip Code 55317-4743	Transaction ID : PR2575329868559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		153.84						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Hthcare Econ	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			954.44						
TOTAL This Period (last page this line numb	per only)								

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

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	EIMIZED RECEIPTS		Detailed Summary Page	<b>X</b> 11a 11b 11c 12										
				13 14 15 16 17										
	y information copied from such Reports and Stat for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	.C)										
Α.	Full Name of Individual (Last, First, Middle Initia WHITE, WAYNE, , ,	l) or Full O	organization Name	Date of Receipt										
	Mailing Address 8727 W BUCKHORN TRL			06 30 <u>Y Y Y Y</u>										
	City	State	Zip Code	Transaction ID : PR2575342368559										
	PEORIA	AZ	85383-4852	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs	Memo Item										
	Poppint For:	Aggreaate	Year-to-Date <b>V</b>	1										
	Primary General Other (specify) ▼	2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
В.	Full Name of Individual (Last, First, Middle Initia TELESKY, MICHAEL, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 2602 PENNINGTON PLACE			06 30 2023										
	City	State	Zip Code	Transaction ID : PR2575350968559										
	VALPARAISO	IN	46383-9163	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		78.00										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 507.00	P/R Deduction (\$39.00 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initial GUSTIN, TODD, , ,	l) or Full O	organization Name	Date of Receipt										
	Mailing Address 5717 AYRSHIRE BLVD			06 / D D / Y Y Y Y 06 30 2023										
	City	State	Zip Code	Transaction ID : PR2575357768559										
	EDINA	MN	55436-2059	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		393.80										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Gen Mgmt	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2439.72	P/R Deduction (\$196.90 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			856.40										
т	OTAL This Period (last page this line number on	ly)												

### SCHEDULE A (FEC Form 3X) DEOEIDTO

## Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16       berson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	i using the name and a	duress of any political committee										
UnitedHealth Group Inco	orporated PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, NIELSEN, MICHELE, , ,	Middle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 101 W 11TH STRE	ET		06 30 2023									
City SHIP BOTTOM	State NJ	Zip Code 08008-6303	Transaction ID : PR2575361768559 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) k Regn Pres	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, B. COOK, JORDANA, , ,	Middle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 46 PALMETTO CO	VE COURT		06 / D / Y Y Y Y 2023									
City	State SC	Zip Code	Transaction ID : PR2575371668559									
BLUFFTON	30	29910-9580	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		230.76									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Mktg	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)									
Full Name of Individual (Last, First, C. CUNNINGHAM, BRIAN, ,		organization Name	Date of Receipt									
Mailing Address 1708 ROLLING HIL		1	M = M / D = D / Y = Y = Y = Y 06 30 2023									
City CHARLESTON	State WV	Zip Code 25314-2216	Transaction ID : PR2575375968559           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) )ir Tech Proj-Prgm Mgmt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (o	ptional)		384.60									
TOTAL This Period (last page this lin	e number only)											

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			Use separate schedule(s)	(check only one)									
ITEMIZED R			for each category of the Detailed Summary Page	<b>X</b> 1	F	_	1b	11c	12				
			ay not be sold or used by any pe ddress of any political committee		the p	urpo							
	MMITTEE (In Full)				CON	nbut		UIII SUCI	1 commu	ee.			
		d PAC (l	JnitedHealth Group PA	C)									
Full Name of In A. BRATTEBO	ndividual (Last, First, Middle Initi , CRAIG, , ,	al) or Full O	rganization Name	Dat	te of l	Rece	eipt						
Mailing Addres	s 10202 HARMONY CIRCLE			06 30 2023									
City EDEN PRAIRI	E	State MN	Zip Code 55347-5019						39726855 is Period	9			
FEC ID numbe federal political	er of contributing I committee.	С				-,		-	384.	60			
Name of Emplo	oyer (for Individual) s, Inc		upation (for Individual) puty Gen Counsel		Mer	no l	tem						
Boosint For:			Year-to-Date ▼ 2499.90	P/R	Dedu	ction	n (\$192	30 Bi-W	/eekly)				
Full Name of In B. FELLER, W	ndividual (Last, First, Middle Initi VILLIAM, , ,	al) or Full O	rganization Name	Dat	te of I	Rece	eipt						
Mailing Address 3715 HUNTINGTON AVE				06 / D D / Y Y Y Y Y 2023									
City		State     Zip Code       MN     55416-4917			Transaction ID : PR2575400368559								
ST LOUIS PAR					Amount of Each Receipt this Period								
FEC ID numbe federal political	er of contributing I committee.	С	76.92										
Optum Services	oyer (for Individual) s, Inc	Occu VP		Mer	no l	tem							
Receipt For:		Aggregate	Year-to-Date <b>V</b>	7									
Other (sp	General Decify) ▼		499.98	P/R	Deduc	ction	(\$38.4	16 Bi-We	ekly)				
	ndividual (Last, First, Middle Initi OOD, JEFFREY, , ,	al) or Full O	rganization Name	Dat	te of I	Rece	əipt						
	<sup>S</sup> 3151 ALBER SPRING CT			- L	06 30 Y Y Y Y Y 06 30 2023								
City LAKE OSWEG	GO	State OR	Zip Code 97034-6733						40336855 is Period	9			
FEC ID number of contributing federal political committee.           Name of Employer (for Individual)         Occup Hith P           Date of Employer and the services Inc         Hith P					ount	JI L			153.	84			
			upation (for Individual) Plan CEO		Mei	mo I	ltem						
			Year-to-Date ▼ 999.96	P/R	Dedu	ction	n (\$76.9	92 Bi-We	eekly)				
SUBTOTAL of R	leceipts This Page (optional)		•						615.3	36			
TOTAL This Peri	iod (last page this line number o	nly)				,							

## Use separate schedule(s)

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• • •	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12			
or	or commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
$\backslash$	NAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)			
۹.	Full Name of Individual (Last, First, Middle Initia ANDERSON, BRADLEY, , ,	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 4613 W 56TH ST			06 30 / Y Y Y Y 2023			
	City	State	Zip Code	Transaction ID : PR2575405268559			
	EDINA	MN	55424-1558	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		76.92			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strategy	Memo Item			
	Receipt For:		Year-to-Date ▼	—			
	Primary General	Aggregate		P/R Deduction (\$38.46 Bi-Weekly)			
	Other (specify)	L	499.98				
	Full Name of Individual (Last, First, Middle Initia VENKATESAN, CHANDRAMOULEE			Date of Receipt			
	Mailing Address 17698 62ND COURT NORTH	06 30 2023					
	City	State	Zip Code	Transaction ID : PR2575410168559			
	MAPLE GROVE	MN	55311-4619	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		384.60			
	Name of Employer (for Individual) Dptum Services, Inc		upation (for Individual) Seg CIO	Memo Item			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)			
	Full Name of Individual (Last, First, Middle Initia MILLER, ALLISON, , ,	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 11671 45TH PLACE NE	06 30 / Y Y Y Y 2023					
	City	State	Zip Code	Transaction ID : PR2575418168559			
	SAINT MICHAEL	MN	55376-4536	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		192.30			
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item			
	Optum Services, Inc	VP I	· · · · · ·				
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary     General       Other (specify)		1249.95	P/R Deduction (\$96.15 Bi-Weekly)			
	JBTOTAL of Receipts This Page (optional)			653.82			

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		Use separate schedule(s)	(check o	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c	12	<b>_</b>			
Any information copied from such Reports and or for commercial purposes, other than using the											
		across or any political committer	L TO SUIICIE C	ULINO	auuris f	Sucr					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle In GOTHARD, CAROL, , ,	nitial) or Full O	rganization Name	Date	of Re	eceipt						
Mailing Address 16492 BROOKLANE BOUL			M 06		30	/ Y	y y 2023	Y			
City NORTHVILLE	State MI	Zip Code 48168-8417					<b>1916855</b> is Period	9			
FEC ID number of contributing federal political committee.	С						76.3	36			
Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir I	upation (for Individual) Fin		Memo	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 496.34	P/R De	educti	on (\$38.	18 Bi-We	ekly)				
Full Name of Individual (Last, First, Middle In OHARA, KARIN, , ,	nitial) or Full O	rganization Name	Date	of Re	eceipt						
Mailing Address 1431 HENRY COURT				06 / 0 / Y Y Y Y 06 2023							
City CHANHASSEN	State MN	Zip Code 55317-2200			-		<b>2876855</b> is Period	9			
FEC ID number of contributing federal political committee.	С						392.(	00			
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Mkt Grp Controller			tem						
Receipt For:	Aggregate	Year-to-Date ▼		-							
Primary General Other (specify) ▼		2448.15	P/R De	ductio	on (\$196	5.00 Bi-W	(eekly)				
Full Name of Individual (Last, First, Middle In MURLEY, MARY, , ,		rganization Name	Date	of Re	eceipt						
Mailing Address 2775 COUNTRYSIDE DRIV		7. 0.4	06		30		2023				
City ORONO	State MN	Zip Code 55356-9675			-		44366855 is Period	9			
FEC ID number of contributing federal political committee.	С				, .	, y	384.6	50			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		Memo	tem						
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 2499.90	P/R De	educti	on (\$19:	2.30 Bi-W	/eekly)					
SUBTOTAL of Receipts This Page (optional)					, .		852.9	96			
TOTAL This Period (last page this line numbe	r only)										

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			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements management	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions						
<u>,</u>	NAME OF COMMITTEE (In Full)									
$\rangle$	UnitedHealth Group Incorporate	d PAC (I	UnitedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initi SPILKER, TIMOTHY, , ,	al) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 32 FITCH LANE			06 30 / Y Y Y Y 2023						
	City NEW CANAAN	State CT	Zip Code 06840-5051	Transaction ID : PR2575446368559           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) s Segment CEO	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initi RUNICE, PAUL, , ,	al) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 4622 BRUCE AVENUE			06 / D D / Y Y Y Y Y 2023						
	City	State MN	Zip Code	Transaction ID : PR2575451568559						
	EDINA FEC ID number of contributing federal political committee.	C	55424-1123	Amount of Each Receipt this Period 369.00						
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Treasury	Memo Item						
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼     2398.50	P/R Deduction (\$184.50 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initi GLATT, CHRISTOPHER, , ,	al) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 631 GOODRICH AVE			06 / D D / Y Y Y Y 2023						
	City SAINT PAUL	State MN	Zip Code 55105-3522	Transaction ID : PR2575464968559           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		38.46						
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Aviation Corp Pilots	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)						
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number c			792.06						

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       erson for the purpose of soliciting contributions						
or for commercial purposes, other than using	the name and a	aaress of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle SADUSKE, NANETTE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4276 NICOLET DRIVE			M M / D D / Y Y Y Y 06 30 2023						
City GREEN BAY	State WI	Zip Code 54311-9798	Transaction ID : PR2575470268559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle HENSEL, KRISTA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2211 HOMEWOOD DRIVE			06 / 0 / Y Y Y Y 06 2023						
City ANCHORAGE	State KY	Zip Code 40223-1326	Transaction ID : PR2575482668559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. VESLEDAHL, MATTHEW, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 15598 MICHELE LANE	01-1		06 / Y Y Y Y Y 2023						
City EDEN PRAIRIE	State MN	Zip Code 55346-2548	Transaction ID : PR2575499268559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Network	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			846.12						
TOTAL This Period (last page this line numb	er only)								

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.          NAME OF COMMITTEE (In Full)         UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name				for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17							
✓ UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. MUNSON, RICHARD,		for commercial purposes, other than using the na			erson for the purpose of soliciting contributions							
A.       MUNSON, RICHARD.,         Mailing Address 4707 HAZELTINE LANE       06       30       2023         City       State       Str232172       Amount of Each Receipt the Period         FEC ID number of contributing federal political committee.       06       30       2023         Name of Employer (for Individual)       Occupation (for Individual)       PP2257812469559         Name of Employer (for Individual)       VP Compli       PPR Deduction (\$66.15 Bi-Weekly)         Pint Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt Tors:       PPR Deduction (\$36.15 Bi-Weekly)         Pint Name of Employer (for Individual)       YP Code       Transaction ID : PP225782166553         City       State       Zip Code         Primary       General       Occupation (for Individual)         Other (specify) ▼       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)       PP22552616553         Name of Employer (for Individual)       Occupation (for Individual)       PP25552616553         Name of Employer (for Individual)       Occupation (for Individual)       PP25552616553         Name of Employer (for Individual)       Occupation (for Individual)       PP25552616553         FEC ID number of contributing federal political committee. <td><math>\rangle</math></td> <td></td> <td>PAC (l</td> <td>UnitedHealth Group PA</td> <td>NC)</td>	$\rangle$		PAC (l	UnitedHealth Group PA	NC)							
City       State       Zip Code       30       2023         FEG LD rumber of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Prescription       19230         Name of Employer (for Individual)       Occupation (for Individual)       Prescription       Prescription         Cherry       General       VP Compli       Prescription       Prescription         Poil Name of Individual (Last, First, Middle Initiat) or Full Organization Name       Date of Receipt       06       2023         City       State       Zip Code       NY       11262506       Transaction ID : PR2575526168559         FEC ID number of contributing federal political committee.       C       76.92       Transaction ID : PR2575526168559         Name of Employer (for Individual)       Occupation (for Individual)       Occupation Name       Prescription       76.92         Instruct       Aggregate Vear-to-Date V       Prescription       Prescription       Prescription       76.92         Name of Employer (for Individual)       Occupation (for Individual)       Occupation Name       Prescription       Prescription       Prescription       Prescription       Prescription       Prescription       Prescription       Prescription <t< td=""><td>Α.</td><td></td><td>) or Full O</td><td>Drganization Name</td><td>Date of Receipt</td></t<>	Α.		) or Full O	Drganization Name	Date of Receipt							
EAGAN       MN       55123-2172       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       192.30         Name of Employer (for Individual) Unide HealthCare Services Inc       VP Compli       P/R Deduction (S96.15 Bi-Weekly)         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (S96.15 Bi-Weekly)         Bit Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         Bit Other (specify) ▼       State       Zip Code NY       Transaction ID : PR2575526186559 Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       Memo Item         Name of Employer (for Individual) United HealthCare Services Inc       SVP CMO       P/R Deduction (S38.46 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (S38.46 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code MN       S436-2524         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code MN       S436-2524         Full Name of Individual) United HealthCar		Mailing Address 4707 HAZELTINE LANE	1									
FEC ID number of contributing federal political committee.       C       192.30         Name of Employer (for Individual) United HealthCares Services Inc       Aggregate Year-to-Date ▼       P/R Deduction (\$36.15 Bi-Weekly)         Pointer (specify) ▼       General Cotter (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$36.15 Bi-Weekly)         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         City       State       Zip Code       Transaction ID: PR2575526168559         LEVITTOWN       Name of Employer (for individual)       Occupation (for Individual)         United HealthCare Services Inc       Occupation (for Individual)       P/R Deduction (\$38.46 Bi-Weekly)         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         Primary       General Other (specify) ▼       General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         Primary       General Other (specify) ▼       General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)												
federal political committee.       132.30         Name of Employer (for Individual) United HealthCare Services Inc       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt 1         City       State       Zip Code         City       State       Zip Code         FCI In number of contributing federal political committee.       Coll       76.92         Name of Employer (for Individual)       Occupation (for Individual)       P/R Deduction (\$38.46 Bi-Weekly)         Primary       General       City       Aggregate Year-to-Date ▼         Primary       General       Occupation (for Individual)       P/R Deduction (\$38.46 Bi-Weekly)         Name of Employer (for Individual)       Occupation (for Individual)       P/R Deduction (\$38.46 Bi-Weekly)         Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$38.46 Bi-Weekly)         City       General       City Code         PIN Am of Individual (Last, First, Middle Initial) or Full Organization Name       Aggregate Year-to-Date ▼         Name of Individual (Last, First, Middle Initi				55125-2172	Amount of Each Receipt this Period							
United HealthCare Services inc       VP Compil         Receipt For:       Aggregate Year-to-Date ▼         P/R Deduction (\$96.15 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. COHEN, SANFORD, , .         Mailing Address 28 CRESCENT LANE         City         LEWITTOWN         FEC ID number of contributing tederal political committee.         Receipt For:         Primary       General         Other (specify) ▼         Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼         Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         P/R Deduction (\$38.46 Bi-Weekly)       Date of Receipt         Bailing Address 6420 COUNTRYSIDE ROAD       State         City       State       Zip Code         EDINA       Mailing Address for       SVP Prd         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly) </td <td></td> <td>5</td> <td>С</td> <td></td> <td>192.30</td>		5	С		192.30							
Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$96.15 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         COHEN, SANFORD, , ,       Mailing Address 28 CRESCENT LANE       Date of Receipt         City       State       Zip Code       Transaction ID : PR2575524168559         LEVITTOWN       NY       11756-2506       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       Occupation (for Individual) SVP CMO       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)       Date of Receipt         Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$38.46 Bi-Weekly)       Date of Receipt         City       General       Occupation (for Individual) SVP CMO       P/R Deduction (\$38.46 Bi-Weekly)       Date of Receipt         Mailing Address 5420 COUNTRYSIDE ROAD       Min 55436-2524       Amount of Each Receipt this Period       Memo Item         FC ID number of contributing tederal political committee.       Occupation (for Individual) SVP Prd       Amount of Each Receipt this Period       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       SVP Prd       Memo Item       P/R Deduction (\$192.30 Bi-Weekly)         Other (s				, , ,	Memo Item							
Primary       General         Other (specify) ▼       1249.95         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B.       COHEN, SANFORD,         Mailing Address 28 CRESCENT LANE       Date of Receipt         City       State       Zip Code         LEVITTOWN       NY       1176-2506         FEC ID number of contributing tederal political committee.       C         Name of Employer (for Individual) United HealthCare Services Inc       SvP CMO         Receipt For:       Other (specify) ▼         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$38.46 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Memo Item         City       General       499.98         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Mailing Address 5420 COUNTRYSIDE ROAD       Git       30 / 2023         City       State       Zip Code       Transaction ID : PR2575528368559         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)		Receipt For:	Aggregate	Year-to-Date V								
B. COHEN, SANFORD, , ,       Mailing Address 28 CRESCENT LANE            Gity         LEVITTOWN        State         NY         11756-2506          FEC ID number of contributing         federal political committee.        C         Name of Employer (for Individual)         United HealthCare Services Inc         Primary         General         Other (specify)        Other of State         State         Zip Code         Name of Employer (for Individual)         SVP CMO          Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         C.         HUNTER, ROBERT, , ,         Mailing Address 5420 COUNTRYSIDE ROAD         City         EDINA         FEC. ID number of contributing         federal political committee.         Name of Employer (for Individual)         United HealthCare Services Inc         Receipt for:         Aggregate Year-to-Date ▼         P/R Deduction (\$192.30 Bi-Weekly)          Subtottal of Receipt This Page (optional)		Primary General			P/R Deduction (\$96.15 Bi-Weekly)							
City       State       Zip Code       Transaction ID: EPZ275526168559         LEVITTOWN       NY       11756-2506       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       76.92         Name of Employer (for Individual) United HealthCare Services Inc       Occupation (for Individual) SVP CMO       Memo Item         Receipt For:	В.		) or Full O	Organization Name	Date of Receipt							
LEVITTOWN       NY       11756-2506         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) United HealthCare Services Inc       Occupation (for Individual) SVP CMO       Memo Item         Receipt For: Dimary       General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 5420 COUNTRYSIDE ROAD       Tansaction ID : PR2575528368559         City       State       Zip Code         Mailing Address 5420 COUNTRYSIDE ROAD       Occupation (for Individual)       SVP Prid         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual)       Occupation (for Individual) SVP Prid       Occupation (for Individual) SVP Prid       Memo Item         Receipt For: Dimary       General Other (specify)       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)       2499.90       P/R Deduction (\$192.30 Bi-Weekly)       653.82		Mailing Address 28 CRESCENT LANE										
FEC ID number of contributing federal political committee.   Name of Employer (for Individual) United HealthCare Services Inc   Primary   General   Other (specify) v   Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HUNTER, ROBERT, , , Mailing Address 5420 COUNTRYSIDE ROAD City EDINA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Occupation (for Individual) Occupation (for Individual) Mailing Address 5420 COUNTRYSIDE ROAD City EDINA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Occupation (for Individual) SUBTOTAL of Receipts This Page (optional)		City			Transaction ID : PR2575526168559							
federal political committee.       V       76.92         Name of Employer (for Individual) United HealthCare Services Inc       Occupation (for Individual) SVP CMO       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         CHUNTER, ROBERT, , ,       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         CIty       State       Zip Code         EDINA       MN       55436-2524         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         United HealthCare Services Inc       SVP Prd         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         P/R Deduction (\$192.30 Bi-Weekly)       653.82		LEVITTOWN	NY	11756-2506	Amount of Each Receipt this Period							
Inited HealthCare Services Inc       SVP CMO         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         P/R Deduction (\$38.46 Bi-Weekly)         C:       HUNTER, ROBERT, , ,         Mailing Address 5420 COUNTRYSIDE ROAD         City       State         EDINA         FEC ID number of contributing tederal political committee.         Name of Employer (for Individual)         United HealthCare Services Inc         Aggregate Year-to-Date ▼         Primary         General         Octor         General         Octor         SVP CMO		5	76.92									
Primary       General       Aggregate Heat-0-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         Primary       General       499.98       P/R Deduction (\$38.46 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 5420 COUNTRYSIDE ROAD       0       2023         City       State       Zip Code         EDINA       MN       55436-2524         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         United HealthCare Services Inc       Aggregate Year-to-Date ▼         Primary       General       Qifegate Year-to-Date ▼         Other (specify)       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)				1 ( )	Memo Item							
C. HUNTER, ROBERT, , ,       Date of Receipt         Mailing Address 5420 COUNTRYSIDE ROAD       06       30       2023         City       State       Zip Code       Transaction ID : PR2575528368559         EDINA       MN       55436-2524       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       384.60         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         United HealthCare Services Inc       SVP Prd       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		P/R Deduction (\$38.46 Bi-Weekly)							
Mailing Address 5420 COUNTRYSIDE ROAD       Image: Constraint of the second secon	с.		) or Full O	Drganization Name	Date of Receipt							
EDINA       MN       55436-2524       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       384.60         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         United HealthCare Services Inc       SVP Prd       Memo Item         Receipt For:       Aggregate Year-to-Date        P/R Deduction (\$192.30 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)       653.82       653.82		Mailing Address 5420 COUNTRYSIDE ROAD										
FEC ID number of contributing federal political committee.       C       384.60         Name of Employer (for Individual) United HealthCare Services Inc       Occupation (for Individual) SVP Prd       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)		-			Transaction ID : PR2575528368559							
federal political committee.       384.60         Name of Employer (for Individual)       Occupation (for Individual)         United HealthCare Services Inc       SVP Prd         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       2499.90         SUBTOTAL of Receipts This Page (optional)		EDINA	IVIN	55436-2524	Amount of Each Receipt this Period							
United HealthCare Services Inc       SVP Prd         Receipt For:       Aggregate Year-to-Date ▼         Other (specify)       Cecupation (for individual)         SUBTOTAL of Receipts This Page (optional)		5	С		384.60							
Primary       General         Other (specify)       2499.90         SUBTOTAL of Receipts This Page (optional)					Memo Item							
		Primary General	Aggregate	2499.90	P/R Deduction (\$192.30 Bi-Weekly)							

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIF13		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	,								
UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middl HERNANDEZ, MAYRENE, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 850 SW 189TH AVENUE			M M / D D / Y Y Y Y 06 30 2023						
City PEMBROKE PINES	State FL	Zip Code 33029-6047	Transaction ID : PR2575529268559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ied Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middl B. HOLOVNIA, KRISTEN, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4610 LAKEVIEW DRIVE			06 / D D / Y Y Y Y 06 30 2023						
City	State MN	Zip Code	Transaction ID : PR2575533068559						
EDINA		55424-1518	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middl C. MULLANEY, SUSAN, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 169 HUNNEWELL STRE			06 / D D / Y Y Y Y 2023						
City NEEDHAM	State MA	Zip Code 02494-1421	Transaction ID : PR2575535168559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.46						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.52	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optiona			499.98						
TOTAL This Period (last page this line num	ber only)								

## Use separate schedule(s)

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ITEMIZED RECEIPTS					(check only one)							
11			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15		12 16	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any pe address of any political committee	erson fo	r the	purp ntrib	pose of	soliciting	g con	tributi	ons	
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	C)								
А.	Full Name of Individual (Last, First, Middle Initi HAMLIN, THOMAS, , ,	ial) or Full O	Organization Name	D	ate of	Re	ceipt					
	Mailing Address 2800 NEWMAN				м м 06	/	D D 30	/ Y	y 202	23 23	Y	
	City HOUSTON	State TX	Zip Code 77098-1408					PR2575 eceipt th				
	FEC ID number of contributing federal political committee.	С								76.9	2	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 3ehvrl Med Dir		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/F	R Ded	uctio	on (\$38.4	46 Bi-We	eekly)	)		
в.	Full Name of Individual (Last, First, Middle Initi SUN, TONY, , ,	ial) or Full O	Organization Name	D	ate of	Re	ceipt					
	Mailing Address 8408 ENSLEY PLACE					06 / D D / Y Y Y Y 06 30 2023						
	City	State KS	Zip Code					PR2575				
	LEAWOOD FEC ID number of contributing federal political committee.	C	66206-1402	AI	mount	of	Each R	eceipt th	nis Pe	eriod 76.9	2	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO	10	Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)								
<u> </u>	Full Name of Individual (Last, First, Middle Initi WENTZIEN, MICHAEL, , ,	ial) or Full O	Organization Name	D	ate of	Re	ceipt					
	Mailing Address 6350 SUMMIT CIRCLE			46	06	/	<sup>D</sup> 30	JL	202	- 1 C		
	City CHANHASSEN	State MN	Zip Code 55317-9138					PR2575 eceipt th			)	
	FEC ID number of contributing federal political committee.	С			_		y 1	, y		198.0	0	
	United HealthCare Services Inc B		upation (for Individual) Unit CEO		M	ema	tem Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1202.04	P/F	R Ded	uctio	on (\$99.	00 Bi-W	eekly	)		
$\vdash$	UBTOTAL of Receipts This Page (optional)				-		,	· · ·		351.8	4	

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
I EIVILED KEGEIPIS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12							
			13     14     15     16     17       erson for the purpose of soliciting contributions							
	the name and a	aaress of any political committee	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	ated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle A. ZMUDA, JENNIFER, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 656 SUMMIT AVE			06 30 Y Y Y Y Y 2023							
City SAINT PAUL	State MN	Zip Code 55105-3435	Transaction ID : PR2575544068559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		400.00							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CIO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. STEINBRECHER, HOLLY, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1800 N FIELD ST APT 42			06 / D D / Y Y Y Y 06 2023							
City DALLAS	State TX	Zip Code 75202-2782	Transaction ID : PR2575544568559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Bus Dev	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. CARLSON, ROBERT, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 695 FOUNTAINHEAD W			06 30 2023							
City NAPLES	State FL	Zip Code 34103-2736	Transaction ID : PR2575573768559           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		434.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) • Exe Search & Mkt IntIgnc	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1953.00	P/R Deduction (\$217.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optiona	l)		1218.60							
TOTAL This Period (last page this line num	ber only)									

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				or each category of the Detailed Summary Page	×	] 1 <sup>,</sup>	la 3		11	1b 1		11c 15	12	17
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	nents ma ne and a	ay n Iddre	ot be sold or used by any pe ess of any political committee	erson f to so	for	the i	purp ntrib	pos	se of	so ror	liciting	contrib	utions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (l	Jni	tedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial) MILLER, MAXIMILLIAN, , ,	or Full O	rgar	nization Name	[	Dat	e of	Re	ece	ipt				
	Mailing Address 5328 CHOWEN AVENUE S						06	/	Ľ	30	'	/ Y	y y 2023	Y
	5	State MN		Zip Code 55410-2122					-				795685	
				33410-2122	/	Am	ount	of	Ea	ach R	ec	eipt thi	s Perioo 76	1 .92
	Name of Employer (for Individual) United HealthCare Services Inc	Occu M A	•	ion (for Individual)			Me	emo	) It	em				
	Receipt For:     Ag       Primary     General       Other (specify) ▼	gregate	Yea	r-to-Date ▼ 499.98	P/	/R	Dedu	uctio	on	(\$38.	46	Bi-We	ekly)	
В.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Dat	e of	Re	ece	ipt				
	Mailing Address 208 STATION CIR NO						м 06	/	C	D D 30		/ Y	y y 2023	Y
	City : HUDSON	State WI		Zip Code 54016-9555					-				<b>866685</b> s Period	
	FEC ID number of contributing federal political committee.	0					_		-			-7	76	.92
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	•	ion (for Individual)			Me	emo	) It	em				
	Receipt For:     Ag       Primary     General       Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 499.98	P/	/R I	Dedu	uctic	on	(\$38.	46	Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Dat	e of	Re	ece	ipt				
	Mailing Address 1120 S 2ND STREET UNIT 614						06 <sup>M</sup>	1	C	D 0 30	'	/ Y	y 2023	Y
	City S MINNEAPOLIS	State MN		Zip Code 55415-1375									867685 s Period	
	FFC ID number of contributing	C				~	Juni	U	J.				384	_
	Name of Employer (for Individual) Optum Services, Inc	Occu Bus	•	ion (for Individual) CIO			Me	emo	b lt	em				
	Receipt For:     Ag       Primary     General       Other (specify)	ggregate	Yea	r-to-Date ▼ 2499.90	P.	/R	Ded	uctio	on	(\$19	2.3	80 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•	_				,		l	5	538	.44
т	OTAL This Period (last page this line number only)			••••••					-		ļ	-		

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	(C)
Α.	Full Name of Individual (Last, First, Middle Initial) GISCH, SHAWNA, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address 320 PRESERVE COURT			06 / D D / Y Y Y Y Y 2023
	City CHANHASSEN	State MN	Zip Code 55317-8717	Transaction ID : PR2575592168559
		C		Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Unit CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initial) MILLER, MICHAEL, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address 656 OCEAN AVENUE 1016	1		06 30 / Y Y Y Y 2023
	City REVERE	State MA	Zip Code 02151	Transaction ID : PR2575595668559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Business Development Exe	Memo Item
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate `	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial) IVERSON, LISA, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address 1330 EDGCUMBE RD			06 / D D / Y Y Y Y 02023
	City SAINT PAUL	State MN	Zip Code 55116-1780	Transaction ID : PR2575603268559           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) trat Initiv	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			1153.80
т	OTAL This Period (last page this line number only	/)	••••••	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than us	and Statements maining the name and ac	y not be sold or used by any p Idress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (L	InitedHealth Group PA	AC)
Full Name of Individual (Last, First, Mic GOODMAN, BENJAMIN, , ,	Idle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 13828 EVERGREEN C	OURT	- 1	M M / D D / Y Y Y Y Y 06 30 2023
	State MN	Zip Code	Transaction ID : PR2575603868559
APPLE VALLEY		55124-9257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Segment CFO	Memo Item
Receipt For:		Year-to-Date ▼	—
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mic B. KING, SARAH, , ,	Idle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 247 MONTIBELLO DR	VE		06 30 2023
City MOORESVILLE	State NC	Zip Code 28117-9139	Transaction ID : PR2575612868559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Segment CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ , 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mic c. WAULTERS, SCOTT, , ,	Idle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 3344 SHOAL WAY			06 30 / Y Y Y Y Y
City	State OH	Zip Code	Transaction ID : PR2575622168559
POWELL		43065-0501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optio	nal)		1153.80
TOTAL This Period (last page this line nu	umber only)	······	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>≭</b> 11a 11b 11c 12								
			13     14     15     16     17       erson for the purpose of soliciting contributions       to collicit contributions from such committee								
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	ne name and a	adress of any political committee	to solicit contributions from such committee.								
UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle THOMPSON, BRIAN, , ,	Initial) or Full O	organization Name	Date of Receipt								
Mailing Address 17829 63RD AVE N			06 30 / Y Y Y Y Y 2023								
City MAPLE GROVE	State MN	Zip Code 55311-4650	Transaction ID : PR2575634668559           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UHC CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. WILSON, STEPHEN, , ,	Initial) or Full O	organization Name	Date of Receipt								
Mailing Address 2420 DURHAM MANOR DF	RIVE		M M / D D / Y Y Y Y 06 30 2023								
City FRANKLIN	State	Zip Code 37064-5266	Transaction ID : PR2575636168559								
FEC ID number of contributing	_	37004-3200	Amount of Each Receipt this Period								
federal political committee.	C		384.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		, 2496.00	P/R Deduction (\$192.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle CLARK, TERRENCE, , ,	Initial) or Full O	organization Name	Date of Receipt								
Mailing Address 8 COOPER AVENUE			06 / D D / Y Y Y Y Y 2023								
City EDINA	State MN	Zip Code 55436-1315	Transaction ID : PR2575636968559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9, Chief Cust Mktg Officer	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			1153.20								
TOTAL This Period (last page this line number	er only)										

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	EMIZED RECEIPTS			r each category of the etailed Summary Page	×	11a		11b		11c	12	<u> </u>
	y information copied from such Reports and State for commercial purposes, other than using the nar											
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	Jnit	edHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initial) CABANILLAS, MARIA, , ,	or Full O	rgani	zation Name	[	Date c	of Re	eceipt				
	Mailing Address 2411 WORDSWORTH ST					06	1 /		д 30	/ Y	ү ү 2023	Ŷ
	City HOUSTON	State TX	2	Zip Code 77030-1833		Tran	sact	ion II	) : Pl	R25756	6373685	59
	H00310N			11030-1655	_	Amour	nt of	Each	Rec	eipt th	is Perio	d
	FEC ID number of contributing federal political committee.	C						-		-7	384	1.60
	Name of Employer (for Individual) United HealthCare Services Inc		upatic Plan	n (for Individual) CEO		N	1emc	b Item	ı			
	Receipt For: A	ggregate	Year-	to-Date ▼								
	Primary General Other (specify) ▼	99. ° 9 « 10		2499.90	P	/R Deo	ducti	on (\$ <sup>-</sup>	192.3	30 Bi-W	/eekly)	
В.	Full Name of Individual (Last, First, Middle Initial) MULLIGAN, DANIEL, , ,	or Full O	rgani	zation Name		Date o	of Re	eceipt				
	Mailing Address 28 WHETTEN ROAD					M 06	/		р 30	/ Y	y y 2023	Ŷ
	City	State	4	Zip Code		Trans	sacti	ion IC	) : Pl	R2575f	568685	59
	WEST HARTFORD	СТ		06117-2856	/	Amour	nt of	Each	Rec	ceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С						-		-7	416	6.00
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) nent Gen Counsel		N	1emc	o Item	۱			
	Receipt For:       A         Primary       General         Other (specify) ▼       I	ggregate	Year-	to-Date ▼ 2288.00	P/	'R Dec	ductio	on (\$2	208.0	00 Bi-W	/eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) KANE, HEATHER, , ,	or Full O	rgani	zation Name		Date c	of Re	eceipt				
	Mailing Address 7624 N MOUNTAIN VIEW PASS					<sup>M</sup> 06	1 /		<sup>р</sup> 30	/ Y	2023	Ŷ
	5	State	2	Zip Code		Tran	sact	ion II	) : P	R25756	6574685	59
	PARADISE VALLEY	AZ		85253-2844	/	Amour	nt of	Each	Rec	ceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	C						9		<u>y</u>	384	ł.60
	Name of Employer (for Individual)	Occu	upatic	n (for Individual)		N	lemo	o Iten	ı			
	United HealthCare Services Inc	Hlth	Plan	CEO								
		ggregate	Year-	to-Date 🔻								
	Other (specify)		-y	2499.90	P	/R De	ducti	ion (\$	192.3	30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)			•				,		,	1185	5.20
т	OTAL This Period (last page this line number only	)		▶	ĺ			-		-		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
Any information copied from such Reports and											
or for commercial purposes, other than using t	ne name and a	adress of any political committee	e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle I AALLEN, CARL, , ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 8675 AZURE SKY DRIVE			M M / D D / Y Y Y Y Y 06 30 2023								
City LAS VEGAS	State NV	Zip Code 89129-2227	Transaction ID : PR2575669368559           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		78.00								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir/CMO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 507.00	P/R Deduction (\$39.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle   BOGATYRENKO, VICTORIA, , ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 98 FIVE MILE RIVER ROAD			06 30 / Y Y Y Y Y 2023								
City DARIEN	State CT	Zip Code 06820-6234	Transaction ID : PR2575675468559								
FEC ID number of contributing		00820-0234	Amount of Each Receipt this Period								
federal political committee.	С		115.18								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		748.67	P/R Deduction (\$57.59 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I MITCHELL, JILL, , ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 11499 ASHLEY COURT	01-1-		06 / D D / Y Y Y Y 2023								
City INVER GROVE HEIGHTS	State MN	Zip Code 55077-5251	Transaction ID : PR2575678368559           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		396.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2414.46	P/R Deduction (\$198.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			589.18								
TOTAL This Period (last page this line number	er only)										

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	EIVIZED RECEIPTS		Detailed Summary Page	×	11a		111	b	11c	12	
					13		14		15	16	17
	y information copied from such Reports and State for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group	PAC)							
A.	Full Name of Individual (Last, First, Middle Initial) SIMONSON, KELLY, , ,	or Full O	Organization Name		Date of	Re	ceip	pt			
	Mailing Address 10982 SANCTUARY COVE COU	RT			м м 06	/		30	/ Y	y y 2023	Y
	City	State	Zip Code		Trans	acti	ion	ID : P	R25756	6823685	59
	LAS VEGAS	NV	89135-9126		Amount	of	Ead	ch Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С					-		-9-	92	.30
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Gen Mgmt		Me	emo	) Ite	em			
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		599.95		P/R Ded	uctio	on (	(\$46.1	5 Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initial) STIDMAN, CHRISTOPHER, , ,	or Full O	Organization Name		Date of	Re	eceip	pt			
	Mailing Address 6504 CHEROKEE TRAIL				<sup>M</sup> 06	1	D	30	/ Y	y y 2023	Y
	City	State	Zip Code				-			68386855	
	EDINA	MN	55439-1109		Amount	of	Ead	ch Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		-9	384	.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt		Me	emo	) Ite	em			
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P	/R Dedu	uctic	on (	\$192.	30 Bi-W	/eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) OCHIPINTI, JOSEPH, , ,	or Full O	Organization Name		Date of	Re	ceip	pt			
	Mailing Address 26 SOUTH STREET UNIT 1 RIGHT				06 <sup>M</sup>	/		30	/ Y	y y 2023	Y
		State	Zip Code							6857685	
	ANNAPOLIS	MD	21401-2652		Amount	of	Ead	ch Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		y	384	.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	o Ite	em			
	Receipt For:     A       Primary     General       Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	J F	P/R Ded	uctio	on (	(\$192.	30 Bi-W	√eekly)	
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$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initia KALBACHER, JEAN, , ,	l) or Full O	Organ	ization Name		Date of	Re	ecei	ipt				
	Mailing Address 4952 EAST DARTMOUTH STRI	EET				м м 06	/	Γ	30	/	Y	y y 2023	Y
	City MESA	State AZ		Zip Code 85205-6458	A							<b>8836855</b> s Period	9
	FEC ID number of contributing federal political committee.	С						-			-g=	176.9	92
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1149.98	P/	R Ded	uctio	on (	(\$88.4	46 E	Bi-Wee	ekly)	
B.	Full Name of Individual (Last, First, Middle Initia KOENIG, TIMOTHY, , ,	l) or Full O	Organ	ization Name		Date of	Re	ecei	ipt				
	Mailing Address 509 ORLANDO AVE					м м 06	/	ľ	30	/	Y	y y 2023	Y
	ORELAND	State PA		Zip Code 19075-1223				-				02268559 s Period	9
	FEC ID number of contributing federal political committee.	С				_		,			-gr-	400.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2400.00	P/	R Dedu	uctic	on (	(\$200	.00	Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initia PROKOCKI, ELIZABETH, , ,	l) or Full O	Drgan	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 9091 KORNBRUST DR					м м 06	/	L	30		Y	2023 Y	
	City LONE TREE	State CO		Zip Code 80124	A							0586855 s Period	9
	FEC ID number of contributing federal political committee.	С				_		,			,	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upati gn CE	ion (for Individual) EO		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2499.90	P/	R Ded	uctio	on	(\$192	2.30	Bi-W	eekly)	
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan					for	the		pos	se of		oliciting	contribu	itions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (l	Jni	tedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) (THIERY, LINDA, , ,	or Full O	rgar	nization Name	[	Dat	e of	Re	ece	eipt				
	Mailing Address 999 LABEAUX AVE NE						D6	/	l	D 30		/ Y	y y 2023	Ŷ
		State		Zip Code		Tr	ans	acti	ior	ו ID :	P	R25757	078685	59
	HANOVER	MN		55341-9292	/	Am	ount	of	Ea	ach F	Rec	ceipt thi	s Period	I
	FEC ID number of contributing federal political committee.	0							-			-y	457	.86
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP I	•	ion (for Individual)			Me	emo	b lt	em				
	Receipt For: Ac	gregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		-	2023.74	P	/R	Dedu	uctio	on	(\$22	8.9	93 Bi-W	eekly)	
	Full Name of Individual (Last, First, Middle Initial) ( VOLLRATH, MICHELLE, , ,	or Full O	rgar	nization Name		Dat	e of	Re	ece	eipt				
	Mailing Address 7647 MARKER ROAD						06	/	ľ	D 30	- 1	/ Y	y y 2023	Y
	3	State CA		Zip Code 92130-5616									<b>1986855</b> s Perioc	
	FEC ID number of contributing federal political committee.	0					_		-			- <b>T</b>	115	.38
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) P CInt Mgmt			Me	emo	b lt	em				
	Receipt For:     Ag       Primary     General       Other (specify) ▼	gregate	Yea	r-to-Date ▼ 749.97	P/	/R [	Dedu	uctic	on	(\$57	.69	) Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial) ( CAIN, STEVE, , ,	or Full O	rgar	nization Name		Dat	e of	Re	ece	eipt				
	Mailing Address 4 COUNTRYSIDE CT						06 <sup>M</sup>	/	ľ	D 30		/ Y	2023	Y
	3	State CA		Zip Code					-				243685	
	DANVILLE	CA		94506-1126	/	Am	ount	of	Ea	ach F	Rec	ceipt thi	s Period	1
	FEC ID number of contributing federal political committee.	0					_	_	y			y	230	.76
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO			Me	emo	o It	tem				
	Receipt For:     Ag       Primary     General       Other (specify)	gregate	Yea	r-to-Date ▼ 1499.94	P	P/R	Dedi	uctio	on	(\$11	5.3	38 Bi-W	'eekly)	
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (L	JnitedHealth Group F	PAC)								
Á.	Full Name of Individual (Last, First, Middle Initial) o MCKEE, PATRICK, , ,	r Full O	rganization Name		Date	of I	Re	ceipt				
	Mailing Address 6500 TRANQUIL RIVER LANE				м Об		/		D 30	/ Y	2023	Y
	3	tate	Zip Code		Tra	nsa	cti	on II	) : F	R2575	7267685	59
	WAUSAU V	VI	54401-3302		Amoi	unt	of	Each	n Re	ceipt th	nis Perio	b
	FEC ID number of contributing federal political committee.	;						,		-9-	38	.46
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt			Mer	mo	Iten	ſ			
	Receipt For: Age	gregate	Year-to-Date V									
	Primary General Other (specify) ▼		249.99		/R D	edu	ctic	on (\$	19.2	3 Bi-We	eekly)	
В.	Full Name of Individual (Last, First, Middle Initial) o GROSKLAGS, JEFFREY, , ,	r Full Oi	rganization Name		Date	of I	Re	ceipt				
	Mailing Address 3233 TIMBERWOLF CIRCLE				™ 0€		/		D 30	/ Y	y y 2023	Y
	,	tate MN	Zip Code				-	-			7357685	
		VIIN	55372-3272		Amoi	unt	of	Each	n Re	ceipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	;			<u> </u>	_		7	_	-	192	30
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group CFO			Mer	mo	Item	ſ			
	Receipt For:     Age       Primary     General       Other (specify) ▼	gregate	Year-to-Date ▼ , 1249.95	P	/R D	eduo	ctio	on (\$9	96.1	5 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) o	r Full Oi	rganization Name		Date	of I	Re	ceipt				
	Mailing Address 10 CIRCLE WEST				M 0		/		30	/ Y	2023	Y
	,	tate	Zip Code		Tra	nsa	cti	on II	D : F	PR2575	7365685	59
	EDINA	MN	55436-1313		Amoi	unt	of	Each	n Re	ceipt th	nis Perio	b
	FEC ID number of contributing federal political committee.	;						y		,	384	.60
	Name of Employer (for Individual)	Occu	upation (for Individual)			Mei	mo	Iten	n			
	United HealthCare Services Inc	Bus	Segment COO									
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	Other (specify)		2499.90		9/R D	edu	ctic	on (\$	192	.30 Bi-V	Veekly)	
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	y information copied from such Reports and State for commercial purposes, other than using the na								se of	sol			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated									.01	1 50011		
A.	Full Name of Individual (Last, First, Middle Initial) LEWIS, ELIZABETH, , ,	) or Full O	rgar	nization Name	[	Date of	Re	cei	pt				
	Mailing Address 675 PLEASANT VIEW ROAD					м м 06	/		30		/ Y	ү ү 2023	Y
	City CHANHASSEN	State MN		Zip Code 55317-9509	A			-				3746855 s Period	9
	FEC ID number of contributing federal political committee.	С						-			-9-	316.	00
	Name of Employer (for Individual) Optum Services, Inc	Occi VP /	•	tion (for Individual) Iary		Me	emo	) Ite	əm				
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1934.46	P/	R Dedu	uctio	on (	(\$158	3.00	) Bi-We	eekly)	
в.	Full Name of Individual (Last, First, Middle Initial) CESARETTI, GINA, , ,	) or Full O	rgar	nization Name		Date of	Re	cei	pt				
	Mailing Address 5020 CIRCLE DOWN					м м 06	/		30		/ Y	ү ү 2023	Y
	City GOLDEN VALLEY	State MN		Zip Code 55416-1304	A			-				<b>3906855</b> s Period	9
	FEC ID number of contributing federal political committee.	С						,			-9-	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) ompli/Sr Dep Gen Cnsl		Me	emo	) Ite	əm				
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 2499.90	P/	R Dedu	uctic	on (	(\$192	2.30	) Bi-We	ekly)	
C.	Full Name of Individual (Last, First, Middle Initial) PORTZ, THOMAS, , ,	) or Full O	rgar	nization Name		Date of	Re	cei	pt				
	Mailing Address 2119 SHERIDAN HILLS RD	1 -		1		м м 06	/	L	30	1		2023 Y	
	City WAYZATA	State MN		Zip Code 55391-2327	A							4456855 s Period	9
	FEC ID number of contributing federal political committee.	С				_		<b>y</b>			9	400.	00
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP F	•	ion (for Individual)		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2400.00	P	/R Ded	uctio	on	(\$200	0.00	0 Bi-W	eekly)	
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	formation copied from such Reports and Stat commercial purposes, other than using the n				or the		pose of	soliciting	g con	tributi	ons				
	ME OF COMMITTEE (In Full) hitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	NC)											
	Name of Individual (Last, First, Middle Initial ROBST, PETER, , ,	) or Full Or	rganization Name	C	Date of	f Re	eceipt								
Mai	ling Address 1927 SAUNDERS AVENUE				м м 06	/	D D 30	/ Y	202	23	Y				
City SA	, INT PAUL	State MN	Zip Code 55116-2016	A	Transaction ID : PR2575744668559           Amount of Each Receipt this Period										
	C ID number of contributing eral political committee.	С		200.00											
Uni	ne of Employer (for Individual) ted HealthCare Services Inc		ipation (for Individual) Clin Affordability		М	emo	tem								
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	P/	R Ded	lucti	on (\$100	).00 Bi-V	Veekly	y)					
<b>B</b> . <u>P</u> l	Name of Individual (Last, First, Middle Initial NERSKI, JENNIFER, , ,	) or Full Or	rganization Name		Date of	f Re	eceipt								
	ling Address 7501 HART LN				м м 06	/	D D D 30	/ Y	202	23 23	Y				
City	STIN	State TX	Zip Code 78731-2237					PR25757							
FEG	C ID number of contributing eral political committee.	C		Amount of Each Receipt this Period											
	ne of Employer (for Individual) ed HealthCare Services Inc		upation (for Individual) 9 Gen Mgmt		Memo Item										
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/I	R Ded	uctio	on (\$38.4	46 Bi-We	∍ekly)	1					
	Name of Individual (Last, First, Middle Initial JLTON, RYAN, , ,	) or Full Or	rganization Name		Date of	f Re	eceipt								
	ling Address 805 LANEWOOD LANE NORTH				06		30		202	- 1 C					
City PL	YMOUTH	State MN	Zip Code 55447-4347	A				PR2575 eceipt th			)				
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Uni	ne of Employer (for Individual) ted HealthCare Services Inc	Occu VP C	upation (for Individual) Clms		М	emo	tem								
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$\rangle$		I PAC (l	UnitedHealth Group P	PAC)								
A.		l) or Full O	Drganization Name		Date of Receipt							
	Mailing Address 3942 CAMPELLO CURVE											
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	United HealthCare Services Inc				Me	emo I	ltem					
	Primary General	Aggregate			P/R Dedu	uctior	n (\$192.	.30 Bi-W	/eekly)			
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	United HealthCare Services Inc		1 ( )		Me	emo	ltem					
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$\langle \rangle$	NAME OF COMMITTEE (In Full)													
$\rangle$	UnitedHealth Group Incorporate	ed PAC (l	Jn	tedHealth Group PA	AC)									
١.	Full Name of Individual (Last, First, Middle Init MADDUX, SUSAN, , ,	tial) or Full O	rga	nization Name		Date of	Re	ece	ipt					
	Mailing Address 16426 FARMERS MILL LANE					M M / D D / Y Y Y Y 06 30 2023								
	City	State		Zip Code		Trans	acti	ior	ו ID :	PR	R25757	838	6855	9
	CHESTERFIELD	MO		63005-4549	_	Amount	of	Ea	ach R	lece	eipt th	is P	eriod	
	FEC ID number of contributing rederal political committee.	С						,			-7-		398.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) rmacy Programs		Me	emc	o It	em					
	Receipt For:			ur-to-Date ▼										
	Primary General Other (specify) ▼		-	2402.04		P/R Ded	uctio	on	(\$199	9.0	0 Bi-W	/eek	ly)	
	 Full Name of Individual (Last, First, Middle Init SUAREZ, MARIO, , ,	tial) or Full O	rga	nization Name		Date of	Re	ece	ipt					
	Mailing Address 21294 SMOKEHOUSE CT			M M			DD	)	/ Y	Y	Y	Y		
						06	Ľ		30		, .	_20		
	City	State		Zip Code		Trans	acti	ior	ID :	PR	25757	873	68559	•
	ASHBURN	VA		20147-5316		Amount	of	Ea	ach R	lece	eipt th	is P	eriod	
	FEC ID number of contributing rederal political committee.	С						,		l	-7-	_	76.9	92
	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occ VP		Memo Item										
	Receipt For: Primary General	Aggregate	Yea	ır-to-Date ▼		P/R Ded	uctio	on	(\$38	46	Bi-We	eklv	r)	
	Other (specify) ▼	L	,	499.98				011	(\$00.		21 110	ony	/	
	Full Name of Individual (Last, First, Middle Init BERGDOLL, JENNIFER, , ,	tial) or Full O	rga	nization Name		Date of	Re	ece	ipt					
	Mailing Address 230 HARRIS PEAK ST					<sup>M</sup> 06	/	I	30		/ Y		23	Y
	City	State		Zip Code		Trans	act	io	ו ID :	PR	R25757	7937	6855	9
	LAS VEGAS	NV		89138-6351		Amount	of	Ea	ach R	lece	eipt th	is P	eriod	
	FEC ID number of contributing rederal political committee.	С						,			9		76.9	92
	Name of Employer (for Individual)	Occi	upat	ion (for Individual)	$\neg$	M	emo	o li	em					
	Optum Services, Inc		•	ble Team		-								
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	Primary General Other (specify)		-	499.98	]	P/R Ded	ucti	ion	(\$38	.46	Bi-We	ekly	/)	
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	y information copied from such Reports and Sta										
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	doress of any political committee	to solicit contributions from such committee.							
$\rangle$	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initia MAURER, CARRIE, , ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 10204 NEWPORT PATH			06 30 / Y Y Y Y 2023							
	City WOODBURY	State MN	Zip Code 55129-4428	Transaction ID : PR2575798168559 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CMO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia WIX, LACOSTA, , ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 402 JULIA STREET APARTMENT 403	1-	I	M M / D D / Y Y Y Y 06 30 2023							
	City NEW ORLEANS	State LA	Zip Code 70130-3699	Transaction ID : PR2575800068559 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.92							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initia GALIAN, SANDRA, , ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 120 SEQUAMS LANE WEST			06 / D / Y Y Y Y 06 / 30 / 2023							
	City WEST ISLIP	State NY	Zip Code 11795-4549	Transaction ID : PR2575803268559           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.92							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			553.84							
т	OTAL This Period (last page this line number on	ly)	•								

## Use separate schedule(s)

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Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora Full Name of Individual (Last, First, Middle RUSSELL, LAURIE, , , Mailing Address 3108 SONIA DRIVE City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle B. LATINO, DAYNA, , , Mailing Address 41 BROOK CROSSING E2 City ELLINGTON FEC ID number of contributing federal political committee.			(check only one)										
			for each category of the Detailed Summary Page	×			11b	11c	12	Г	 		
				rson foi									
		J PAC (U	InitedHealth Group PA	C)									
		al) or Full Or	ganization Name	Da	ate of	Re	ceipt						
	Address 3108 SONIA DRIVE				M         M         /         D         D         /         Y								
	EGAS	State NV	Zip Code 89107-3246					PR25758 Receipt th					
	•	С					,		7	8.00			
			pation (for Individual) Govt Affs		Me	mo	Item						
F	Primary General	Aggregate	Year-to-Date ▼ 507.00	P/R	Dedu	uctio	on (\$39.	.00 Bi-We	eekly)				
		al) or Full Or	ganization Name	Da	ate of	Re	ceipt						
	Address 41 BROOK CROSSING EXTEN				06	/	D D D 30		2023	Y	]		
	GTON	State CT	Zip Code 06029-2247					PR25758 leceipt th					
	•	С			76.92								
Name United	of Employer (for Individual) HealthCare Services Inc		pation (for Individual) f of Staff		Me	mo	Item						
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R	Dedu	ictic	on (\$38.	46 Bi-We	eekly)				
	me of Individual (Last, First, Middle Initia IENEMAN, STEPHEN, , ,	al) or Full Or	ganization Name	Da	ate of	Re	ceipt						
	Address 428 8TH ST	1 -		4 L	06	/	D 30		2023		]		
City HUNT	INGTON BEACH	State CA	Zip Code 92648-4629					PR2575					
	) number of contributing political committee.	С					y	. ,	7	6.92			
United	of Employer (for Individual) HealthCare Services Inc		pation (for Individual) Iin Affordability		Me	emo	Item						
	r For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/F	R Dedu	uctio	on (\$38.	.46 Bi-We	eekly)				
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				Detailed Summary Page	×	11a		]11b	11c		12		
						13		14	15		16	17	
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements mane and a	ay r addr	ot be sold or used by any poess of any political committee	erson t e to so	for the licit co	pur ntrib	pose of outions f	soliciting from suc	) co h cc	ntribut	ions ee.	
$\backslash$	NAME OF COMMITTEE (In Full)				<b>.</b>								
	UnitedHealth Group Incorporate	-		-	AC)								
Α.	Full Name of Individual (Last, First, Middle Ini SHAPIRO, DAVID, , ,	tial) or Full C	Drga	nization Name		Date of	f Re	eceipt					
	Mailing Address 5215 MORGAN AVENUE SO	UTH				<sup>M</sup> 06	/	30	) / Y	ү 2	, 023	Y	
	City	State		Zip Code		Trans	act	ion ID :	PR2575	814:	26855	9	
	MINNEAPOLIS	MN		55419-1026		Amoun	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С								_	384.6	60	
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		М	emc	Item					
	United HealthCare Services Inc	Bus	s Se	g Chief Cnsmr Off									
	Receipt For:	Aggregate	Yea	ur-to-Date ▼									
	Primary General	55.55540			P	/R Ded	ucti	on (\$19	2.30 Bi-V	Veeł	<ly)< td=""><td></td></ly)<>		
	Other (specify) V		-	2499.90									
	Full Name of Individual (Last, First, Middle Ini TAYLOR, DUSTIN, , ,	tial) or Full C	Drga	nization Name		Date of	f Re						
	Mailing Address 5430 E BLOOMFIELD RD				-			· ·			Y	1/	
		06 30 2											
	City	State		Zip Code		Trans	acti	ion ID :	PR25758	3181	68559	)	
	SCOTTSDALE	AZ		85254-4202		Amoun	t of	Each F	Receipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С								_	76.9	92	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) res Ntwk Mgmt		М	emo	tem					
	Receipt For:	Aggregate	Yea	ur-to-Date ▼									
	Primary General				P.	/R Ded	uctio	on (\$38.	46 Bi-We	ekl	y)		
	Other (specify) <b>v</b>		,	499.98									
	Full Name of Individual (Last, First, Middle Ini MCNATT, RICHARD, , ,	tial) or Full C	Drga	nization Name		Date of	f Re	eceipt					
	Mailing Address 4945 CANDACRAIG					<sup>M</sup> 06	1	30			)23 )	Y	
	City	State		Zip Code		Trans	act	ion ID :	PR2575	824	96855	9	
	ALPHARETTA	GA		30022-6340	·	Amoun	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С						y 1	. ,	_	384.6	60	
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)	_	M	emo	tem					
	United HealthCare Services Inc	SVF	•	(									
	Receipt For:	1		ar-to-Date ▼									
	Primary General	, iggi oguto	100		P	/R Ded	lucti	on (\$19	2.30 Bi-V	Veel	kly)		
	Other (specify)		-	2499.90							• •		
s	UBTOTAL of Receipts This Page (optional)			•••••	•			y .	· · ·	-	846.1	2	
Т	OTAL This Period (last page this line number	only)		••••••	.			_		_			

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Any information copied from such Reports and or for commercial purposes, other than using			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
> UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle A. KAUFMAN, PHILIP, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 1580 BOHNS POINT ROA	D		06 30 Y Y Y Y Y 2023							
City WAYZATA	State MN	Zip Code 55391-9309	Transaction ID : PR2575829868559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D IFP & Chief Cnsmr/Grwth	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. SCHMITT, MARIE, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 3045 25TH AVENUE			06 / D D / Y Y Y Y Y Y 2023							
City SAN FRANCISCO	State CA	Zip Code 94132-1541	Transaction ID : PR2575830068559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP CInt Relationship	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	-							
Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle HARPER, JENNIFER, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 8206 WEST 16TH STREE	1		06 / D D / Y Y Y Y Y 2023							
City SAINT LOUIS PARK	State MN	Zip Code 55426-1904	Transaction ID : PR2575835568559           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		398.00							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2402.04	P/R Deduction (\$199.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			859.52							
TOTAL This Period (last page this line numb	er only)									

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		Use separate schedule(s)	(check only one)
for commercial purposes, other than using the         NAME OF COMMITTEE (In Full)         UnitedHealth Group Incorporate         Full Name of Individual (Last, First, Middle Init JERDE, MARY, , ,         Mailing Address 9324 N AERIE CLIFF         City         FOUNTAIN HILLS         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         United HealthCare Services Inc         Receipt For:         Primary         General         Other (specify) ▼         Full Name of Individual (Last, First, Middle Init BOROCH, BLAIR, , ,         Mailing Address 800 BELFRY DRIVE         City         BLUE BELL         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         United HealthCare Services Inc         Receipt For:         Primary         General         Other (specify) ▼         Full Name of Employer (for Individual)         United HealthCare Services Inc         Receipt For:         Primary       General         Other (specify) ▼         Full Name of Individual (Last, First, Middle Init         COTTINGTON, NYLE BRENT, , ,		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle Init A. JERDE, MARY, , ,	ial) or Full O	rganization Name	Date of Receipt
Mailing Address 9324 N AERIE CLIFF			M M / D D / Y Y Y Y 06 30 2023
-	State AZ	Zip Code 85268-6358	Transaction ID : PR2575837468559
			Amount of Each Receipt this Period
•	C		115.38
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	VP I	Med Clin Ops	
	Aggregate	Year-to-Date 🔻	
		749.97	P/R Deduction (\$57.69 Bi-Weekly)
Other (specify) V		143.31	1
Full Name of Individual (Last, First, Middle Init B. BOROCH, BLAIR, , ,	ial) or Full O	rganization Name	Date of Receipt
Mailing Address 800 BELFRY DRIVE			06 30 2023
City	State	Zip Code	Transaction ID : PR2575849968559
BLUE BELL	PA	19422-1210	Amount of Each Receipt this Period
•	С		384.60
		upation (for Individual) Plan CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	-
	, iggi oguto		P/R Deduction (\$192.30 Bi-Weekly)
Other (specify) V		2499.90	
Full Name of Individual (Last, First, Middle Init C. COTTINGTON, NYLE BRENT, , ,	ial) or Full O	rganization Name	Date of Receipt
Mailing Address 15050 47TH STREET NE			06 30 2023
City	State	Zip Code	Transaction ID : PR2575865368559
SAINT MICHAEL	MN	55376-1613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			884.58
TOTAL This Period (last page this line number of			

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

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ITEMIZED RECEIPTS		Use separate schedule(s)	(chec	(check only one)									
			for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>			
	r information copied from such Reports and Sta or commercial purposes, other than using the n												
	VAME OF COMMITTEE (In Full)								1 commu				
	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	C)									
	Full Name of Individual (Last, First, Middle Initia ADAMO, BRENT, , ,	l) or Full Oi	rganization Name	D	Date of Receipt								
-	Mailing Address 3109 E DESERT LN				06 / D D / Y Y Y Y 2023								
	City PHOENIX	State AZ	Zip Code 85042-7198						86786855 is Period	9			
	EC ID number of contributing ederal political committee.	С							76.	92			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Software Engineering	10	Me	emo	Item						
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/F	R Dedu	uctio	on (\$38.	46 Bi-We	ekly)				
	Full Name of Individual (Last, First, Middle Initia ROSS, CHRISTY, , ,	l) or Full Oi	rganization Name	D	ate of	Re	ceipt						
-	Mailing Address 211 JIM CANNON RD	-			06	/	D D D 30	/ Y	y y 2023	Y			
	City	State	Zip Code			ansaction ID : PR2575873368559							
-	VAN ALSTYNE	TX	75495-2803	Ai	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С	77.00										
	Name of Employer (for Individual) Dptum Services, Inc	Occi VP (	upation (for Individual) Ops		Me	emo	Item						
I	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.50	P/F	R Dedu	ıctic	on (\$38.	50 Bi-We	ekly)				
	Full Name of Individual (Last, First, Middle Initia PEZHMAN, PAYMAN, , ,	l) or Full Oi	rganization Name	D	ate of	Re	ceipt						
I	Mailing Address 2825 MAPLEWOOD CIRCLE E	1			06	/	30	/ Y	2023	Y			
(	City WAYZATA	State MN	Zip Code 55391-2633				-		88356855	9			
	FEC ID number of contributing ederal political committee.	С			nount	U	, each R	eceipt tri	is Period 384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel		Me	emo	Item						
Ī	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/F	R Dedi	uctio	on (\$192	2.30 Bi-W	/eekly)				
รเ	IBTOTAL of Receipts This Page (optional)								538.	52			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usir			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (Ur	itedHealth Group PA	NC)
Full Name of Individual (Last, First, Mide RICHARDSON, KRISTIE, , ,	lle Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 139 BALL GAP ROAD			06 / D D / Y Y Y Y 06 30 2023
City	State	Zip Code	Transaction ID : PR2575890968559
ARDEN	NC	28704-8748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) United HealthCare Services Inc	Occupa VP Op	ation (for Individual) s	Memo Item
Receipt For:	Aggregate Ye	ar-to-Date ▼	_
Primary     General       Other (specify) ▼		2400.00	P/R Deduction (\$200.00 Bi-Weekly)
Full Name of Individual (Last, First, Mido B. SCHMUKER, ERIN, , ,	lle Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2575 TALL TIMBER CO	URT SE		06 30 2023
City	State	Zip Code	Transaction ID : PR2575906668559
GRAND RAPIDS	MI	49546-6787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		398.00
Name of Employer (for Individual) Optum Services, Inc		ation (for Individual) ien Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 2407.23	P/R Deduction (\$199.00 Bi-Weekly)
Full Name of Individual (Last, First, Mido C. MARGHERIO, MICHAEL, , ,	lle Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 6412 JEFFERSON STR	EET		06 30 2023
City	State	Zip Code	Transaction ID : PR2575916368559
KANSAS CITY	MO	64113-1542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.92
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
United HealthCare Services Inc		VP SIs Acct Mgt	
Receipt For:	Aggregate Ye	ar-to-Date 🔻	
Primary General Other (specify)		499.98	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)	•••••	874.92
TOTAL This Period (last page this line nu	mber only)		

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TTEMIZED RECEIPTS	for each catego Detailed Summ	
		used by any person for the purpose of soliciting contributions litical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (UnitedHealth	ו Group PAC)
Full Name of Individual (Last, First, Mid A. CZAJKA, DAVID, , ,	Idle Initial) or Full Organization Name	Date of Receipt
Mailing Address 8590 BIG MANGROVE	DRIVE	06 30 2023
City FORT MYERS	State         Zip Code           FL         33908-7694	Transaction ID : PR2575918668559
FEC ID number of contributing federal political committee.	C	4 Amount of Each Receipt this Period 38.46
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individues Sr Dir People Team	dual) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$19.23 Bi-Weekly)
Full Name of Individual (Last, First, Mid B. OLSON, TRUDY, , ,	Idle Initial) or Full Organization Name	Date of Receipt
Mailing Address 7208 WOODDALE AV		06 / D D / Y Y Y Y 2023
City EDINA	StateZip CodeMN55435-4156	Transaction ID : PR2575918768559           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.92
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individ VP People Team	dual) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Mid MCGOLDRICK, CHRISTOP		Date of Receipt
Mailing Address 48 MOUNTAIN TERR		06 / D D / Y Y Y Y 2023
City WEST HARTFORD	StateZip CodeCT06107-1533	Transaction ID : PR2575930468559           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individ NA VP SIs & Bus Dev	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optic	nal)	499.98
TOTAL This Period (last page this line n	umber only)	

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				Detailed Summary Page	×	11a	$\square$	11	- H	_	11c	12	□		
	y information copied from such Reports and Stat								se of a	soli					
or	for commercial purposes, other than using the na														
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initial MATTERA, RICHARD, , ,	) or Full O	rgan	ization Name		ate of	Re	ecei	ipt						
	Mailing Address 640 LOCUST HILLS DRIVE	1	,			<sup>M</sup> 06	/		30	1	/ Y	y y 2023	Y		
	City WAYZATA	State MN		Zip Code 55391-1973	A							<b>3846855</b> s Period	9		
	FEC ID number of contributing federal political committee.	С						-			-	384.6	60		
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) ief Dev Officer		Me	emo	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	P/	R Dedu	uctic	on (	(\$192	2.30	) Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Initial RILEY, FELICITY, , ,	) or Full O	Organ	ization Name		ate of	Re	ecei	ipt						
	Mailing Address 3330 EDMUND BLVD					06 / 0 / Y Y Y Y Y 2023									
	City MINNEAPOLIS	State MN		Zip Code 55406-2348		Transaction ID : PR2575943368559 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				_		,				384.6	60		
	Name of Employer (for Individual) United HealthCare Services Inc		upat Tax	ion (for Individual)		Me	emo	) Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	P/	R Dedu	uctio	on (	(\$192	.30	Bi-We	eekly)			
с.	Full Name of Individual (Last, First, Middle Initial DONAHUE, JEANINE, , ,	) or Full O	rgan	ization Name		ate of	Re	ecei	ipt						
	Mailing Address 164 MORNINGSIDE DRIVE	1 -				<sup>M</sup> 06	/	L	30		/ Y	2023			
	City MANDEVILLE	State LA		Zip Code 70448-7571	A							5926855 s Period	9		
	FEC ID number of contributing federal political committee.	С				_		,			y	76.9	92		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Prgms		Me	emo	o Ite	em						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 499.98	P/	R Dedi	uctio	on	(\$38.4	46	Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)							,		l	,	846.1	2		
Т	OTAL This Period (last page this line number on	ly)		•••••				<b>,</b>			- <b>y</b>				

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

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			Detailed Summary Page	×			11b	11c		committee 2023 65868559 s Period 396.00 eekly) 2023 70468559 s Period 384.60 eekly) 2023 79668559 s Period 200.00	
Any informa	tion copied from such Reports an	d Statements m	w not be sold or used by any n	erson	13 for the	nur	14	15 soliciting		-	17 ions
	nercial purposes, other than using										
	F COMMITTEE (In Full)										
> United	dHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)							
Full Nam A. LEMK	ne of Individual (Last, First, Middle E, HEATHER, , ,	Initial) or Full C	rganization Name		Date of	f Re	eceipt				
Mailing A	Address 4135 TRILLIUM LANE EA	ST			м м 06	/	30		2(	023	Y
City		State	Zip Code		Trans	act	ion ID :	PR2575	9658	368559	•
MINNET	RISTA	MN	55364-7730		Amount	t of	Each F	Receipt th	nis P	'eriod	
	number of contributing olitical committee.	С							_	396.0	0
	Employer (for Individual) ealthCare Services Inc		upation (for Individual) People Team		M	emo	o Item				
Receipt			•	_							
	mary General	Ayyreyate	Year-to-Date ▼	P	/R Ded	ucti	ion (\$19	8.00 Bi-V	Veek	dy)	
Ot	ner (specify) 🔻		2424.07	1			()			,	
Full Nam <b>B. FRAN</b>	ne of Individual (Last, First, Middle K, DANIEL, , ,	Initial) or Full C	rganization Name		Date of	f Re	eceipt				
	Address 1373 PRAIRIE MEADOW	RD			M M 06		30		ү 20	)23	Y
City		State	Zip Code		Trans	act	ion ID ·	PR2575	9704	168559	4
MINNET	RISTA	MN	55359-6701					Receipt th			
	number of contributing olitical committee.	C					-yr - 1		_	384.6	50
	Employer (for Individual) ervices, Inc		upation (for Individual) ef Clin Off		M	emo	o Item				
Receipt	For:	Aggregate	Year-to-Date ▼								
	mary General ner (specify) ▼		2499.90	] <sup>P.</sup>	/R Ded	ucti	on (\$19	2.30 Bi-W	/eek	ly)	
	e of Individual (Last, First, Middle ERT, GREGORY, , ,	Initial) or Full C	rganization Name		Date of	f Re	eceipt				
Mailing A	Address 46 VIA BELLEZA				м м 06	/	D 30				Y
City		State	Zip Code				-				3
SAN CL	EMENTE	CA	92673-6910		Amount	t of	Each F	Receipt th	nis P	'eriod	
	number of contributing olitical committee.	С					,	y	_	200.0	10
Name of	Employer (for Individual)	Occ	upation (for Individual)		Μ	em	o Item				
United H	ealthCare Services Inc	VPI	Ntwk Contrctng								
Receipt		Aggregate	Year-to-Date 🔻								
	mary General ner (specify)		1300.00	]   <sup>P</sup>	P/R Ded	lucti	ion (\$10	0.00 Bi-V	Veek	dy)	
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	r commercial purposes, other than using the	name and a	addre	ot be sold or used by any pe ess of any political committee	erson f to so	for the licit cor	pur ntrib	pose o outions	of s fro	oliciting		ntribut mmitte	ions e.
А. <u>F</u> М. <u>Г</u> Сі Е FE	AME OF COMMITTEE (In Full)		ا ا		$\sim$								
A. $\frac{F}{M_{1}}$	InitedHealth Group Incorporate												
Ci E FE	ull Name of Individual (Last, First, Middle Init RICHARDS, ALISON, , ,	ial) or Full O	Orgar	nization Name	Date of Receipt								
E FE	ailing Address 257 WEST GRANTLEY				06 30 2023								
FE	-	State		Zip Code		Trans	act	ion ID	: P	R25759	9879	68559	•
	LMHURST	IL		60126-2237	/	Amount	t of	Each	Re	ceipt th	is P	eriod	
fe	EC ID number of contributing deral political committee.	С						-		-9		384.6	0
	ame of Employer (for Individual) nited HealthCare Services Inc			tion (for Individual) CEO		M	emc	Item					
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	Primary General				P	/R Ded	ucti	on (\$1	92.	30 Bi-W	/eek	ly)	
	Other (specify) <b>v</b>	L	-	2499.90	4								
	ull Name of Individual (Last, First, Middle Init SCHULTZ, STACY, , ,	ial) or Full O	Orgar	nization Name		Date of	Re	eceipt					
Ma	ailing Address 4012 S XERXES AVENUE					м м 06	1	3		/ Y	ү 20	y 23	Y
Ci	ity	State		Zip Code		Trans	acti	on ID	: P	R25759	909	68559	,
Μ	IINNEAPOLIS	MN		55410-1146						ceipt th			
	EC ID number of contributing deral political committee.	С								-95-		76.9	2
	ame of Employer (for Individual) nited HealthCare Services Inc			tion (for Individual) gment Gen Counsel		M	emc	ltem					
Re	eceipt For:	Aggregate	e Yea	ur-to-Date ▼									
_	Primary General Other (specify) <b>v</b>		,	499.98	P	/R Ded	uctio	on (\$3	8.4	6 Bi-We	ekly	')	
	ull Name of Individual (Last, First, Middle Init BRIGGS, MARC, , ,	ial) or Full O	Orgar	nization Name		Date of	Re	eceipt					
Ma	ailing Address 13534 TUSCALEE HILL CIR					<sup>M</sup> 06	1	D 3	0	/ Y		23	Y
Ci	-	State		Zip Code		Trans	act	ion ID	: P	PR25760	0016	6855	<b>)</b>
	DRAPER	UT		84020-5653	- '	Amount	t of	Each	Re	ceipt th	is P	eriod	
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Na	ame of Employer (for Individual)	Occi	cupat	tion (for Individual)		М	emo	ltem					
U	nited HealthCare Services Inc	Hlth	n Plai	n CEO									
Re	eceipt For:	Aggregate	e Yea	ur-to-Date ▼									
_	Primary General Other (specify)		-9-	2499.90	P	/R Ded	ucti	on (\$1	92.	.30 Bi-W	/eek	ly)	
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#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	· [_	11b	11c	12			
Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)	the name and a	doress of any political committee	e to solicit (	contrit	butions t	rom sucr	1 committ	ee.		
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle SCHOENER, SHAUN, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 884 LAS PALOMAS DR			M 06		D D D 30	) / Y	y y 2023	Y		
City LAS VEGAS	State NV	Zip Code 89138-5001					01276855 is Period	9		
FEC ID number of contributing federal political committee.	C					-	32.	68		
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) KA VP SIs Acct Mgt		Memo	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 212.42	P/R D	educti	ion (\$16.	.34 Bi-We	eekly)			
Full Name of Individual (Last, First, Middle B. SONERHOLM, KIMBERLY, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 3380 SHELBORNE WOOD			06		30		2023	Y		
City CARMEL	State IN	Zip Code 46032-8101					<b>3326855</b> is Period	9		
FEC ID number of contributing federal political committee.	С						384.0	60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Memo	o Item					
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		2499.90	P/R D	∍ducti	ion (\$192	2.30 Bi-W	(eekly)			
Full Name of Individual (Last, First, Middle MOSHER, MATTHEW, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 4201 SUNSET DRIVE #108	State	Zin Oode	0	6	30		2023	_		
City SPRING PARK	MN	Zip Code 55384-4515					03856855 is Period	9		
FEC ID number of contributing federal political committee.	C			_	y 1	. ,	83.3	32		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nfo Tech		Mem	o Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 458.26	P/R D	educt	ion (\$41	.66 Bi-We	eekly)			
SUBTOTAL of Receipts This Page (optional)					, .		500.6	60		
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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a		11	b	11	c [	12	-	
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	y information copied from such Reports and State for commercial purposes, other than using the na													
$\backslash$	NAME OF COMMITTEE (In Full)				<b>_</b> )									
$\Big/$	UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	.C)									
Α.	Full Name of Individual (Last, First, Middle Initial) BYRNES, CHRISTOPHER, , ,	) or Full O	rgar	nization Name		Date of	Re	cei	pt					
	Mailing Address 3920 GLENWOOD STREET				06 / D D / Y Y Y Y 2023									]
	City	State		Zip Code		Trans	acti	ion	ID : F	PR25	<b>760</b> 4	42868	559	
	DULUTH	MN		55804-1403	/	Amount	of	Ea	ch Re	eceip	t this	s Perio	d	
	FEC ID number of contributing federal political committee.					,			,	38	4.60			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) gment COO		Me	emo	) Ite	əm					
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	Primary General Other (specify) ▼		-	2499.90	P	'R Ded	uctic	on (	(\$192	.30 E	Bi-We	eekly)		
B.	Full Name of Individual (Last, First, Middle Initial) KANDALAFT, KEVIN, , ,	) or Full O	rgar	nization Name		Date of	Re	cei	pt					
	Mailing Address 16118 LOMACITAS LN					м м 06	/		30	/	Y	y y 2023	Y	1
	City	State		Zip Code		Trans	acti	on	ID : F	PR25	7604	36685	59	
	WHITTIER	CA		90603	/	Amount	of	Ea	ch Re	eceip	t this	s Perio	d	
	FEC ID number of contributing federal political committee.	С				_		,				38	4.60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) In CEO		Me	emo	) Ite	əm					
	Receipt For:	Aggregate	Yea	r-to-Date ▼					(\$ 4 6 6					
	Other (specify) ▼		,	2499.90	P/	R Dedu	UCTIC	on (	(\$192.	.30 E	SI-VVE	ekiy)		
С.	Full Name of Individual (Last, First, Middle Initial) STONE, LAURA, , ,	) or Full O	rgar	nization Name		Date of	Re	cei	pt					
	Mailing Address 1485 COUNTY RD 286					м м 06	1	Ľ	30	/	Y	2023	Y	]
		State TX		Zip Code								45168		
	COLLINSVILLE			76233-2389	/	Amount	of	Ea	ch Re	eceip	t this	s Perio	d	
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	Name of Employer (for Individual)	Occi	upat	ion (for Individual)		Me	emo	o Ite	em					
	United HealthCare Services Inc	Dir N	Ntwk	Contrctng										
		Aggregate	Yea	ır-to-Date ▼										
	Other (specify)		-	499.98	P,	/R Ded	uctio	on	(\$38.4	16 Bi	-Wee	ekly)		
s	UBTOTAL of Receipts This Page (optional)			•••••				,				84	6.12	
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### SCHEDULE A (FEC Form 3X) DEOEIDTO

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17			Use separate schedule(s)	(check only one)
111			for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)			
$\rangle$	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)
Α.	Full Name of Individual (Last, First, Middle Initia NELSON, KRISTA, , ,	ll) or Full Or	rganization Name	Date of Receipt
	Mailing Address 18202 SHAVERS LAKE DRIVE			06 / D D / Y Y Y Y 06 30 2023
	City WAYZATA	State MN	Zip Code 55391-3338	Transaction ID : PR2576047968559           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) UHC Operations	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initia MONICAL, KENT, , ,	ll) or Full Or	rganization Name	Date of Receipt
	Mailing Address 9795 E PIEDRA DRIVE	01-1-	75.0.1	06 / D D / Y Y Y Y 06 2023
	City SCOTTSDALE	State AZ	Zip Code 85255-9231	Transaction ID : PR2576051368559
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia HUANG, JAMES, , ,	ll) or Full Or	rganization Name	Date of Receipt
	Mailing Address 6838 IDLEWOOD WAY	State	Zip Code	06 / 0 P P P P P P P P P P P P P P P P P P
	EDEN PRAIRIE	MN	55346-3519	Transaction ID : PR2576059968559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc	Occu VP F	ipation (for Individual) ïn	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			. 846.12
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	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		oose of	soliciting	g cont	tributio	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initial REX, JOHN, , ,	) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 503 HARRINGTON ROAD				<sup>M</sup> 06	/	30	/ Y	y 202	23	Ŷ
	City WAYZATA	State MN	Zip Code 55391-1512					PR2576 eceipt th			_
	FEC ID number of contributing federal political committee.	С						і. 1. т.	3	384.60	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) G CFO		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90		P/R Ded	uctio	on (\$192	2.30 Bi-W	Veekly	()	
в.	Full Name of Individual (Last, First, Middle Initial MCEWAN, JOSHUA, , ,	) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 4916 ALDRICH AVE SOUTH				M M 06	/	D D D 30	/ Y	y 202	3	
	City MINNEAPOLIS	State MN	Zip Code 55419-5353					PR25760			
	FEC ID number of contributing federal political committee.	C			Amouni	. 01		eceipt th		384.60	0
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP 1	upation (for Individual) Tax		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P	/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly	<sup>*</sup> )	
С.	Full Name of Individual (Last, First, Middle Initial FREIBERG, BRIAN, , ,	) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 9605 LEXINGTON CT		7.0.1		<sup>M</sup> 06	1	30		202	23	
	City WESTON	State WI	Zip Code 54476-6730					PR2576			
	FEC ID number of contributing federal political committee.	С					,	, ,		153.84	4
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Strategy		M	emc	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	]   F	P/R Ded	ucti	on (\$76.	.92 Bi-We	eekly)		
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	y information copied from such Reports and Si for commercial purposes, other than using the			erson for t	he pu	rpose of	soliciting	contrik	outio	ns			
	NAME OF COMMITTEE (In Full)												
$\rangle$	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Init PALMER, BRYAN, , ,	ial) or Full O	organization Name	Date	of R	eceipt							
	Mailing Address 346 COUNTRY CLUB DRIVE			0	<sup>™</sup>	/ D D 30	/ Y	2023		]			
	City TEQUESTA	State FL	Zip Code 33469-1944			<b>tion ID :</b> f Each R							
	FEC ID number of contributing federal political committee.	С				- <b>7</b> - 1		38	4.60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO		Mem	o Item							
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в.	Full Name of Individual (Last, First, Middle Init LESUEUR, REHN, , ,	ial) or Full O	organization Name	Date	e of R	eceipt							
	Mailing Address 254 JASPERS CIR S			0	6 0	/ D D 30	/ Y	2023	Y	]			
	City	State MN	Zip Code			tion ID :							
	CHASKA	IVIIN	55318-3210	Amo	unt o	f Each R	eceipt th	is Perio	bd				
	FEC ID number of contributing federal political committee.	С				-	-	7	6.92				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev		Mem	io Item							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Other (specify) ▼		499.98	P/R D	educt	ion (\$38.	46 Bi-We	ekly)					
с.	Full Name of Individual (Last, First, Middle Init DIAMOND, TIFFANY, , ,	ial) or Full O	organization Name	Date	e of R	eceipt							
	Mailing Address 1801 SPANISH TRAIL	1 -		0	6	/ D D D 30		2023		]			
	City DELRAY BEACH	State FL	Zip Code 33483-4958			t <b>ion ID :</b> f Each R							
	FEC ID number of contributing federal political committee.	С				y .	, <u>,</u>	39	6.00				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops		Merr	io Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date  2414.46	P/R C	Deduc	tion (\$198	8.00 Bi-V	/eekly)					
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			Detailed Summary Page												
Any i or foi	nformation copied from such Reports and Sta commercial purposes, other than using the n	tements ma name and a	ay not be sold or used by any p address of any political committe	e to solicit contributions from such committee.											
	AME OF COMMITTEE (In Full)														
) U	nitedHealth Group Incorporated	PAC (l	JnitedHealth Group P/	AC)											
	ll Name of Individual (Last, First, Middle Initia IRETTE, KARL, , ,	l) or Full O	organization Name	Date of Receipt											
Ma	ailing Address 9 WEST WOODLAWN DRIVE			06 / Y Y Y Y 2023											
Ci	-	State	Zip Code	Transaction ID : PR2576138968559											
	ESTREHAN	LA	70047-2535	Amount of Each Receipt this Period											
	C ID number of contributing deral political committee.	С		76.92											
	ame of Employer (for Individual) hited HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item											
	eceipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)											
	ا Il Name of Individual (Last, First, Middle Initia ROSSMAN, MICHAEL, , ,	l) or Full O	organization Name	Date of Receipt											
Ma	ailing Address 15725 56TH AVE N			06 30 2023											
Ci	ty	State	Zip Code	Transaction ID : PR2576145868559											
Р	LYMOUTH	MN	55446-2984	Amount of Each Receipt this Period											
	C ID number of contributing deral political committee.	С		384.60											
	ame of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) ision COO	Memo Item											
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
	III Name of Individual (Last, First, Middle Initia	l) or Full O	Prganization Name	Date of Receipt											
	ailing Address 782 PENFIELD DR			06 30 2023											
Ci	ty	State	Zip Code	Transaction ID : PR2576147568559											
_C	AROL STREAM	IL	60188-4738	Amount of Each Receipt this Period											
	C ID number of contributing deral political committee.	С		78.00											
Na	ame of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item											
	hited HealthCare Services Inc		NA VP SIs/Gen												
Re	eceipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		507.00	P/R Deduction (\$39.00 Bi-Weekly)											
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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (L	JnitedHealth Group PA	AC)
Α.	Full Name of Individual (Last, First, Middle Initial) SCOTT, GARLAND, , ,	or Full Or	rganization Name	Date of Receipt
	Mailing Address 111 CASTLE POND DRIVE			06 / D D / Y Y Y Y 06 30 2023
		State NC	Zip Code	Transaction ID : PR2576151068559
	WINSTON SALEM	NC	27107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.46
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
	Receipt For:	aareaate `	Year-to-Date <b>V</b>	-
	Primary General Other (specify) ▼	99. 09 alo	249.99	P/R Deduction (\$19.23 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial) LENTZ, MICHEL, , ,	or Full Or	rganization Name	Date of Receipt
	Mailing Address 4004 FOREST GLEN DRIVE			06 30 2023
	City	State	Zip Code	Transaction ID : PR2576153568559
	GREENSBURG	PA	15601-9062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.38
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir	Memo Item
	Receipt For:     A       Primary     General       Other (specify) ▼	ggregate `	Year-to-Date ▼ 749.97	P/R Deduction (\$57.69 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial) WARN, ROBERT, , ,	or Full Or	rganization Name	Date of Receipt
	Mailing Address 2079 AUSTRIAN PINE LN			M M / D D / Y Y Y Y 06 30 2023
	,	State	Zip Code	Transaction ID : PR2576157868559
	MINNETONKA	MN	55305-2429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.46
	Name of Employer (for Individual) Optum Services, Inc	Occu VP F	upation (for Individual) Fin	Memo Item
	Receipt For:     A       Primary     General       Other (specify)	ggregate `	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)
s	JBTOTAL of Receipts This Page (optional)			192.30
Т	OTAL This Period (last page this line number only	)		

## Use separate schedule(s)

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(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (U	nitedHealth Group PA	AC)
Full Name of Individual (Last, First, Mide BENSON, JEAN, , ,	lle Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 14951 HIGHLAND COU			06 / D D / Y Y Y Y Y 2023
City PRIOR LAKE	State MN	Zip Code 55372-4109	Transaction ID : PR2576310968559
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	Occup Regn	pation (for Individual) CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mide COMBSMORGAN, LAURIE, , ,	lle Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 513 RIVERVIEW DRIVE			06 / D D / Y Y Y Y 2023
City FRANKLIN	State TN	Zip Code 37064-5512	Transaction ID : PR2578719868559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.40
Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) twk Contrctng	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 249.60	P/R Deduction (\$19.20 Bi-Weekly)
Full Name of Individual (Last, First, Mide EGELAND, DANIEL, , ,	lle Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 2659 E LAKE OF THE I	1		06 / D D / Y Y Y Y Y 2023
City MINNEAPOLIS	State MN	Zip Code 55408-1052	Transaction ID : PR2578741068559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Is Dev	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		807.60
TOTAL This Period (last page this line nu	mber only)		

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	-	Use separate schedule(s)	(check only one)
I EWILLED KEGEIFIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle <b>A.</b> DUFFEY, KRISTY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 42095 N 109TH PLACE			M M / D D / Y Y Y Y 06 30 2023
City SCOTTSDALE	State AZ	Zip Code 85262-3293	Transaction ID : PR2578823268559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Nursing Officer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. BUSBEE, NATHANAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 122 ROSEWOOD AVE			M M / D D / Y Y Y Y 06 30 2023
City CATONSVILLE	State MD	Zip Code 21228-4938	Transaction ID : PR2578826768559
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item
Receipt For:		Year-to-Date ▼	
Primary     General       Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. MILLER, TRACI, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 729 PINE TRAIL			06 / D D / Y Y Y Y 2023
City ARNOLD	State MD	Zip Code 21012-1628	Transaction ID : PR2578829968559           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.38
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 749.97	P/R Deduction (\$57.69 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			576.90
TOTAL This Period (last page this line numb	er only)		

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		Use separate schedule(s)	(ch	eck only	on o	e)	(check only one)							
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
· · · · ·	NAME OF COMMITTEE (In Full)			; 10 30					i commu					
	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	NC)										
Α.	Full Name of Individual (Last, First, Middle Initia ELLIS, DENNIS, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 6001 DRIPPING SPRINGS				м м 06	/	D D 30	/ Y	y y 2023	Y				
	City FRISCO	State TX	Zip Code 75034-4039						20916855 is Period	9				
	FEC ID number of contributing federal political committee.	C					,		32.	76				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 212.94	F	P/R Dedu	uctic	on (\$16.	38 Bi-We	eekly)					
B.	Full Name of Individual (Last, First, Middle Initia HAREWOOD, JUNIOR, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 158 HAMPTON ROAD				06	/	D D D 30	/ Y	2023	Y				
	City GARDEN CITY	State NY	Zip Code 11530-1404	-			-		31568559 is Period	9				
-	FEC ID number of contributing federal political committee.	С			Amount	U			384.6	60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	F	P/R Dedu	ıctio	n (\$192	2.30 Bi-W	′eekly)					
	Full Name of Individual (Last, First, Middle Initia FRIAS, LORRAINE, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 2116 STANFORD AVENUE	1			06 <sup>M</sup>	/	D D D 30	/ Y	2023 Y	Y				
	City SAINT PAUL	State MN	Zip Code 55105-1219						15906855 is Period	9				
	FEC ID number of contributing federal political committee.	С					y .	9	76.9	92				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	emo	ltem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	F	P/R Dedu	uctio	on (\$38.	46 Bi-We	ekly)					
sı	JBTOTAL of Receipts This Page (optional)		••••••				,		494.2	28				
т	OTAL This Period (last page this line number or	וy)	••••••	-										

## Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle Ir A. KIMES, CARRIE, , ,	iitial) or Full C	organization Name	Date of Receipt							
Mailing Address 1917 SW 27TH STREET			M M / D D / Y Y Y Y 06 30 2023							
City TOPEKA	State KS	Zip Code 66611-1643	Transaction ID : PR2601162068559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		38.46							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ir PERERA, SUSAN, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1201 UNITY AVE N			06 / D D / Y Y Y Y 2023							
City GOLDEN VALLEY	State MN	Zip Code 55422-4735	Transaction ID : PR2601168868559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  499.98	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ir C. MCBEATH, ROBERT, , ,	iitial) or Full C	organization Name	Date of Receipt							
Mailing Address 2537 RED ARROW DRIVE			M M / D D / Y Y Y Y 06 30 2023							
City LAS VEGAS	State NV	Zip Code 89135-1628	Transaction ID : PR2605708968559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg Chief Med Off	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$0.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			499.98							
TOTAL This Period (last page this line number	only)									

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12									
Any information copied from such Reports and or for commercial purposes, other than using			13     14     15     16     17       erson for the purpose of soliciting contributions       a to solicit contributions from such committee									
NAME OF COMMITTEE (In Full)		duress of any political committee										
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle A. PATTEN, JASON, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 7384 NARCISSUS LANE N	1		06 30 2023									
City MAPLE GROVE	State MN	Zip Code 55311-1596	Transaction ID : PR2605711968559 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		400.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Innovation	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. ANDERSONHUTCHINS, LEIGH,		rganization Name	Date of Receipt									
Mailing Address 16786 RAINY VALE AVE			06 / D D / Y Y Y Y 2023									
City RIVERSIDE	State CA	Zip Code 92503-6535	Transaction ID : PR2605717868559 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) O Med Grp Non Physn	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. DAVIS, KELLY, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 2285 N POWHATAN ST	I		06 / D D / Y Y Y Y 2023									
City ARLINGTON	State VA	Zip Code 22205-2113	Transaction ID : PR2605734268559 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2307.60	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			861.52									
TOTAL This Period (last page this line numb	er only)											

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Mide LEIGHPITSTICK, EMILY, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 70 SNOW CREEK LN			06 / Y Y Y Y 2023						
City LEAVENWORTH	State WA	Zip Code 98826-7802	Transaction ID : PR2605735268559						
		30020 7002	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
Optum Services, Inc Receipt For:		Ntwk Contrctng							
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)						
Other (specify)		499.98	The Deduction (\$30.40 Driveenty)						
Full Name of Individual (Last, First, Mide B. MALONE, TRACY, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 900 S 22ND ST			06 30 2023						
City	State	Zip Code	Transaction ID : PR2605736968559						
ARLINGTON	VA	22202-2625	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affs	Memo Item						
Receipt For:	I	Year-to-Date ▼	-						
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mide C. PETERSON, ERIC, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7757 BECK LN			06 30 2023						
City	State	Zip Code	Transaction ID : PR2605750468559						
ZIONSVILLE	IN	46077-9060	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc	Occ VP I	upation (for Individual) Mktg	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify)		499.98	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optior	ıal)		538.44						
TOTAL This Period (last page this line nu	mber only)	······							

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			Use separate schedule(s)	(check onl	y one)	L					
			for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	17			
Any information or for comme	ion copied from such Reports and Stat ercial purposes, other than using the n	tements may ame and ad	y not be sold or used by any pe ddress of any political committee	erson for the	purpose of	f soliciting	contribut	tions			
	F COMMITTEE (In Full) Health Group Incorporated	PAC (L	InitedHealth Group PA	(C)							
	e of Individual (Last, First, Middle Initia EGARD, NATHAN, , ,	l) or Full Or	ganization Name	Date o	f Receipt						
Mailing Ac	ddress 4216 ZENITH AVE S	1		M M 06	/ D 1		ү ү 2023	Y			
City MINNEAF	POLIS	State MN	Zip Code 55410-1413		saction ID : t of Each F			9			
	umber of contributing litical committee.	С					28.0	)8			
Optum Se	·	Occu VP F	ipation (for Individual) Fin	м	emo Item						
Receipt F		Aggregate `	Year-to-Date ▼ 682.52	P/R Ded	luction (\$14	.04 Bi-We	ekly)				
	of Individual (Last, First, Middle Initia R, MARK, , ,	l) or Full Or	ganization Name	Date o	f Receipt						
Mailing Ac	ddress 945 MINERS RIDGE COURT			06 / D D / Y Y Y Y Y 2023							
City	VILLAGE	State NV	Zip Code 89451-8801		<b>action ID :</b> t of Each F			<u>}</u>			
	umber of contributing litical committee.	С		76.92							
Name of Optum Se	Employer (for Individual) rvices, Inc	Occupation (for Individual) VP Ops			Memo Item						
Receipt F		Aggregate Y	Year-to-Date ▼ 499.98	P/R Ded	uction (\$38	.46 Bi-We	ekly)				
	of Individual (Last, First, Middle Initia ON, BRIAN, , ,	l) or Full Or	rganization Name	Date o	f Receipt						
Mailing Ac	ddress 1155 MOERS DRIVE			M M 06	/ D 1		2023	Y			
City CHASKA		State MN	Zip Code 55318-4629		saction ID : t of Each F			9			
	umber of contributing litical committee.					76.9	92				
United He	Employer (for Individual) althCare Services Inc		pation (for Individual) Corp Dev	M	lemo Item						
Receipt F		Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL	of Receipts This Page (optional)						181.9	92			
TOTAL This	Period (last page this line number on	ly)	•								

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

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TEMIZED RECEIPTS										
TEMIZED RECEIPTS for each category of the Detailed Summary Page		X         11a         11b         11c         12           13         14         15         16         1								
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle I STEVENS, J, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 133 MEADERBORO ROAD			06 30 Y Y Y Y Y 06 30 2023							
City ROCHESTER	State NH	Zip Code 03867	Transaction ID : PR2612528568559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum Services, Inc	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I BAKER, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2383 HIGHOVER TRAIL			06 / D / Y Y Y Y 06 2023							
City	State	Zip Code	Transaction ID : PR2612530568559							
CHANHASSEN	MN	55317-4744	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I C. SHILTS, MATTHEW, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 10 WOODLAND ROAD			06 / D D / Y Y Y Y 06 30 2023							
City EDINA	State MN	Zip Code 55424-1631	Transaction ID : PR2612533268559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		92.30							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) of Tech Off	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 599.95	P/R Deduction (\$46.15 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			553.82							
TOTAL This Period (last page this line number	er only)									

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and State for commercial purposes, other than using the na										
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) KREJCI, ANDREW, , , Mailing Address 19880 LAKEVIEW AVENUE	) or Full O	rganization Name	Date of Receipt							
	City	State	Zip Code	06 30 2023 Transaction ID : PR2614310768559							
	EXCELSIOR	MN	55331-9352	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		56.16							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item							
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$28.08 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initial) THOMPSON, JOHN, , ,	Date of Receipt									
	Mailing Address 3100 NORTH OCEAN BOULEVA UNIT 1502			06 / D D / Y Y Y Y 2023							
	City FORT LAUDERDALE	State FL	Zip Code 33308-7191	Transaction ID : PR2614322368559 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.46							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Dir SIs	Memo Item							
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initial) RHODES, JOHN, , ,	) or Full O	rganization Name	Date of Receipt							
	Mailing Address 12439 GLENLIVET LOWLAND A			06 / D D / Y Y Y Y 2023							
	City LAS VEGAS	State NV	Zip Code 89138-6244	Transaction ID : PR2615075168559           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.46							
	Name of Employer (for Individual) Optum Services, Inc	Occu Mkt	upation (for Individual) Pres	Memo Item							
	Receipt For:     //       Primary     General       Other (specify)	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		••••••	133.08							
т	OTAL This Period (last page this line number onl	y)									

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11			for each category of the Detailed Summary Page	×	11a 13		11b	11c		2	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	rson to so	for the	purp ntrib	ose of :	soliciting	conti	ributio	ons
	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initia SOLOMON, RANDALL, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 760 HAIGHT STREET				<sup>M</sup> 06	/	D D D 30	/ Y	y 202	3	
	City SAN FRANCISCO	State CA	Zip Code 94117-3317	_				PR26156 eceipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .			76.92	2
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ehvrl Med Dir		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	F	P/R Ded	uctic	on (\$38.4	46 Bi-We	ekly)		
в.	Full Name of Individual (Last, First, Middle Initia BIRNBAUM, MICHAEL, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 55 DEAN STREET			06 / D D / Y Y Y Y Y 2023							
	City	State	Zip Code					PR26156			
	BROOKLYN	NY	11201-6245	_	Amount	of	Each Re	eceipt th	is Per	riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		3	84.60	)
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) HIthcare Econ		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2499.90	P	P/R Ded	uctio	n (\$192	.30 Bi-W	/eekly	)	
с.	Full Name of Individual (Last, First, Middle Initia OSTRANDER, ROBERT, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 18 BARTON COURT				<sup>M</sup> 06	/	D D D 30	/ Y	202		
	City PLEASANT HILL	State CA	Zip Code 94523-2029					PR2615			
	FEC ID number of contributing federal political committee.	С					,	,		76.92	2
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm		M	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	F	P/R Ded	uctic	on (\$38.4	46 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)		•				,	,	5	38.44	1
т	OTAL This Period (last page this line number o	nly)					,			-	

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
I LIVILLU RECEIPIO		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       berson for the purpose of soliciting contributions       te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle TRAW, KEVIN, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 518 13TH ST			06 30 2023						
City HUNTINGTON BEACH	State CA	Zip Code 92648-4038	Transaction ID : PR2617365668559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Cust Service	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. DOMB, JULIET, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 116 CHURCH ST			06 / Y Y Y Y 2023						
City WATERTOWN	State MA	Zip Code 02472-4721	Transaction ID : PR2618988768559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. OLSON, MARK, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 848 S CORONA ST			06 / <sup>y</sup> y y y y 2023						
City DENVER	State CO	Zip Code 80209-4410	Transaction ID : PR2622561668559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)	)		346.14						
TOTAL This Period (last page this line num	per only)								

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>K</b> 11a 13		11b 14	11c	12	47		
	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the		oose of		contribu			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	NC)								
A.	Full Name of Individual (Last, First, Middle Initia MOURAS, DENNIS, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address 5942 BRIARWOOD COURT				м м 06	1	30	) / Y	y y 2023	Y		
	City CLARKSTON	State MI	Zip Code 48346-3176						7 <b>0296855</b> is Period	9		
	FEC ID number of contributing federal political committee.	С						т ус.	384.	60		
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Plan CEO		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	F	P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)			
в.	Full Name of Individual (Last, First, Middle Initia GREIN, DEEDREA, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address 6610 XERXES AVE S		- 1		06 / D / Y Y Y Y Y 2023							
	City EDINA	State MN	Zip Code 55435-3542				-		4226855 is Period	9		
	FEC ID number of contributing federal political committee.	С	416.00									
	Name of Employer (for Individual) Optum Services, Inc	Occu SVP		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2488.00	P/R Deduction (\$208.00 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initia MULES, REBECCA, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address 1136 BATTERY AVENUE				M M 06	/	30		ү 2023			
	City BALTIMORE	State MD	Zip Code 21230-4112						44266855 is Period	9		
FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc		С			<u> </u>		y .		384.	60		
			ipation (for Individual) Sovt Affs		Me	emc	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	F	P/R Ded	ucti	on (\$19)	2.30 Bi-W	/eekly)			
s	UBTOTAL of Receipts This Page (optional)		•		<b>_</b>		,	.,	1185.	20		
т	OTAL This Period (last page this line number or	nly)		-				- <del>.</del>				

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Staten for commercial purposes, other than using the nam			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (U	nitedHealth Group PA	.C)							
Α.	Full Name of Individual (Last, First, Middle Initial) of SMITH, LISA, , ,	or Full Org	ganization Name	Date of Receipt							
	Mailing Address 5040 INTERLACHEN BLUFF	24-4-	Zin Oode	06 / D D / Y Y Y Y 2023							
		State MN	Zip Code 55436-1360	Transaction ID : PR2625503768559							
				Amount of Each Receipt this Period 384.60							
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Gen Mgmt	Memo Item							
	Receipt For:     Ag       Primary     General       Other (specify) ▼	gregate Y	/ear-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initial) o DUKART, JENNIFER, , ,	or Full Org	ganization Name	Date of Receipt							
	Mailing Address 2541 DRESDEN LANE			06 / D D / Y Y Y Y 2023							
		State MN	Zip Code 55422-3617	Transaction ID : PR2627749168559           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Segment Gen Counsel	Memo Item							
	Receipt For:     Ag       Primary     General       Other (specify) ▼	gregate Y	/ear-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initial) of PARIS, KATHERINE, , ,	or Full Or	ganization Name	Date of Receipt							
	Mailing Address 17365 62ND AVE N			06 / D D / Y Y Y Y 2023							
	5	State MN	Zip Code 55311-6405	Transaction ID : PR2628320668559							
				Amount of Each Receipt this Period							
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ovt Affs	Memo Item							
	Receipt For:     Ag       Primary     General       Other (specify)	gregate Y	/ear-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			961.50							
т	OTAL This Period (last page this line number only)										

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				Detailed Summary Page	×	11a		11		_	1c	12		
	y information copied from such Reports and Stat for commercial purposes, other than using the na								se of s	solio				
<u> </u>	NAME OF COMMITTEE (In Full)				10 501			Jun			Sucil	commu		
$\rangle$	UnitedHealth Group Incorporated	PAC (l	Uni	itedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial SHJERVE, NICHOLAS, , ,	) or Full O	Orgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 12126 94TH AVE N				M M / D D / Y Y Y Y 06 30 2023									
	City MAPLE GROVE	State MN		Zip Code 55369-7154	A	Transaction ID : PR2628329868559 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			76.92									
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Gen Counsel		Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date							(\$38.4	46 B	3i-Wee	ekly)		
в.	Full Name of Individual (Last, First, Middle Initial MANNING, KIM, , ,	) or Full O	Orgar	nization Name	Date of Receipt									
	Mailing Address 12703 DEER CREEK DRIVE	1-		06 / D D / Y Y Y Y 06 30 2023										
	OMAHA	State NE		Zip Code 68142-1762				-				3 <b>146855</b> s Period	)	
	FEC ID number of contributing federal political committee.	С		76.92										
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Mktg					Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial VANDERWALDE, LAMBERT, , ,	) or Full O	Orgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 45 AUDUBON CAUSEWAY	1				M M 06	/	L	30	1	Y	2023 Y		
	City LANTANA	State FL		Zip Code 33462-4756	A							3236855 s Period	9	
	FEC ID number of contributing federal political committee.	С				_		<u>y</u>			y	384.	60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) IG Research-Corp Affairs		Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2499.90	P/	R Ded	uctio	on	(\$192	.30	Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)							,			,	538.4	14	
Т	OTAL This Period (last page this line number on	ly)		•••••				,			-			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using t			13     14     15     16     17       rerson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
> UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle I A. PIAZZA, ELIZABETH, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 117 HILLSIDE LN			M M / D D / Y Y Y Y 06 30 2023							
City POTTSTOWN	State PA	Zip Code 19465-8583	Transaction ID : PR2628334168559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I KORNHAUSER, MICHAEL, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 180 SUMMIT LANE	1-	L	06 / D D / Y Y Y Y 2023							
City BALA CYNWYD	State PA	Zip Code 19004-2931	Transaction ID : PR2628335768559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		115.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 753.48	P/R Deduction (\$57.96 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I	nitial) or Full C	organization Name								
C. ERICKSON, ALYSSA, , , Mailing Address 6430 POLARIS LANE N			Date of Receipt							
City MAPLE GROVE	State MN	Zip Code 55311-4320	Transaction ID : PR2628798968559           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		192.30							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			385.14							
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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	1	<b>K</b> 11a		11	b	11c	12	
Δ	u information applied from such Department 2011	morte				13		14		15	16	17
or	y information copied from such Reports and State for commercial purposes, other than using the na											
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initial) THOMPSON, BRUCE, , ,	or Full O	rgar	nization Name		Date	of Re	ecei	pt			
	Mailing Address 2826 HEDGEROW DRIVE					м 06	M /		30	/ Y	y y 2023	Y
	City	State		Zip Code		Tran	sact	ion	ID : I	PR26288	3366855	59
	DALLAS	ТХ		75235-7590	_	Amou	nt of	Ea	ch Re	eceipt th	is Perioc	
	FEC ID number of contributing federal political committee.	С						-9		-	384	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		Ν	Nemo	o Ite	əm			
	Receipt For: A	ggregate	Yea	r-to-Date ▼								
	Primary General Other (specify) ▼		-	2499.90		P/R De	ducti	ion (	(\$192	.30 Bi-W	/eekly)	
	Full Name of Individual (Last, First, Middle Initial) DREFAHL, JASON, , ,	or Full O	rgar	nization Name		Date	of Re	ecei	pt			
	Mailing Address 6104 FOX MEADOW LN					M 06		ľ	30	/ Y	y y 2023	Y
	City	State		Zip Code		Tran	sacti	ion	ID : F	PR26320	7896855	i9
	EDINA	MN		55436-1217	_	Amou	nt of	Ea	ch Re	eceipt th	is Perioc	l
	FEC ID number of contributing federal political committee.	С				<u> </u>		-7		7	384	60
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) COO		Ν	Nemo	o Ite	əm			
	Receipt For:       A         Primary       General         Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90	F	P/R De	ductio	on (	(\$192	.30 Bi-W	'eekly)	
	Full Name of Individual (Last, First, Middle Initial) GORSUCH, KIRSTEN, , ,	or Full O	rgar	nization Name		Date	of Re	ecei	pt			
	Mailing Address 2780 COUNTRYSIDE DRIVE WE	ST				06		Γ	30	/ Y	y y 2023	Y
	City	State		Zip Code		Tran	sact	tion	ID : I	PR2632	0878685	59
	ORONO	MN		55356-9676		Amou	nt of	Ea	ch Re	eceipt th	is Perioc	l
	FEC ID number of contributing federal political committee.	С						y			384	60
	Name of Employer (for Individual)			ion (for Individual)	-	ľ	Memo	o Ite	em			
	United HealthCare Services Inc	SVP	P Co	mm								
	Receipt For: A	ggregate	Yea	r-to-Date ▼					(\$400		114-2	
	Other (specify)		-	2499.90		P/R De	ducti	ion	(\$192	2.30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)				. <b>1</b>			7			1153.	80
т	OTAL This Period (last page this line number only	/)		•••••	-	Γ.		-		7		

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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any pe address of any political committee	rson fo to soli	or the	pur ntrib	pose of	soliciting	g con h cor	tributi	ons		
	NAME OF COMMITTEE (In Full)												
$\rangle$	UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	C)									
А.	Full Name of Individual (Last, First, Middle Initia TUFFIN, MICHAEL, , ,	al) or Full C	Drganization Name		Date of Receipt								
	Mailing Address 5904 ASHBY MANOR PLACE				м м 06	1	30	/ Y		23	Y		
	City ALEXANDRIA	State VA	Zip Code 22310-2267	A				PR2632 eceipt th			)		
	FEC ID number of contributing federal political committee.	С								384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Govt Affs		М	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1923.00	P/	R Ded	lucti	on (\$192	2.30 Bi-V	Veekl	y)			
в.	Full Name of Individual (Last, First, Middle Initia MEENTS, BENJAMIN, , ,	al) or Full C	Drganization Name	C	ate o	f Re	eceipt						
	Mailing Address 6531 BIG WOODS DRIVE				<sup>M</sup> 06	/	30	/ Y	202	23	Y		
	City	State	Zip Code					PR2632					
	MINNETRISTA	MN	55331-2026	_ A	moun	t of	Each R	eceipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	С		Į Į					_	76.9	2		
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Mktg		М	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.98	P/I	R Ded	luctio	on (\$38. <sup>.</sup>	46 Bi-We	eekly	)			
<u> </u>	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name		ate o	f Re	eceipt						
	Mailing Address 5049 COLFAX AVE S				<sup>M</sup> 06	/	30	/ Y	202	23	Y		
	City MINNEAPOLIS	State MN	Zip Code 55419-1145					PR2632 eceipt th			)		
	FEC ID number of contributing federal political committee.	С			inioun					384.6	0		
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Mktg		Μ	lemo	b Item						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2499.90	P/	R Dec	lucti	on (\$192	2.30 Bi-V	Veek	ly)			
	UBTOTAL of Receipts This Page (optional)			]	-		5 .		-	846.1	2		

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IТ				Use separate schedule(s)	(Cl	neck onl	ly oi	ne)				
11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		<b>×</b> 11a 13		11b	11c		Г	17
	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		pose of	soliciting	g conti	ributic	ons
	NAME OF COMMITTEE (In Full)											
$\rangle$	UnitedHealth Group Incorporated	d PAC (l	Un	itedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initia HAPGOOD, WADE, , ,	al) or Full C	Orga	nization Name		Date o	f Re	eceipt				
	Mailing Address 330 NW 82ND					<sup>M</sup> 06	1	30	) / Y	Y 202	ү ү З	
	City TOPEKA	State KS		Zip Code 66617-2223					PR2634			
	FEC ID number of contributing federal political committee.	С							- 49-	1	15.38	}
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) t Affs		М	lemo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	rr-to-Date ▼ 749.97		P/R Ded	lucti	on (\$57.	.69 Bi-We	eekly)		
B.	Full Name of Individual (Last, First, Middle Initia ROALDI, MICHAEL, , ,	al) or Full C	Orga	nization Name		Date o	f Re	eceipt				
	Mailing Address 4720 HARRIET AVENUE	01-1-		7.0.0.1		<sup>M</sup> 06	/	30	/ Y	2023		
	City MINNEAPOLIS	State MN		Zip Code 55419-5434					PR26341			
	FEC ID number of contributing federal political committee.	С		00415-0404		Amoun	t of	Each H	leceipt th		100 77.00	)
	Name of Employer (for Individual) United HealthCare Services Inc		upa P Pr	tion (for Individual) d		М	lemo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ır-to-Date ▼ 500.50		P/R Ded	lucti	on (\$38.	50 Bi-We	eekly)		
c.	Full Name of Individual (Last, First, Middle Initia HACKNEY, JOHN, , ,	al) or Full C	Orga	nization Name		Date o	f Re	eceipt				
	Mailing Address 425 N 15TH ST					<sup>M</sup> 06		30	JL	2023	3	
	City NASHVILLE	State TN		Zip Code 37206-2774					PR2634			
	FEC ID number of contributing federal political committee.	С				<u> </u>		, .	, y		76.92	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) n CEO		M	lemo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 499.98		P/R Dec	ducti	on (\$38	.46 Bi-We	eekly)		
$\vdash$	UBTOTAL of Receipts This Page (optional)				•	<u> </u>	-	, . , .	. ,	2	69.30	

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			Use separate schedule(s)	(che	(check only one)							
	MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>		
	nformation copied from such Reports and Stat r commercial purposes, other than using the n											
	AME OF COMMITTEE (In Full)											
	InitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	(C)								
A P	ll Name of Individual (Last, First, Middle Initial PRIBLE, JOHN, , ,	) or Full Or	rganization Name		Date of	Red	ceipt					
	ailing Address 1923 SHIVER DR				м м 06	/	D D D 30	/ Y	y y 2023	Y		
Ci A	ty LEXANDRIA	State VA	Zip Code 22307-1629						5666855 is Period	9		
	EC ID number of contributing deral political committee.	С					,		384.0	60		
	ame of Employer (for Individual) hited HealthCare Services Inc		upation (for Individual) Govt Affs		Me	mo	Item					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 2499.90	P	/R Dedu	ıctio	on (\$192	2.30 Bi-W	/eekly)			
	II Name of Individual (Last, First, Middle Initial III Name of NORA, , ,	) or Full Or	rganization Name		Date of	Red	ceipt					
	ailing Address 18605 75TH AVE N				м м 06	/	D D 30	/ Y	2023	Y		
Ci	ty APLE GROVE	State MN	Zip Code 55311-2244				-		8096855	9		
FE	EC ID number of contributing deral political committee.	C			Amount		is Period 400.0	00				
	ame of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) Recruit		Me	mo	Item					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 2400.00	P	/R Dedu	ictio	n (\$200	.00 Bi-W	'eekly)			
	III Name of Individual (Last, First, Middle Initial	) or Full Or	rganization Name		Date of	Red	ceipt					
	ailing Address 3037 E BDE MAKA SKA PKWY				06	/	<sup>D</sup> 30		2023 Y			
Ci N	IV IINNEAPOLIS	State MN	Zip Code 55408-2520						38276855 is Period	9		
	EC ID number of contributing deral political committee.	С					,	.,	416.0	00		
Ur	ame of Employer (for Individual) nited HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr		Me	emo	ltem					
Re	eceipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 2288.00	P	/R Dedu	uctic	on (\$208	3.00 Bi-W	/eekly)			
SUB	TOTAL of Receipts This Page (optional)		····· •				, ,		1200.6	60		
тот	AL This Period (last page this line number on	ly)					,	-				

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t			13     14     15     16     17       erson for the purpose of soliciting contributions     from such committee
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle WARGIN, AMY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 11149 SWEETWATER PAT	ГН		M M / D D / Y Y Y Y 06 30 2023
City WOODBURY	State MN	Zip Code 55129-5293	Transaction ID : PR2634883868559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. WOJCIK, ADAM, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 11424 BOULDER DRIVE			06 30 2023
City	State	Zip Code	Transaction ID : PR2634886568559
ORLAND PARK	IL	60467-7419	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		398.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2402.03	P/R Deduction (\$199.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. PESCATELLO, SARA, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1311 HAMLIN STREET NE			06 / D D / Y Y Y Y Y 2023
City WASHINGTON	State DC	Zip Code 20017-2451	Transaction ID : PR2634888568559           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			990.30
TOTAL This Period (last page this line number	er only)		

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11			for each category of the Detailed Summary Page		11a 12		11b	11c	12	<b></b>			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	A not be sold or used by any political committee	erson fo	13 r the	pur	14 pose o	f soliciting	16 contribu	tions			
	NAME OF COMMITTEE (In Full)						Julionis		II COMMIN				
$\rangle$	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group P	AC)									
A.	Full Name of Individual (Last, First, Middle Initi POWER, ROBERT, , ,	al) or Full O	rganization Name	Da	ate of	Re	eceipt						
	Mailing Address 20 SMITH LANE				06	/	30		ү ү 2023	Y			
	City SAINT JAMES	State NY	Zip Code 11780-3810						89286855 his Period	9			
	FEC ID number of contributing federal political committee.	С							424.	00			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2235.38	P/F	R Ded	ucti	on (\$21	12.00 Bi-V	Veekly)				
в.	Full Name of Individual (Last, First, Middle Initi PAYET, KEITH, , ,	-	rganization Name	Di	Date of Receipt								
	Mailing Address 26495 SE KENT KANGLEY RE City	State	Zip Code	- L	06 30 2023 Transaction ID : PR2635440068559								
	RAVENSDALE	WA	98051				-		14006855 nis Period	9			
	FEC ID number of contributing federal political committee.	С					-		384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R	2 Dedu	uctio	on (\$19	02.30 Bi-W	/eekly)				
с.	Full Name of Individual (Last, First, Middle Initi MANN, MELISSA, , ,	al) or Full O	rganization Name	Da	ate of	Re	eceipt						
	Mailing Address 15526 ELM RD	01-1-	7. 0.4	46	06	/	30	)	2023				
	City MAPLE GROVE	State MN	Zip Code 55311-3941				-		44216855 nis Period	9			
	FEC ID number of contributing federal political committee.	С					<b>,</b>	5	38.4	46			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) People Team		Me	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	P/F	R Ded	ucti	on (\$19	9.23 Bi-W	eekly)				
	UBTOTAL of Receipts This Page (optional)				-		9 		847.(	06			

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				or each category of the Detailed Summary Page	×	11			11	1b 1		11c 15	12	17
or	y information copied from such Reports and State for commercial purposes, other than using the nar					for	the		pos	se of		liciting	contrib	utions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (l	Jni	tedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial) MIRAU, ANTHONY, , ,	or Full O	rgar	nization Name	[	Dat	e of	Re	ece	ipt				
	Mailing Address 770 HAWKCREST CIR						D6	1	Ľ	D D 30		/ Y	y y 2023	Ý
	5	State		Zip Code					-				442685	
	CHANHASSEN	MN		55317-4860	_ /	Amo	ount	of	Ea	ach R	ec	eipt thi	s Perio	tt
	FEC ID number of contributing federal political committee.	C							,			-9	192	.30
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt			Me	emo	) It	em				
	Receipt For: A	ggregate	Yea	r-to-Date ▼	$\neg$									
	Primary General Other (specify) ▼		1	1249.95	P/	/R I	Dedu	uctio	on	(\$96.	15	Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial) ROOS, THOMAS, , ,	or Full O	rgar	nization Name		Dat	e of	Re	ece	ipt				
	Mailing Address 3199 KAGEN AVE NE						м 06	/	Γ	D D D		/ Y	2023	Y
	City SAINT MICHAEL	State MN	_	Zip Code 55376-3416					-				<b>512685</b> s Period	
	FEC ID number of contributing federal political committee.	0							-			-y	384	.60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ief Acctng Off			Me	emo	) It	em				
	Receipt For:     A       Primary     General       Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 2499.90	P/	/R [	Dedu	uctic	on	(\$192	2.30	0 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) MADONDO, JOHN, , ,	or Full O	rgar	nization Name		Dat	e of	Re	ece	ipt				
	Mailing Address 10 WINSTON ROAD						06	/	ſ	D D D 30		/ Y	2023	Y
	5	State		Zip Code									261685	
	HOLLISTON	MA		01746-1454	/	Amo	ount	of	Ea	ach R	ec	eipt this	s Perio	t l
	FEC ID number of contributing federal political committee.	C							9			y		.92
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO			Me	emo	b lt	em				
	Receipt For:     A       Primary     General       Other (specify)	ggregate	Yea	r-to-Date ▼ 499.98	P	/R	Ded	uctio	on	(\$38.	.46	Bi-We	ekly)	
S	UBTOTAL of Receipts This Page (optional)			••••••									653	.82
т	OTAL This Period (last page this line number only	)		·····	Í				-		ļ	-		

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		Use separate schedule(s)	(check o	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12				
Any information copied from such Reports and											
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	ine name and a	address of any political committee	e to solicit c	contri	outions t	rom sucr		ee.			
UnitedHealth Group Incorpora	ited PAC (I	UnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle DEMPSEY, MICHAEL, , ,	Initial) or Full C	Organization Name	Date	of Re	eceipt						
Mailing Address 6614 PARKWOOD LANE			м Об		30	) / Y	y y 2023	Y			
City EDINA	State MN	Zip Code 55436-1734					2636855 is Period	9			
FEC ID number of contributing federal political committee.	C				- <b>J</b>	а. 1 уг.	76.9	92			
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin		Mem	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R De	educt	ion (\$38.	.46 Bi-We	ekly)				
Full Name of Individual (Last, First, Middle B. HILL, DAVID, , ,	Initial) or Full C	Organization Name	Date	of Re	eceipt						
Mailing Address 1800 RIDGE AVENUE UNI	T 303		M Of		30		2023	Ŷ			
City EVANSTON	State IL	Zip Code 60201-5980					26568559 is Period	)			
FEC ID number of contributing federal political committee.	С					,	76.9	92			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) outy Gen Counsel Mgr		Mem	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R De	educti	on (\$38.	46 Bi-We	ekly)				
Full Name of Individual (Last, First, Middle LUSIC, TANYA, , ,	Initial) or Full C	Organization Name	Date	of Re	eceipt						
Mailing Address 20840 SAWMILL ROAD			Oe	5	30		2023				
City JORDAN	State MN	Zip Code 55352-9633					72756855 is Period	9			
FEC ID number of contributing federal political committee.	С		Ē		y 1		192.3	30			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Mem	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.95	P/R D	educt	ion (\$96	.15 Bi-We	eekly)				
SUBTOTAL of Receipts This Page (optional).					, .	. ,	346.1	4			
TOTAL This Period (last page this line number	er only)										

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			Use separate schedule(s)	(ch	(check only one)							
11			for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12	<b></b>	] 4	
	y information copied from such Reports and Sta for commercial purposes, other than using the n										17	
$\overline{)}$	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia CALABRESE, DAVID, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 12 FARM HILL RD				м м 06	1	30	) / Y	ү ү 2023	Y		
	City CAPE ELIZABETH	State ME	Zip Code 04107-2220					PR2639				
	FEC ID number of contributing federal political committee.	С						- 49-	384	1.60		
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) f Clin Off		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	F	P/R Dedu	ucti	on (\$19	2.30 Bi-W	Veekly)			
в.	Full Name of Individual (Last, First, Middle Initia SMITH, ANTHONY, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 1 ROCKAWAY AVE	1-			M M 06	1	D 10		2023	Y		
	City MARBLEHEAD	State MA	Zip Code 01945-1726	-				PR26397 Receipt th				
	FEC ID number of contributing federal political committee.	С				01				6.92		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 499.98	F	P/R Dedu	uctio	on (\$38.	.46 Bi-We	eekly)			
С.	Full Name of Individual (Last, First, Middle Initia WIGGIN, MATTHEW, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 6 MIDDLEBROOK RD				<sup>M</sup> 06	1	30		2023 Y	Y		
	City WEST HARTFORD	State CT	Zip Code 06119-1014					PR2639 Receipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	- y	115	5.38		
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Comm		Me	emo	b Item					
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 749.97		P/R Ded	ucti	on (\$57	.69 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	576	6.90		
Т	OTAL This Period (last page this line number on	ly)	••••••	-			-					

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	.C)
Full Name of Individual (Last, First, Middle ZUCCO, BETHANY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2608 CROMWELL COUR			06 / D D / Y Y Y Y 2023
City MINNEAPOLIS	State MN	Zip Code 55410-2519	Transaction ID : PR2639760068559
IMINNEAPOEIS		55410-2519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. DUTTA, SUMIT, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1112 W WRIGHTWOOD A	VE		06 30 Y Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2639773868559
CHICAGO	IL	60614-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg Chief Med Off	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. SMITH, DELYLE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address PO BOX 447			06 30 2023
City	State	Zip Code	Transaction ID : PR2639801568559
MT PROSPECT	IL	60056-0447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Optum Services, Inc		Director Technology	_
Receipt For:	Aggregate	Year-to-Date V	
Primary General			P/R Deduction (\$38.46 Bi-Weekly)
Other (specify)		499.98	
SUBTOTAL of Receipts This Page (optional)	)	••••••	846.12
TOTAL This Period (last page this line numb	per only)	•	

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

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle WEBER, ALISSA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 10633 NW 74TH PLACE			06 30 / Y Y Y Y Y 2023							
City JOHNSTON	State IA	Zip Code 50131-2342	Transaction ID : PR2640461068559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		115.38							
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 749.97	P/R Deduction (\$57.69 Bi-Weekly)							
Full Name of Individual (Last, First, Middle STOW, CHRISTINA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5505 30TH ST NW			06 / D D / Y Y Y Y 2023							
City WASHINGTON	State DC	Zip Code 20015-1249	Transaction ID : PR2640466468559							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. SHARKEY, S PAUL, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 8607 ELLISTON DRIVE			M M / D D / Y Y Y Y 06 30 2023							
City WYNDMOOR	State PA	Zip Code 19038-7957	Transaction ID : PR2640845468559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		57.70							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.05	P/R Deduction (\$28.85 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			557.68							
TOTAL This Period (last page this line number	er only)									

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ITF			Use separate schedule(s)	(ch	(check only one)							
			for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12			
	information copied from such Reports and State commercial purposes, other than using the n											
$\overline{\ }$	NAME OF COMMITTEE (In Full)			<u> </u>								
	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	C)								
	Full Name of Individual (Last, First, Middle Initia ESTESS, SHARON, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt					
	Mailing Address 128 ASHBROOKE TRAIL				м м 06	1	30	) / Y	y y 2023	Y		
	City MADISON	State MS	Zip Code 39110-6855					PR26408 Receipt th				
	FEC ID number of contributing federal political committee.	С							76	.92		
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Gen Mgmt		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	F	P/R Dedu	uctio	on (\$38	.46 Bi-We	eekly)			
	Full Name of Individual (Last, First, Middle Initia METKO, SARA, , ,	l) or Full Or	ganization Name		Date of	Re	eceint					
	Mailing Address 23665 HIGHVIEW LANE				06 M	/	30	) / Y	y y 2023	Y		
	City LAKEVILLE	State MN	Zip Code 55044-6025		59 1							
-	FEC ID number of contributing federal political committee.	С						leceipt th		.92		
	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occu VP 1	ipation (for Individual) Fax		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 499.98	F	P/R Dedu	uctio	on (\$38.	46 Bi-We	ekly)			
	Full Name of Individual (Last, First, Middle Initia ADVANI, PROTIMA, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt					
	Mailing Address 7618 BRITTANY PARC CT				<sup>M</sup> 06	1	30		y y 2023	Y		
	City FALLS CHURCH	State VA	Zip Code 22043-2907	-				PR26420 Receipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	,	384			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP R	pation (for Individual) Isch		Me	emo	ttem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90		P/R Ded	ucti	on (\$19	2.30 Bi-W	Veekly)			
รเ	JBTOTAL of Receipts This Page (optional)		•				, .	.,	538	.44		
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Mid STRAND, UTE, , ,	ddle Initial) or Full O	rganization Name	Date of	Receipt										
Mailing Address 2323 SPRINGDALE D	RIVE		M M 06											
City NASHVILLE	State TN	Zip Code 37215-1134	Transaction ID : PR2642025568559           Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С			-7		38.								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Me	mo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	P/R Dedu	iction (\$19.2	3 Bi-We	ekly)								
Full Name of Individual (Last, First, Mid JENSEN, GINA, , ,		rganization Name	Date of	Receipt										
Mailing Address 6287 JUNEAU LANE N			м м 06	/ D D 30	/ Y	ү ү 2023	Y							
City MAPLE GROVE	State MN	Zip Code 55311-4166		of Each Re										
FEC ID number of contributing federal political committee.	С			-9	-9	38.	46							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel	Me	mo Item										
Receipt For: Primary General Other (specify) ▼	Primary General	Year-to-Date ▼ 249.99	P/R Dedu	ction (\$19.2	3 Bi-We	ekly)								
Full Name of Individual (Last, First, Mic. MARTIN, STEPHANIE, , ,	ddle Initial) or Full O	rganization Name	Date of	Receipt										
Mailing Address 7002 N VIA DE MANA			<sup>M</sup> 06	/ D D 30	/ Y	y y 2023								
City SCOTTSDALE	State AZ	Zip Code 85258-3951		of Each Re										
FEC ID number of contributing federal political committee.	С			,	,	153.								
Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) /Iarket VP SIs AM	Me	emo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Dedu	uction (\$76.9	2 Bi-We	eekly)								

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or for commercial purpo	ses, other than using the	Statements m	ay not be sold o							· · ·					
		le name and	address of any p	olitical committee	erson for the sol	or the licit cor	purp ntrib	ose of utions	from suc	g co h co	ntribut mmitte	ions e.			
ightarrow UnitedHealth (															
	Group Incorpora	ted PAC (	UnitedHeal	th Group PA	AC)										
Full Name of Individu	al (Last, First, Middle I , , ,	nitial) or Full (	Drganization Nam	ne		Date of Receipt									
Mailing Address 482	SPENN AVE S					06 / D D / Y Y Y Y 2023									
City		State	Zip Code			Trans	acti	on ID :	PR2642	8312	26855	}			
MINNEAPOLIS		MN	55419-52	58	A	Amount	of	Each F	Receipt tl	nis F	eriod				
FEC ID number of confederal political comm	U U	С						7			76.9	)2			
Name of Employer (for United HealthCare Se	,		cupation (for Indivi Gen Mgmt	vidual)		Memo Item									
Receipt For:		Aggregate	Year-to-Date ▼												
Other (specify)	General ▼	Aggregate		499.98	P/	/R Ded	uctic	on (\$38	.46 Bi-W	eekl	()				
Full Name of Individu B. FOX, ELIZABET	al (Last, First, Middle I H, , ,	nitial) or Full (	Organization Nam	1e		Date of	Re	ceipt							
Mailing Address 611	SECOND STREET					м м 06	/	30			23	Y			
City		State	Zip Code			Trans	actio	on ID ·	PR2642	8320	68559	<b>,</b>			
ALEXANDRIA		VA	22314-14 <sup>7</sup>	16	A				Receipt th						
FEC ID number of co federal political comm	0	С						7	-		384.6	50			
Name of Employer (f United HealthCare Se			cupation (for Indi Govt Affs	vidual)		M	emo	Item							
Receipt For:		Aggregate	Year-to-Date V			-									
Primary Other (specify)	General ▼		P/	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individu	al (Last, First, Middle I A, , ,	nitial) or Full (	Drganization Nam	ie		Date of Receipt									
	31 LAKE STREET EXTE					<sup>M</sup> 06	1	30			)23	Y			
City		State	Zip Code			Trans	acti	on ID :	PR2642	832	96855	•			
MINNETONKA		MN	55345-274	G	A	Amount	t of	Each F	Receipt tl	nis F	eriod				
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Name of Employer (for	or Individual)	Oco	upation (for Indiv	vidual)		M	emo	Item							
United HealthCare Se			Assc Gen Counse	,											
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Other (specify)	General			1090.00	P/	/R Ded	uctio	on (\$10	9.00 Bi-\	Veel	dy)				
SUBTOTAL of Receipts	S This Page (optional)							,			679.5	62			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		]11b	11c	12					
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or for commercial purposes, other than using	the name and a	ddress of any political committee	e to solicit c	ontrib	outions f	rom such	n committe	эе.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle KUSSIE, TIMOTHY, , ,	Initial) or Full O	rganization Name	Date	Date of Receipt								
Mailing Address 8445 NE NEW BROOKLY				06 / D D / Y Y Y Y 06 30 2023								
City BAINBRIDGE ISLAND	State WA	Zip Code 98110-3611		Transaction ID : PR2642838868559           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С				-y 1		38.4	16				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt		Memo	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	P/R De	educti	ion (\$19.	.23 Bi-We	ekly)					
Full Name of Individual (Last, First, Middle B. RUDOLPH, CLAYTON, , ,	Initial) or Full O	rganization Name	Date	of Re	eceipt							
Mailing Address 4937 RUSSELL AVENUE				06 / D D / Y Y Y Y 2023								
City MINNEAPOLIS	State MN	Zip Code 55410-1916			-		99368559	)				
FEC ID number of contributing federal political committee.	С		Amou		Each H	leceipt th	is Period 409.7	70				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual)		Memo	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2336.95	P/R Deduction (\$204.85 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. CRAGLE, STEVE, , ,	Initial) or Full O	rganization Name	Date	of Re	eceipt							
Mailing Address 6604 MOHAWK TRAIL	1		M 06		30		2023					
City EDINA	State MN	Zip Code 55439-1030			-		20066855 is Period	9				
FEC ID number of contributing federal political committee.	С						384.6	30				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CMO		Memo	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R De	educti	ion (\$19:	2.30 Bi-W	/eekly)					
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	rmation copied from such Reports and Sta ommercial purposes, other than using the n												
	e of committee (In Full) tedHealth Group Incorporated	PAC (U	nitedHealth Group PA	AC)									
	Name of Individual (Last, First, Middle Initia ELY, MARC, , ,	l) or Full Or	ganization Name		Date of Receipt								
Mailir	ng Address 1159 BUFFALO RIDGE RD				06 30 / Y Y Y Y 2023								
City CAS	TLE PINES	State CO	Zip Code 80108-8190	_	Transaction ID : PR2643203168559 Amount of Each Receipt this Period								
	ID number of contributing al political committee.	С							384.	60			
Unite	e of Employer (for Individual) d HealthCare Services Inc		pation (for Individual) Plan CEO	Memo Item									
Rece	ipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 2499.90	]	P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)				
	Name of Individual (Last, First, Middle Initia KOY, PHILIP, , ,	l) or Full Org	ganization Name	Date of Receipt									
	ng Address 927 LINCOLN AVE				06 / D D / Y Y Y Y 2023								
City SAIN	IT PAUL	State MN	Zip Code 55105-3149				-		5166855 is Period	9			
	ID number of contributing al political committee.	C					-		384.0	60			
	e of Employer (for Individual) n Services, Inc		pation (for Individual) Grp CIO	Memo Item									
Rece	ipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)									
	Name of Individual (Last, First, Middle Initia ZARIAN, WENDY, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt						
	ng Address 5251 HUMBOLDT AVE S				<sup>M</sup> 06	/	30		2023				
City MINI	NEAPOLIS	State MN	Zip Code 55419-1121						5966855 is Period	9			
	ID number of contributing al political committee.	С			<u> </u>		y .		38.4	46			
Unite	e of Employer (for Individual) d HealthCare Services Inc		pation (for Individual) atg Rsch Cnslt		Me	emo	tem						
Rece	ipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 249.99	1	P/R Ded	uctio	on (\$19.	.23 Bi-We	ekly)				
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	y information copied from such Reports and Sta for commercial purposes, other than using the																
$\backslash$	NAME OF COMMITTEE (In Full)																
$\Big)$	UnitedHealth Group Incorporate			AC)													
۹.	Full Name of Individual (Last, First, Middle Initi CHAPMAN, GREGORY, , ,	al) or Full O	rganization Name		Date of Receipt												
	Mailing Address 1724 SECOND STREET				06 / 0 D / Y Y Y Y 2023												
	City	State	Zip Code		Trai	nsac	tion	ID : F	PR26451	10306855	9						
	NEW ORLEANS	LA	70113-1632	_	Amou	int of	f Ea	ch Re	ceipt th	is Period							
	FEC ID number of contributing federal political committee.	С					-			100.							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acct Mgmt SB KA			Mem	no Ite	em									
	Receipt For:			_													
	Primary General	Aggregate	Year-to-Date ▼		ס/R ח	aduct	tion	(\$50 ባ	0 Bi-\//	ookly)							
	Other (specify) ▼		650.00	P/R Deduction (\$50.00 Bi-Weekly)													
В.	Full Name of Individual (Last, First, Middle Initi VALLI, MICHAEL, , ,	al) or Full O	rganization Name		Date of Receipt												
	Mailing Address 351 JEFFERSON DRIVE																
	City	State Zip Code															
	PITTSBURGH	PA	15228-2166		Transaction ID : PR2645168868559           Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			400.00												
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt			Mem	no Ite	em									
	Receipt For: Primary General Other (specify) ▼	mary General Aggregate real-to-Date +								P/R Deduction (\$200.00 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initi MAHRT, JONATHAN, , ,	al) or Full O	rganization Name		Date	of R	lecei	ipt									
	Mailing Address 4640 N TOMSIK ST				<sup>M</sup> 06		/	30	/ Y	y y 2023	Y						
	City	State	Zip Code		Tra	nsac	tion	ID : F	PR2645	17696855	9						
	LAS VEGAS	NV	89129-4816	_	Amou	int of	f Ea	ch Re	ceipt th	is Period							
	FEC ID number of contributing federal political committee.	С					y		, y	384.	60						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment COO			Mem	no Ite	em									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90		P/R De	educt	tion	(\$192	.30 Bi-W	/eekly)							
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11	Any information copied from such Reports and Statements may nor for commercial purposes, other than using the name and address NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (Un Full Name of Individual (Last, First, Middle Initial) or Full Organ PRICE, CASSANDRA, , , Mailing Address 7903 S 193 AVENUE City GRETNA FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Dir, HealthCare Services Inc	for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12	<u> </u>				
		name and a	address of any political committee	eios	Olicit Col		butions i	TOTT SUCI	1 commu	ee.			
		d PAC (I	UnitedHealth Group P	AC)									
Α.	PRICE, CASSANDRA, , ,	ial) or Full C	Drganization Name		Date of Receipt								
					06	1	30	) / Y	y 2023	Y			
			Zip Code 68028-5017		Transaction ID : PR2646263668559 Amount of Each Receipt this Period								
	8	С			76.92								
	United HealthCare Services Inc		cupation (for Individual) , Health Plan Operations	Memo Item									
		Aggregate	Year-to-Date ▼ 499.98	1	P/R Ded	ucti	on (\$38.	.46 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Init HOFFMAN, SHERRI, , ,	ial) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 3409 DEEP WILLOW AVENUE				06 / D D / Y Y Y Y 2023								
	City PIKESVILLE	State MD	Zip Code 21208-3116						9466855	9			
	FEC ID number of contributing federal political committee.	С							is Period 76.9	92			
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) CInt Svc Acct Mgt		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	] f	P/R Deduction (\$38.46 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Init STANKIEWICZ, DENNIS, , ,	ial) or Full C	Drganization Name		Date of	f Re	eceipt						
	Mailing Address 17761 WEAVER LAKE DRIVE				06	J.	30		2023				
	City MAPLE GROVE	State MN	Zip Code 55311-1328						30406855 is Period	9			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	384.0	60			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Corp Controller		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	1	P/R Ded	lucti	on (\$19)	2.30 Bi-W	/eekly)				
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$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHea	alth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial SWENSSON, CHARLES, , ,	) or Full O	rganization Na	ame	[										
	Mailing Address 6312 MERRIMAC LANE NORTH	1				06 / D D / Y Y Y Y 06 30 2023									
	City	State	Zip Code			Trans	acti	ion	ID : P	R2698	40396855	9			
	MAPLE GROVE	MN	55311-3	3835	A	mount	of	Ead	ch Re	ceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С						7		-9-	384.	60			
	Name of Employer (for Individual) Optum Services, Inc		upation (for In Segment CM	,		Me	emo	) Ite	em						
		Aggregate	Year-to-Date	•											
	Primary General Other (specify) ▼		-yy	2499.90	P/	R Dedi	uctio	on (	(\$192.	30 Bi-V	Veekly)				
B.	Full Name of Individual (Last, First, Middle Initial ROSENHAUS, MORGANNE, , ,	) or Full O	rganization Na	ame		Date of	Re	cei	pt						
	Mailing Address 724 FARRAGUT STREET NW					<sup>M</sup> M 06	1		30	/ Y	2023	Y			
	City	State	Zip Code								40986855	-			
	WASHINGTON	DC	20011-4	012	A	mount	of	Ead	ch Receipt this Period						
	FEC ID number of contributing federal political committee.	С			115.										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for In Found/Social F	,		Me	emo	) Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	P/	R Dedu	uctic	on (	\$57.6	9 Bi-We	eekly)					
	Full Name of Individual (Last, First, Middle Initial ZENICK, GEOFFREY, , ,	) or Full O	rganization Na	ame		Date of	Re	ecei	pt						
	Mailing Address 7714 TWISTED OAKS CIRCLE	1				<sup>M</sup> 06	1		30	/ Y	2023	Y			
	City DALLAS	State TX	Zip Code 75231-4								41086855				
			75251-4	7 11	A	mount	of	Ead	ch Re	ceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С				_	_	9		y	76.	92			
	Name of Employer (for Individual) Optum Services, Inc		upation (for In	dividual)		Me	emo	b Ite	em						
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	Primary General Other (specify)	Aggregate	Year-to-Date	499.98	P/	R Ded	uctio	on (	(\$38.4	6 Bi-W	eekly)				
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
> UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name										
A. TAYLOR, JOSHUA, , ,			Date of Receipt									
Mailing Address 7 CARRIAGE HILL RD			06 30 Y Y Y Y Y Y Y									
City	State	Zip Code	Transaction ID : PR2698416768559									
WOODBRIDGE	CT	06525-1037	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		38.46									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For:		Year-to-Date ▼										
Primary General	Aygregate		P/R Deduction (\$19.23 Bi-Weekly)									
Other (specify) <b>v</b>		249.99										
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name										
B. DOWLING, MELODY, , ,			Date of Receipt									
Mailing Address 529 N EVERGREEN ST			M M / D D / Y Y Y Y Y 06 30 2023									
City	State	Zip Code	Transaction ID : PR2699182568559									
GARDNER	KS	66030-1819	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item									
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)									
		, , ,,	1									
Full Name of Individual (Last, First, Middle C. AHLSTROM, ALEXIS, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3421 OAKWOOD TERRAC	CE		M M / D D / Y Y Y Y Y									
City	State	Zip Code	06 30 2023 Transaction ID : PR2699187168559									
WASHINGTON	DC	20010-1819	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item									
United HealthCare Services Inc	VP	Govt Affs										
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			499.98									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12										
	y information copied from such Reports and Sta for commercial purposes, other than using the													
<u> </u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated													
/ A.	Full Name of Individual (Last, First, Middle Initi ZHOU, JINGXIN, , ,	al) or Full C	rganization Name	Date of Receipt										
	Mailing Address 12011 FAIRVIEW CT			06 30 2023										
	City MINNETONKA	State MN	Zip Code 55343-4516	Transaction ID : PR2699187868559										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)										
в.	Full Name of Individual (Last, First, Middle Initi WAYLAND, CHARLES, , ,	al) or Full C	rganization Name	Date of Receipt										
	Mailing Address 5601 MATOAKA RD			M M / D D / Y Y Y Y 06 30 2023										
	City RICHMOND	State VA	Zip Code 23226-2329	Transaction ID : PR2700924668559 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Transformation	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initi MCSWEENEY, ERIN, , ,	al) or Full C	rganization Name	Date of Receipt										
	Mailing Address 1128 EDINGTON PLACE	1 -		06 / D D / Y Y Y Y Y 2023										
	City MARCO ISLAND	State FL	Zip Code 34145-2006	Transaction ID : PR2701818068559 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief People Officer	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		•	846.12										
т	OTAL This Period (last page this line number o	only)												

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle OCONNELL, DANIEL, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 33 LATIGO PLACE			06 / D D / Y Y Y Y 2023								
City COLUMBINE VALLEY	State CO	Zip Code 80123-6683	Transaction ID : PR2701819668559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		230.76								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. BRUCE, JAMIE, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1433 POWDER DRIVE			M M / D D / Y Y Y Y 06 30 2023								
City O FALLON	State MO	Zip Code 63366-1398	Transaction ID : PR2701823068559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle SPARKS, KEVIN, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 10681 S CEDAR NILES B		7. 0.4	06 / D D / Y Y Y Y 2023								
City OLATHE	State KS	Zip Code 66061-7415	Transaction ID : PR2701825568559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		192.30								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			807.66								
TOTAL This Period (last page this line num	per only)										

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	WIZED RECEIPTS	Detailed Summary Page						11	b	11c		12			
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or fo	information copied from such Reports and S or commercial purposes, other than using the	tatements ma name and a	ay r addr	ot be sold or used by any poss of any political committee	ersor e to s	n for the policit con	purp ntrib	pos outic	se of s	soliciting om suc	g coi h co	ntribut	ions ee.		
	AME OF COMMITTEE (In Full) JnitedHealth Group Incorporate	ed PAC (l	Un	itedHealth Group PA	AC)										
	ull Name of Individual (Last, First, Middle Init KRAMER, NANCY, , ,	tial) or Full O	rga	nization Name		_ Date of Receipt									
N	lailing Address 4672 BITTERN LANE					06 / D D / Y Y Y Y Y 2023									
	ity	State		Zip Code		Transaction ID : PR2702501468559									
	EBANON	ОН		45036-7562	_	Amount	of	Ead	ch Re	ceipt th	nis P	eriod			
	EC ID number of contributing ederal political committee.	С						-		-	_	76.9	2		
	ame of Employer (for Individual) ptum Services, Inc		•	tion (for Individual) Ops		Me	emo	) Ite	əm						
R	eceipt For: Primary General	Aggregate	Yea	ar-to-Date ▼		P/R Dedu	uctio	on (	(\$38.4	6 Bi-W	eekly	<i>d</i> )			
	Other (specify)		-	499.98		T/IT Deat	ucin		(ψυυ	O DI W	CONI	<i>y</i> )			
	ull Name of Individual (Last, First, Middle Ini BERKE, ETHAN, , ,	tial) or Full O	rga	nization Name		Date of	Re	ecei	pt						
_	lailing Address 4624 TOWER ST					06	/		30	/ Y		)23	Ŷ		
C	ity	State		Zip Code		Transa	acti	ion	ID : P	R2703	2452	68559			
E	DINA	MN		55424-1549		Amount	of	Ead	ch Re	ceipt th	nis P	Period			
	EC ID number of contributing deral political committee.	С					<b>,</b>			_	80.0	0			
N O	lame of Employer (for Individual) ptum Services, Inc		•	tion (for Individual) P Public Health		Me	emo	b Ite	əm						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 480.00		P/R Deduction (\$40.00 Bi-Weekly)									
	ull Name of Individual (Last, First, Middle Ini MERZLICKER, CAREY, , ,	tial) or Full O	rga	nization Name		Date of	Re	ecei	pt						
_	lailing Address 950 BENTLEY PARK CIRCLE	E				м м 06	/		30	/ Y		)23	Y		
	ity	State		Zip Code		Trans	act	ion	ID : F	PR2703	2469	96855	•		
_	D FALLON	MO		63368-8022		Amount	of	Ead	ch Re	ceipt th	nis P	Period			
	EC ID number of contributing deral political committee.	С						<b>y</b>		9	_	76.9	2		
	ame of Employer (for Individual) Inited HealthCare Services Inc	Occi Dir F		tion (for Individual)		Me	emc	o Ite	em						
	eceipt For: Primary General Other (specify)			ar-to-Date ▼ 499.98		P/R Ded	ucti	on (	(\$38.4	6 Bi-W	eekl	y)			
			- <b>7</b>	499.98	- -	P/R Dedu	ucti	on (	(\$38.4	l6 Bi-W	eekly	y) 233.8	4		

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			Detailed Summary Page	×	11a 13		11k	>  _	11c			17		
	information copied from such Reports and State or commercial purposes, other than using the na				or the		rpose		soliciting	contr	ibutio	ons		
1	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated													
	Full Name of Individual (Last, First, Middle Initial) HOROHO, PATRICIA, , ,	) or Full Oi	rganization Name		Date of	f Re	eceir	ot						
	Aailing Address 7808 PALMILLA COURT				06 30 2023									
	City REUNION	State FL	Zip Code 34747-6417	Transaction ID : PR2704194668559 Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С			Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO		M	emo	o Ite	m						
	Dessint For:		Year-to-Date ▼ 2499.90	<b>]</b> P	/R Ded	ucti	ion (	\$192.	.30 Bi-W	/eekly)	)			
В	Full Name of Individual (Last, First, Middle Initial)	) or Full Oi	rganization Name		Date of	f Re	eceip	ot						
_	Aailing Address 209 GARLAND AVENUE	1.0			м м 06	1	D	30	/ Y	2023				
	City DECATUR	State GA	Zip Code 30030-4940						R27041 eceipt th					
	EC ID number of contributing ederal political committee.	С		384.60							)			
	Name of Employer (for Individual) Inited HealthCare Services Inc	Occu VP (	upation (for Individual) Ops		M	emo	o Ite	m						
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2499.90	P/	P/R Deduction (\$192.30 Bi-Weekly)									
	ull Name of Individual (Last, First, Middle Initial)	) or Full Oi	rganization Name		Date of	f Re	eceip	ot						
_	Mailing Address 1060 ELLIOTT LANE	Otota	Zin Ood		06	J.	1.	30		2023	3			
	City YORK	State PA	Zip Code 17403-3421						PR27059					
	EC ID number of contributing ederal political committee.	С					y		. y	1	53.84	1		
ι	Name of Employer (for Individual) Jnited HealthCare Services Inc		ipation (for Individual) Govt Affs		Μ	emo	o Ite	em						
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P	/R Ded	lucti	ion (	\$76.9	92 Bi-We	ekly)				
SU	BTOTAL of Receipts This Page (optional)						,		,	92	23.04	1		
то	TAL This Period (last page this line number onl	ly)					-				-			

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			Detailed Summary Page		11a		11b	11c		12				
٨٣	y information copied from such Reports and Sta	atomonto m	av not be sold or used by any or		13 for the		14 19050 of	15 solicitin		16 Detribut	17			
	for commercial purposes, other than using the													
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	NC)										
A.	Full Name of Individual (Last, First, Middle Initi BARBARO, PHILIP, , ,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 670 ARBUTUS STREET				06 / D D / Y Y Y Y 2023									
	City MIDDLETOWN	State CT	Zip Code 06457-7106	_	Transaction ID : PR2705988268559 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) National Sales		M	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	F	P/R Ded	uctio	on (\$19	2.30 Bi-\	Veel	kly)				
B.	Full Name of Individual (Last, First, Middle Initi KMIEC, ADAM, , ,	al) or Full C	Organization Name		Date of	Re	eceipt							
	Mailing Address 4736 PRAIRIE DUNES WAY				<sup>M</sup> 06	1	D 30		Y 20	023	Y			
	City EAGAN	State MN	Zip Code 55123-2352					PR2705 Receipt ti			)			
	FEC ID number of contributing federal political committee.	С		<u> </u>				_	384.6	60				
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Comm		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P	/R Ded	uctio	on (\$19	2.30 Bi-V	Veek	kly)				
C.	Full Name of Individual (Last, First, Middle Initi PETRONE, DAMIAN, , ,	al) or Full C	Organization Name		Date of	Re	eceipt							
	Mailing Address 703 DEAN CT				<sup>M</sup> 06	1	30			023	Y			
	City WEST CHESTER	State PA	Zip Code 19382-2100					Receipt t			9			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		_	38.4	16			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Gen Mgmt		М	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	F	P/R Ded	ucti	on (\$19	).23 Bi-W	eekl	ly)				
	UBTOTAL of Receipts This Page (optional)			-			9		-	807.6	6			

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			Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions								
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initia BARTHOLET, DANIEL, , ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 5918 VALEWOOD DRIVE			M M / D D / Y Y Y Y 06 30 2023								
	City MINNETONKA	State MN	Zip Code 55345-6545	Transaction ID : PR2706451168559           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP T	ipation (for Individual) Fax	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia MULDOON, ALLISON, , ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 519 E LURAY AVENUE	1		06 / Y Y Y Y 2023								
	City ALEXANDRIA	State VA	Zip Code 22301-1605	Transaction ID : PR2706452768559 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		192.30								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1249.95	P/R Deduction (\$96.15 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Initia MOORE, KEVIN, , ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 9405 EAGLE NEST LANE			06 / D D / Y Y Y Y 2023								
	City MIDDLETON	State WI	Zip Code 53562-5647	Transaction ID : PR2706453568559 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Plan CEO	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			961.50								
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			Detailed Summary Page		13		14		15		16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na														
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	PAC)											
Α.	Full Name of Individual (Last, First, Middle Initial) COLLETTI, JOSEPH, , ,	or Full O	Organization Name		Date of	Re	eceij	pt							
	Mailing Address 10551 INDIGO BROOM LOOP				M M / D D / Y Y Y Y 06 30 2023										
	City AUSTIN	State TX	Zip Code 78733-5716								656855	9			
	FEC ID number of contributing federal political committee.			Amount	ot	Ead	ch Re	eceipt	this	Period 454.	00				
	Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) Segment CFO		Me	emo	) Ite	em								
	Receipt For:     A       Primary     General       Other (specify) ▼	Year-to-Date ▼ 2043.00	P/	'R Dedi	uctic	on (	(\$227	.00 Bi	-Wee	ekly)					
в.	Full Name of Individual (Last, First, Middle Initial) HUNT, TIMOTHY, , ,	or Full O	Organization Name		Date of	Re	cei	pt							
	Mailing Address 5594 MARSHALL HOUSE CT				м м 06	1		30	/		2023	Y			
	City BURKE	State VA	Zip Code 22015-2141	A	Trans: Mount							9			
	FEC ID number of contributing federal political committee.	С			76.92										
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Gen Mgmt		Me	emo	) Ite	em							
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/	R Dedu	uctic	on (	\$38.4	6 Bi-V	Veek	dy)				
с.	Full Name of Individual (Last, First, Middle Initial) WEINBERG, EDWARD, , ,	or Full O	Organization Name		Date of	Re	eceij	pt							
	Mailing Address 8625 APPLETON COURT	1			м м 06	/		30	/		2023	Y			
	City ANNANDALE	State VA	Zip Code 22003-3806		Trans		-				486855 Period	9			
	FEC ID number of contributing federal political committee.	С		ĺ			J		J		76.	92			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	o Ite	əm							
	Receipt For:     A       Primary     General       Other (specify)	Aggregate	Year-to-Date ▼ 499.98	<b>P</b> /	/R Ded	uctio	on (	(\$38.4	16 Bi-\	Veel	<ly)< td=""><td></td></ly)<>				
s	UBTOTAL of Receipts This Page (optional)										607.	34			
т	OTAL This Period (last page this line number only	y)							,						
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			Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗     11a     11b     11c     12       13     14     15     16     17							
	y information copied from such Reports and Sta for commercial purposes, other than using the			rson for the purpose of soliciting contributions							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initia DELANEY, KEVIN, , ,	al) or Full O	Organization Name	Date of Receipt							
	Mailing Address 2876 GENEVA ST			06 30 Y Y Y Y Y 06 30 2023							
	City DENVER	State CO	Zip Code 80238-3035	Transaction ID : PR2740759268559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.				76.92							
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP F	upation (for Individual) Fin	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia PONS, NATALIE, , ,	al) or Full O	Organization Name	Date of Receipt							
	Mailing Address 3209 GALLERIA UNIT 803	State	Zin Code	06 / D D / Y Y Y Y 2023							
	City EDINA	State MN	Zip Code 55435-2547	Transaction ID : PR2740761968559           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Compli Off/SD Gen Cnsl	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name	Date of Receipt							
	Mailing Address 6601 BLACKFOOT PASS			06 / D D / Y Y Y Y 06 2023							
	City EDINA	State MN	Zip Code 55439-1103	Transaction ID : PR2748020568559           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Mkt Grp Chief People Off	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			846.12							
т	OTAL This Period (last page this line number o	nly)	·····								

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				Detailed Summary Page	×	11a		11b	11c		12				
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)		ан. -		$\sim$										
	UnitedHealth Group Incorporate				(C)										
Α.	Full Name of Individual (Last, First, Middle Ini PROCHNO, MICHAEL, , ,	itial) or Full C	Drga	nization Name		Date of Receipt									
	Mailing Address 4640 ST JAMES GATE					M M / D D / Y Y Y Y 06 30 2023									
	City	State		Zip Code		Trans	act	ion ID :	PR2748	021	96855	9			
	EXCELSIOR	MN		55331-9397	/	Amoun	t of	Each F	Receipt th	nis F	<sup>o</sup> eriod				
	FEC ID number of contributing federal political committee.	С	_		76.92										
	Name of Employer (for Individual)		•	tion (for Individual)		М	emc	ltem							
	United HealthCare Services Inc	SB	KA	VP SIs Acct Mgt											
	Receipt For: Primary General	Aggregate	) Yea	ar-to-Date 🔻											
	Other (specify) V		-	499.98	P	/R Ded	ucti	on (\$38	.46 Bi-W	eekl	y)				
в.	Full Name of Individual (Last, First, Middle Ini SEVERANCE, DAVID, , ,	itial) or Full C	Drga	nization Name		Date of	f Re	eceipt							
	Mailing Address 2160 N MARION ST					м м 06	/	30		2(	) 23	Y			
	City	State		Zip Code		Trans	acti	ion ID :	PR2750	2881	168559	9			
	DENVER	CO		80205-5245		Amoun	t of	Each F	Receipt th	nis F	Period				
	FEC ID number of contributing federal political committee.							-		_	76.9	92			
	Name of Employer (for Individual) Optum Services, Inc		cupa ed Di	tion (for Individual) r		Memo Item									
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻											
	Primary General Other (specify) ▼		Ļ	499.98	P,	/R Ded	uctio	on (\$38	.46 Bi-Wo	ekly	y)				
<u> </u>	Full Name of Individual (Last, First, Middle Ini ORIE, TIMOTHY, , ,	itial) or Full C	Drga	nization Name		Date of	f Re	eceipt							
	Mailing Address 2317 RESIDENCE CIRCLE #B4-102					<sup>M</sup> 06	1	30			023 <sup>°</sup>	Y			
	City	State		Zip Code		Trans	act	ion ID :	PR2754	244	16855	9			
	NAPLES	FL		34105-3104	/	Amoun	t of	Each F	Receipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	С	_					,	9	_	384.6	60			
	Name of Employer (for Individual)	Occ	cupa	tion (for Individual)		M	emo	b Item							
	United HealthCare Services Inc	SVF	P Pe	ople Team											
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻											
	Other (specify)		-	2499.90	P	/R Ded	lucti	on (\$19	2.30 Bi-V	Veel	kly)				
s	UBTOTAL of Receipts This Page (optional)							, . , .	,	-	538.4	4			
т	OTAL This Period (last page this line number	only)		••••••											

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17			Use separate schedule(s)				(check only one)							
11	EMIZED RECEIPTS		for each categ Detailed Summ			<b>(</b> 11a		11b	11c	12	<b>–</b>	] 4 -7		
	y information copied from such Reports and Sta for commercial purposes, other than using the r						purp							
	NAME OF COMMITTEE (In Full)													
$\rangle$	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth	n Group PA	NC)									
/	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name	1										
Α.	PAGET, JAMIE, , ,				_	Date of	Rec	eipt	_			_		
	Mailing Address 15268 LOUISIANA AVE					06	1	30	/ Y	2023	Y			
	City	State	Zip Code			Trans	actic	on ID : I	PR27542	2460685	59	<u> </u>		
	SAVAGE	MN	55378-5654	1	_	Amount	of E	Each Re	eceipt th	is Perio	d	_		
	FEC ID number of contributing federal political committee.	С				Ŀ			-	70	6.92			
	Name of Employer (for Individual)		pation (for Individ	dual)	-	M	emo	ltem						
	Optum Services, Inc		Gen Mgmt											
	Receipt For:	Aggregate `	Year-to-Date 🔻			D/R Dod	uctio	n (\$387	46 Bi-We	okly)				
	Other (specify) V		ap 1 ap 1	499.98		// Deu	uction	Π (ψΟΟ	to Di We	JORIY)				
B.	Full Name of Individual (Last, First, Middle Initia	I) or Full Or	rganization Name	1		Date of	Rec	eipt						
	Mailing Address 123A SPA VIEW AVE					м м 06	1	D D D 30	/ Y	y y 2023	Y			
	City	State MD	Zip Code		-				PR27546					
	ANNAPOLIS FEC ID number of contributing		21401-3542		_	Amount	t of E	ach Re	eceipt th	is Perio	d	_		
	federal political committee.	С				Ļ.		<u>p- 1</u>	-	192	2.30			
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) SVP Advisory Svc					emo	ltem						
	Receipt For:	Aggregate `	Year-to-Date 🔻											
	Primary General Other (specify) ▼		4	1249.95	F	P/R Ded	uctior	า (\$96.1	15 Bi-We	ekly)				
	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name											
C.	BOTHRA, SIDDHARTH, , ,				_	Date of	Rec	•	_			_		
	Mailing Address 17200 SE 45TH STREET					<sup>M</sup> 06	/	30	/ Y	2023	Y			
	City	State	Zip Code			Trans	actio	on ID : I	PR2754	7207685	559	<u> </u>		
	BELLEVUE	WA	98006-6510		_	Amount	of E	Each Re	eceipt th	is Perio	d			
	FEC ID number of contributing federal political committee.	С				Ľ			- -	384	4.60			
	Name of Employer (for Individual)		pation (for Individ	dual)		M	emo	Item						
	United HealthCare Services Inc Receipt For:		Segment COO		_									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	2499.90		P/R Ded	uctio	n (\$192	2.30 Bi-W	/eekly)				
s	UBTOTAL of Receipts This Page (optional)				<u> </u>					653	3.82			
т	OTAL This Period (last page this line number or	ıly)		····· •	-			-			-			

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

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>★</b> 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using t			13     14     15     16       erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	ano name allu ë	any political committee	to contractions norm such committee.							
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle WILSON, DANIEL, , ,		rganization Name	Date of Receipt							
Mailing Address 15619 SWANSCOMBE LO	-		06 / D D / Y Y Y Y Y 2023							
City UPPER MARLBORO	State MD	Zip Code 20774-8412	Transaction ID : PR2755347868559           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		38.40							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.60	P/R Deduction (\$19.20 Bi-Weekly)							
Full Name of Individual (Last, First, Middle ABRAHAM, SANTIAGO, , ,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 4320 COTTONWOOD LN		7. 0	06 / D D / Y Y Y Y Y 2023							
City EXCELSIOR	State MN	Zip Code 55331-9328	Transaction ID : PR2755652168559							
	_	55331-9328	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg CIO	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. KRAUTKRAMER, MITCHELL, ,		organization Name	Date of Receipt							
Mailing Address 800 LAKEVIEW PKWY			06 / D D / Y Y Y Y Y 2023							
City MOUND	State MN	Zip Code 55364-2307	Transaction ID : PR2755995768559           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc	Occ M A	upation (for Individual) VP	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			499.92							
TOTAL This Period (last page this line number	er only)									

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a │ 11b │ 11c │ 12										
				13 14 15 16 17										
or	y information copied from such Reports and Statem for commercial purposes, other than using the name													
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (L	InitedHealth Group PA	C)										
	Full Name of Individual (Last, First, Middle Initial) of ASHENHURST, KARLA, , ,	r Full Or	ganization Name	Date of Receipt										
	Mailing Address 865 BRINSMERE DRIVE			M M / D D / Y Y Y Y 06 30 2023										
		tate VI	Zip Code	Transaction ID : PR2756173668559										
		VI	53122-2102	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	;		115.38										
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Affs Dir	Memo Item										
	Descript For:	areaate `	Year-to-Date ▼	-										
	Primary General Other (specify) ▼	grogato	749.97	P/R Deduction (\$57.69 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) or MASONER, AUDREY, , ,	r Full Or	ganization Name	Date of Receipt										
	Mailing Address 15400 MAPLE STREET			06 30 2023										
	City S	tate	Zip Code	Transaction ID : PR2756359868559										
	OVERLAND PARK	٢S	66223-3262	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	;		76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Health Plan Operations	Memo Item										
	Receipt For:     Agg       Primary     General       Other (specify) ▼	gregate `	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) or HERMELINGIII, THEODORE, , ,	r Full Or	ganization Name	Date of Receipt										
	Mailing Address 117 5TH STREET			06 30 Y Y Y Y 2023										
		tate	Zip Code	Transaction ID : PR2756521668559										
	WILMETTE I	L	60091-3405	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	;		384.60										
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item										
	Optum Services, Inc	VP N	1ktg Bus Dev											
		gregate `	Year-to-Date ▼											
	Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)										
SI	JBTOTAL of Receipts This Page (optional)		•	576.90										
т	OTAL This Period (last page this line number only).		•											

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (	UnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle TANG, SHI, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 142 WOOSTER STREET APT 3B			06 30 2023						
City	State	Zip Code	Transaction ID : PR2756690668559						
NEW YORK	NY	10012-3195	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		416.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2288.00	P/R Deduction (\$208.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle <b>B.</b> SATTERWHITE, ERIN, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 1722 MONUMENT STREE			06 / D D / Y Y Y Y Y 2023						
City CONCORD	State MA	Zip Code 01742-5310	Transaction ID : PR2757435768559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		396.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2414.46	P/R Deduction (\$198.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. AZAM, MISHAEL, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 629 JEFFERSON AVENUE			06 / D D / Y Y Y Y Y 2023						
City CHERRY HILL	State NJ	Zip Code 08002-3704	Transaction ID : PR2759343868559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		77.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.50	P/R Deduction (\$38.50 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			889.00						
TOTAL This Period (last page this line numb	er only)								

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle A. HUNT, BRITTNEY, , ,	Initial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 7820 JARED WAY			06 30 2023								
City TALLAHASSEE	State FL	Zip Code 32309-8110	Transaction ID : PR2759756468559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle SCHLAIFER, MARISSA, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1050 N STUART ST #400			06 / D D / Y Y Y Y Y 2023								
City ARLINGTON	State VA	Zip Code 22201-5727	Transaction ID : PR2759756868559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle DIFRONZO, CHRISTINE, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 6 CRAIG LN			06 / D D / Y Y Y Y Y 2023								
City HINGHAM	State MA	Zip Code 02043-3411	Transaction ID : PR2759978168559           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Analytics	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			538.44								
TOTAL This Period (last page this line numb	er only)										

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171	ITEMIZED RECEIPTS		Use separate schedule(s)	(check o	(check only one)							
			for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c 15	12	_	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for th		rpose of a	soliciting	contril	butior	ıs		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	(C)								
A.	Full Name of Individual (Last, First, Middle Initia KELLOGG, PETER, , ,	al) or Full O	rganization Name	Date	of Re	eceipt						
	Mailing Address 1515 JEFFERSON AVENUE			M OE		орор 30	/ Y	2023		1		
	City NEW ORLEANS	State LA	Zip Code 70115-4120			t <b>ion ID : F</b> Each Re				_		
	FEC ID number of contributing federal political committee.	C			_	-y		7	6.92			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ssc Gen Counsel		Memo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R D	educti	ion (\$38.4	l6 Bi-W€	ekly)				
в.	Full Name of Individual (Last, First, Middle Initia ROBERT, MICHAEL, , ,	al) or Full O	rganization Name	Date	of Re	eceipt						
	Mailing Address 79373 FITZGERALD CHURCH ROAD	Otata	Zin Onda	06		30	/ Y	2023	Y			
	City COVINGTON	State LA	Zip Code 70435-7809			ion ID : F						
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc	Occu	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia REYNOLDS, MARK, , ,	al) or Full O	rganization Name	Date	of R	eceipt						
	Mailing Address 106 SE 68TH STREET			M Of		30	/ Y	2023				
	OAK ISLAND	State NC	Zip Code 28465-4549			tion ID : I Each Re						
	FEC ID number of contributing federal political committee.	С			_	, .	,	28	5.70			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops		Mem	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1142.80	P/R Deduction (\$142.85 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		••••••			, .	. ,	43	9.54			
т	OTAL This Period (last page this line number o	nly)	••••••			-	- 40-		-			

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle ALTMAN, KIMBERLY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1861 TRANQUILITY COUR	RT.		06 30 / Y Y Y Y 2023							
City PROSPER	State TX	Zip Code 75078-9744	Transaction ID : PR2760046568559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		416.00							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2288.00	P/R Deduction (\$208.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle DECKER, WYATT, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1482 HUNTER DRIVE			06 / Y Y Y Y Y 2023							
City	State MN	Zip Code	Transaction ID : PR2760134068559							
WAYZATA	IVIIN	55391-9658	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle GRUHN, GINA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 13 WEATHER VANE DRIV			06 / D D / Y Y Y Y Y 2023							
City MORRISTOWN	State NJ	Zip Code 07960-4758	Transaction ID : PR2760769468559           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			1185.20							
TOTAL This Period (last page this line number	er only)									

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11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the			erson fo	r the		pose of	soliciting	g con	tributio	ons
	NAME OF COMMITTEE (In Full)		adress of any political commute	10 30110		TUTIC					
	UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Init MASTEN, DALE, , ,	tial) or Full C	organization Name	Da	ate of	f Re	eceipt				
	Mailing Address 9845 BENNINGTON DRIVE				06 / D D / Y Y Y Y 06 30 2023						
	City SHARONVILLE	State OH	Zip Code 45241-3619					PR2760 Receipt th			
	FEC ID number of contributing federal political committee.	С						-		384.6	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DELMONICO, SUSAN, , ,					f Re	eceipt				
	Mailing Address 12 MULBERRY CIRCLE						30		202	23	Y
	City	State RI	Zip Code					PR2760			
	JOHNSTON	RI	02919-2519	Ar	nount	t of	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С		230.76						6	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) cc Gen Counsel	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)							
c.	Full Name of Individual (Last, First, Middle Init HENNESSY, NATASHA, , ,	tial) or Full C	organization Name	Da	ate of	Re	eceipt				
	Mailing Address 2348 FORD RD			4 6	06 <sup>M</sup>	/	30	J L	202	1 million (* 1997)	
	City MINNETONKA	State MN	Zip Code 55305-3104					PR2760 Receipt th			)
	FEC ID number of contributing federal political committee.	С		ļļ			,	, <u>,</u>	_	416.0	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	_ L	M	emo	ttem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2288.00	P/R Deduction (\$208.00 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)						, .		1	031.30	6
T	OTAL This Period (last page this line number	only)		Ē							

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				check only one)						
		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	<b>_</b>			
Any information copied from such Reports and										
or for commercial purposes, other than using th	ie name and a	louress of any political committee	e to solicit cor	itributions fr	om such	committe	e.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle I CRAWFORD, KEVIN, , ,	nitial) or Full C	organization Name	Date of	Receipt						
Mailing Address 744 SHELLEY LANE			м м 06							
City FRANKLIN	State TN	Zip Code 37064-1621		25168559 s Period	)					
FEC ID number of contributing federal political committee.	С					230.7	6			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	_ Me	emo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Ded	uction (\$115	5.38 Bi-W	eekly)				
Full Name of Individual (Last, First, Middle I VELASCO, JOEL, , ,	nitial) or Full C	organization Name	Date of	Receipt						
Mailing Address 6352 31 PLACE NW ST							Ŷ			
City WASHINGTON	State DC	Zip Code 20015-2358		action ID : I			)			
FEC ID number of contributing federal political committee.	FEC ID number of contributing						60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Intl Relations		emo Item						
Receipt For:	Aggregate	Year-to-Date ▼	-							
Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I MILLER, CORINNA, , ,		rganization Name	Date of	Receipt						
Mailing Address 6083 OLD BRICKSTORE R	OAD	Zip Code	M M 06	30		2023				
GREENSBORO	NC	27455-8335		of Each Re			<u>, , , , , , , , , , , , , , , , , , , </u>			
FEC ID number of contributing federal political committee.	С			, , ,	,	38.4	6			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		emo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	P/R Ded	uction (\$19.	23 Bi-We	ekly)				
SUBTOTAL of Receipts This Page (optional)				, ,	,	653.8	2			
TOTAL This Period (last page this line numbe	r only)									

FOR LINE NUMBER:

PAGE 147 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Fu	ll)										
UnitedHealth Group I	ncorporated PAC (l	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, F OBRIEN, MICHAEL, , ,	. ,	rganization Name	Date of Receipt								
Mailing Address 11017 CAVEL	LCIR		06 30 2023								
City BLOOMINGTON	State MN	Zip Code 55438-2284	Transaction ID : PR2761138268559           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		96.14								
Name of Employer (for Individu United HealthCare Services Inc	al) Occu Dir	upation (for Individual) Fax	Memo Item								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 624.91	P/R Deduction (\$48.07 Bi-Weekly)								
Full Name of Individual (Last, F B. ARYA, RAJIV, , ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4 GALWAY RC	DAD		06 30 2023								
City	State	Zip Code	Transaction ID : PR2762648768559								
SKILLMAN	NJ	08558-1731	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	76.92										
Name of Employer (for Individu Optum Services, Inc	,	upation (for Individual) Director, Advisory Svcs	Memo Item								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, F	First, Middle Initial) or Full O	rganization Name									
C. SONNIER, SUSAN, , ,			Date of Receipt								
Mailing Address 301 DEMONB	State	Zip Code	06 30 2023 Transaction ID : PR2762649968559								
NASHVILLE	TN	37201-2248	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		230.76								
Name of Employer (for Individu United HealthCare Services Inc		upation (for Individual) /Iktg Bus Dev	Memo Item								
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)								
SUBTOTAL of Receipts This Pag	ge (optional)		403.82								
TOTAL This Period (last page thi	is line number only)										

## Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using t			13     14     15     16     17       erson for the purpose of soliciting contributions     from such committee						
		uness of any pullical contribute							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle CLAYTON, JUSTIN, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 163 BRIER RIDGE DRIVE			06 / D D / Y Y Y Y 06 30 2023						
City DURHAM	State NC	Zip Code 27703-0339	Transaction ID : PR2762749968559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		153.84						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Bi-Weekly)						
Full Name of Individual (Last, First, Middle BIDINGER, DANIEL, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3757 INDEPENDENCE RD	1-		06 / D D / Y Y Y Y Y 2023						
City MAPLE PLAIN	State MN	Zip Code 55359-9759	Transaction ID : PR2762957568559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef of Staff	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle DAVIS, JENNIFER, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4330 CROWN POINT DR	State	Zin Code	06 / 30 / 2023						
City COLUMBUS	OH	Zip Code 43220-4424	Transaction ID : PR2763180368559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		96.14						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 624.91	P/R Deduction (\$48.07 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			289.98						
TOTAL This Period (last page this line number	er only)								

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

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			Use separate schedule(s)	(check only one)							
111	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full)										
$\rangle$	UnitedHealth Group Incorporated	d PAC (L	JnitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initia FOLEY, BARBARA, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 6260 BLACK FOX WAY			06 / D D / Y Y Y Y 2023							
City TALLAHASSEE		State FL	Zip Code 32312-4504	Transaction ID : PR2769239268559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.				92.30							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 599.95	P/R Deduction (\$46.15 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initia HAUSMAN, ERIC, , ,	al) or Full Oi	rganization Name	Date of Receipt							
	Mailing Address 1617 WEST 25TH STREET	06 / D D / Y Y Y Y Y 2023									
	City MINNEAPOLIS	State MN	Zip Code 55405-2466	Transaction ID : PR2778612768559 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia BAKER, OMAR, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 8100 SPRING HILL FARM DR	01-1-	7.0.4	06 / D D / Y Y Y Y 2023							
	City MCLEAN	State VA	Zip Code 22102-2330	Transaction ID : PR2778986668559 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D/SVP Strat Intv	Memo Item							
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Other (specify)			2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			. 861.50							
т	OTAL This Period (last page this line number or	חly)									

### SCHEDULE A (FEC Form 3X) DEOEIDTO

## Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)				(check only one)						
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page					11b	11c		Г	<b>_</b>	
	y information copied from such Reports and Sta for commercial purposes, other than using the n										butio		
	NAME OF COMMITTEE (In Full)												
$\rangle$	UnitedHealth Group Incorporated	I PAC (l	JnitedHea	Ith Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia PIERINI, RYAN, , ,	l) or Full O	rganization Na	me		Date of	f Re	ceipt					
	Mailing Address 3761 SAN YSIDRO WAY					M M / D D / Y Y Y Y Y 06 30 2023							
	City SACRAMENTO	State CA	Zip Code 95864-2	866	_	Transaction ID : PR2778987368559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.			C								76.92		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Inc Govt Affs	lividual)		M	emo	Item					
Receipt For:       A         Primary       General         Other (specify) ▼			Year-to-Date	P/R Ded	uctio	on (\$38.	46 Bi-We	eekly)					
B.	Full Name of Individual (Last, First, Middle Initia GHAZANFARIANTALEGHANI, AZITA		rganization Na	me		Date of	f Re	ceipt					
	Mailing Address 1039 MOUNTAIN AVE					<sup>M</sup> 06	/	30	/ Y	2023		1	
	City BERKELEY HEIGHTS	State NJ	Zip Code 07922-23	243					PR27826				
	FEC ID number of contributing federal political committee.	C					Amount of Each Receipt this Period						
	Name of Employer (for Individual) Optum Care, Inc.	Occupation (for Individual) Dir Gen Mgmt					Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	499.98	P/R Deduction (\$38.46 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia ROMANOW, KATHLEEN, , ,	l) or Full O	rganization Na	me		Date of	f Re	ceipt					
	Mailing Address 6804 MARBURY ROAD					<sup>M</sup> 06	/	D D D 30	/ Y	2023			
	City BETHESDA	State MD	Zip Code 20817-60	052					PR2782 eceipt th				
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .		19	92.30		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Inc Govt Affs	lividual)		M	emo	tem					
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       1249.95				1249.95	יוו	P/R Ded	luctio	on (\$96.	15 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)				•			, .		34	6.14		
т	OTAL This Period (last page this line number or	ıly)		••••••	- •						-		

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ITEMIZED RECEIPTS			Use separate schedule(s)	(checł	(check only one)							
			for each category of the Detailed Summary Page	<b>X</b> 1	F		11b	11c	12			
	ormation copied from such Reports and Stat commercial purposes, other than using the n			rson for		ourpo						
<u></u>	IE OF COMMITTEE (In Full)					Indu		oni suci	r comm	liee.		
	itedHealth Group Incorporated	PAC (U	InitedHealth Group PA	C)								
	Name of Individual (Last, First, Middle Initial BAL, PETER, , ,	) or Full Or	ganization Name	Da	te of	Rece	eipt					
Maili	ing Address 6151 WILLOW ROCK ST			06 30 / Y Y Y Y Y 2023								
City LAS VEGAS FEC ID number of contributing federal political committee.			Zip Code 89135-1482	Transaction ID : PR2783559968559 Amount of Each Receipt this Period								
						-,			76	.92		
Optu	ne of Employer (for Individual) um Services, Inc		ipation (for Individual) Gen Mgmt		Mei	mo I	ltem					
	eipt For: Primary General Other (specify) ▼	Aggregate	P/R	Dedu	ction	ו (\$38.4	16 Bi-We	eekly)				
	Name of Individual (Last, First, Middle Initial VEN, CHRISTOPHER, , ,	) or Full Or	ganization Name	Da	te of	Rece	eipt					
	Mailing Address 9011 LESLIES GATE						D D 30	/ Y	y y 2023	Ý		
City BOE	ERNE	State TX	Zip Code 78015-4779	Transaction ID : PR27869 Amount of Each Receipt thi								
	FEC ID number of contributing federal political committee.					384.60						
	ne of Employer (for Individual) im Services, Inc		upation (for Individual) Mktg		Me	mo I	ltem					
Rece		Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		P/R Deduction (\$192.30 Bi-Weekly)									
	Name of Individual (Last, First, Middle Initial DNWAY, PATRICK, , ,	) or Full Or	ganization Name	Da	te of	Rece	eipt					
	ing Address 190 WINDING RIVER RD			_ L	06 <sup>M</sup>	/	30	L	2023 Y	_		
City WE	LLESLEY	State MA	Zip Code 02482-7320						8755685 is Perio			
	ID number of contributing ral political committee.	С			_	y		,	384	.60		
Optu	ne of Employer (for Individual) um Services, Inc		pation (for Individual) Unit CEO		Me	mo l	ltem					
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       2499.90				P/R	Dedu	ctior	n (\$192	.30 Bi-V	/eekly)			
SUBT	OTAL of Receipts This Page (optional)					,		,	846	.12		
ΤΟΤΑΙ	L This Period (last page this line number on	ly)		Γ		-						

## Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 1							
			13     14     15     16     1       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Midd CLARKE, LACEY, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 15 MILO STREET			06 30 2023							
City HUDSON	State NY	Zip Code 12534-2722	Transaction ID : PR2789668268559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		153.84							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. MORDEN, NANCY, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4624 TOWER ST			06 / D D / Y Y Y Y 06 30 2023							
City EDINA	State MN	Zip Code 55424-1549	Transaction ID : PR2790158668559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		80.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)							
Full Name of Individual (Last, First, Midd C. FISHER, HEIDI, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 40 SPYGLASS PLACE			06 / <sup>D</sup> 06 / <sup>Y</sup> 2023							
City DELLWOOD	State MN	Zip Code 55110-1250	Transaction ID : PR2790274368559 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		416.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2288.00	P/R Deduction (\$208.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	al)		649.84							
TOTAL This Period (last page this line nur	nber only)									

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		Use separate schedule(s)	(check only	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c 15	12	17			
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the	purpose of so	liciting	contributi	ions			
NAME OF COMMITTEE (In Full)	ted PAC (I	JnitedHealth Group P/	łC)							
Full Name of Individual (Last, First, Middle I										
A. BILLS, MATTHEW, , , Mailing Address 18961 DEVONSHIRE ST				Receipt			X			
			м м 06							
City BEVERLY HILLS	State MI	Zip Code 48025-4031		action ID : PR of Each Rec			)			
FEC ID number of contributing federal political committee.	C					92.3	0			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Me	emo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 599.95	P/R Dedu	uction (\$46.15	Bi-Wee	ekly)				
Full Name of Individual (Last, First, Middle I B. SEGERMAN, ANDREW, , ,	nitial) or Full C	organization Name	Date of	Receipt						
Mailing Address 7306 REDBRIDGE CT	м м 06	/ D D 30	/ Y	y y 2023	Ŷ					
City SPRINGFIELD	State VA	Zip Code 22153-1511		action ID : PR			)			
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Me	emo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I C. HAINES, CAROL, , ,	nitial) or Full C	Prganization Name	Date of	Receipt						
Mailing Address 203 NESHAMINY ROAD			M M 06	/ D D 30	L	ү ү 2023				
City CROYDON	State PA	Zip Code 19021-5427		of Each Rec	-		)			
FEC ID number of contributing federal political committee.	С			,	y	400.0	0			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2400.00	P/R Dedu	uction (\$200.0	0 Bi-We	eekly)				
SUBTOTAL of Receipts This Page (optional)						530.7	6			
TOTAL This Period (last page this line numbe	r only)	·····								

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using			13     14     15     16     1       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	4C)						
Full Name of Individual (Last, First, Middle SMITH, TAMEEKA, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 12201 CAPWELL DRIVE			06 / D D / Y Y Y Y 2023						
City MIDLOTHIAN	State VA	Zip Code 23113-2002	Transaction ID : PR2791832968559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. BRADY, WILLIAM, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5110 ALVARADO LAN N	1		06 / Y Y Y Y 2023						
City PLYMOUTH	State MN	Zip Code 55446-3063	Transaction ID : PR2794131668559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		400.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Medicare STARS	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle <b>MORSE, SARA</b> , , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6398 VALE STREET			06 / D D / Y Y Y Y 06 2023						
City ALEXANDRIA	State VA	Zip Code 22312-1435	Transaction ID : PR2794473468559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1169.20						
TOTAL This Period (last page this line numb	er only)	······							

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		Use separate schedule(s)	(check on	(check only one)						
IEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c	12			
Any information copied from such Reports and s										
or for commercial purposes, other than using the	e name and a	ddress of any political committee	e to solicit co	ontrib	utions fi	rom such	n committe	96.		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle In TOWSLEY, JACK, , ,	itial) or Full C	rganization Name	Date o	of Re	ceipt					
Mailing Address 10210 SAN FRANCISCO RD	NE		06 / D D / Y Y Y Y 06 30 2023							
City ALBUQUERQUE	State NM	Zip Code 87122-3452		Transaction ID : PR2795226468559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С						80.0	00		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Non Physn		/lemo	tem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Dec	ductio	on (\$40.)	00 Bi-We	ekly)			
Full Name of Individual (Last, First, Middle In ALBERT, MATTHEW, , ,	itial) or Full C	rganization Name	Date o	of Re	ceipt					
Mailing Address 5365 CEDAR POINT RD	01-1-	7. 0.4	06	/	<sup>D</sup> 30	/ Y	2023	Y		
City MINNETRISTA	State MN	Zip Code 55364-9394					22368559	)		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Auditor		/lemo	ltem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2307.60	P/R Deduction (\$192.30 Bi-Week							
Full Name of Individual (Last, First, Middle In C. VINYARD, ANDREA, , ,	itial) or Full C	rganization Name	Date o	of Re	ceipt					
Mailing Address 4019 E MITCHELL DR			M 06	/	D D D 30	/ Y	2023	Y		
City PHOENIX	State AZ	Zip Code 85018-5911					72616855 is Period	9		
FEC ID number of contributing federal political committee.	С				y .	y	400.0	00		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) um Exec		/lemc	tem					
Receipt For: Primary General Other (specify)	Aggregate	egate Year-to-Date ▼ 2400.00					uction (\$200.00 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional)					, .	,	864.6	50		
TOTAL This Period (last page this line number	only)				40.1					

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle A. MILLAR, JAMES, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1101 BAYBERRY DRIVE			06 30 Y Y Y Y Y 2023						
City S CHAPEL HILL I		Zip Code 27517-9113	Transaction ID : PR2816690368559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		400.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Industry Relations	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. SALAMA, DANIEL, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 120 SNOWY OWL TERRA			06 / Y Y Y Y 2023						
City PLANTATION	State FL	Zip Code 33324-2105	Transaction ID : PR2817286768559 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	EC ID number of contributing								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2043.00	P/R Deduction (\$227.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle WALTHALL, TODD, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1948 ROCKINGHAM ST	State	Zip Code	06 / D D / Y Y Y Y 06 30 2023						
City MCLEAN	VA	22101-4922	Transaction ID : PR2817960468559           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		400.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Unit CEO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1254.00						
TOTAL This Period (last page this line numb	per only)								

## Use separate schedule(s)

FOR LINE NUMBER:

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

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

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

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				for each category of the Detailed Summary Page		<b>×</b> 11a 13	a		11 14	- H	_	11c 15		12 16	17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma ame and a	ay r addr	not be sold or used by any pe ess of any political committee	erson to s	for th	ne p cont	burp tribi	oos	se of	sol	iciting	cont	tribut	ions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	Un	itedHealth Group PA	NC)										
A.	Full Name of Individual (Last, First, Middle Initial) KISLOFF, MICHELLE, , ,	) or Full C	Orga	nization Name		Date	of	Re	cei	ipt					
	Mailing Address 1815 N UNDERWOOD ST	1		1		M 0		/	Ľ	D D 30	2	/ Y	Y 202	23 23	Y
	City	State VA		Zip Code								28233			9
	ARLINGTON		_	22205-1819	_	Amo	unt	of I	Ea	ch R	lece	eipt thi	s Pe	riod	
	FEC ID number of contributing federal political committee.	С				Ē			,	_	_	-9-		416.0	0
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) gment Gen Counsel			Me	mo	lte	эm					
	Dessint Far:			ar-to-Date ▼											
	Primary General Other (specify) ▼		-	2288.00		P/R D	edu	ictic	on	(\$208	8.00	) Bi-W	eekly	/)	
в.	Full Name of Individual (Last, First, Middle Initial) MINOR, MICHAEL, , ,	) or Full C	Drga	nization Name		Date	of	Red	cei	ipt					
	Mailing Address 3932 CHAPEL HEIGHTS DRIVE				06 30 Y Y Y Y 2023										
	City	State		Zip Code		Tra	nsa	ctio	on	ID : 1	PR:	28236	6086	8559	)
	MARIETTA	GA		30062-2217		Amo	unt	of I	Ea	ch R	lece	eipt thi	s Pe	riod	
	FEC ID number of contributing federal political committee.	С				С			,		_	-		416.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) an CEO		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2288.00		P/R Deduction (\$208.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial)	) or Full C	Drga	nization Name		Date	of	Red	cei	ipt					
	Mailing Address 804 ECLIPSE PKWY					M 0		/	Γ	30		/ Y	y 202		Y
	City	State		Zip Code		Tra	insa	acti	ion	ID :	PR	28243	9476	6855	9
	NEW PRAGUE	MN		56071-2015	$\square$	Amo	unt	of I	Ea	ch R	lece	eipt thi	s Pe	riod	
	FEC ID number of contributing federal political committee.	С				Ē			y		_	9	_	434.0	0
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) lient Officer			Me	mo	) Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2170.00		P/R D	edu	ictic	on	(\$217	7.00	) Bi-W	eekly	y)	
s	UBTOTAL of Receipts This Page (optional)					Γ.					_		12	266.0	0
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	EIVILLED RECEIPIS		for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
$\setminus$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated													
	Full Name of Individual (Last, First, Middle Initia			,										
Α.	VISWANATHAN, KARTHIK, , ,			_	Date of	Re	eceipt	_						
	Mailing Address 300 CARAWAY CT				06	/	30	) / Y	2023	Y				
	City SAN RAMON	State CA	Zip Code 94582-5027					PR2826						
	FEC ID number of contributing federal political committee.	С				U			400.					
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) f Digital Svs Off		Me	əmc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 2400.00	F	P/R Dedu	ucti	on (\$20	0.00 Bi-W	/eekly)					
в.	Full Name of Individual (Last, First, Middle Initia HUMMEL, KRISTI, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 1 EDEN CIRCLE	State	Zip Code		м м 06	1	30		y y 2023					
	WESTBOROUGH	MA	01581-3653				-	PR28274 Receipt th		-				
	FEC ID number of contributing federal political committee.	С			400.00									
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) , Talent		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 2400.00	P/R Deduction (\$200.00 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 732 SOUTH ALFRED STREET	Chata	Zin Oode		<sup>M</sup> 06	1	30		2023					
	City ALEXANDRIA	State VA	Zip Code 22314-4004					PR2831						
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	. ,	105.	66				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Affs Dir		Me	emo	tem Item							
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 316.98		P/R Ded	ucti	on (\$52	.83 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, .	. ,	905.	66				
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	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)	FOR LINE (check only				PA	GE	160 OF	- 198			
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	21b 28a	22 28b		23 28c	26 29		27 30b				
	y information copied from such Reports and State for commercial purposes, other than using the na													
$\backslash$	NAME OF COMMITTEE (In Full)				,									
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	roup PAC	:)									
A.	Full Name (Last, First, Middle Initial) Bob Casey for Senate Inc				Date of	Disb								
	Mailing Address PO Box 58746													
	City Philadelphia	State PA	Zip Code 19102		FEC Ide	entific	ation	Numbe	r	_				
	Purpose of Disbursement Contribution			011		C004		- 1	2000	5				
	Candidate Name		I	Category/				D:4880 Disburse		<b>s</b> It this Pe	eriod			
	Casey, Robert, P., Sen., Jr. Office Sought: House Disburse	ment For: 2	2024	Туре	· · · ·					2500.00				
	× Senate	Primary	X General				C	Contribut	ion	1 40				
	State: PA District:	Other (spec	city) 🔻		Mer	mo Ite	em							
B	Full Name (Last, First, Middle Initial)				Date of	Dish	urser	nent						
υ.	Bob Casey for Senate Inc				M M	/	D		Y Y	Y Y Y				
	Mailing Address PO Box 58746				06 07 2023									
	City Philadelphia	State PA	Zip Code 19102		FEC Ide	entific	ation	Numbe	r					
	Purpose of Disbursement Void - Bob Casey for Senate Inc; Check Dated 05/	/30/2023		011	C C00431056									
	Candidate Name			Category/				<b>D : 4880</b> Disburse		-	eriod			
	Casey, Robert, P., Sen., Jr.			Туре	Amount of Each Disbursement this Perio									
	Office Sought: House Disburse	ement For: 2 Primary						/aid Da	1.1	2500.00	Consta In			
	President	Other (spec	••		Mer	mo Ite	C			05/30/20	Senate Ind )23			
	State: PA District: Full Name (Last, First, Middle Initial)													
C.	Larson for Congress				Date of	Disb					_			
	Mailing Address PO Box 261172				06	/	16			023				
	City Hartford	State CT	Zip Code 06126		FEC Ide	entific	ation	Numbe	r					
	Purpose of Disbursement Contribution	01	00120	011	С	C003	3014	2						
	Candidate Name		I	011 Category/				I <b>D : 488</b> Disburse		3 It this Pe	eriod			
	Larson, John, B., Rep.,			Туре		-				1000.00	- T			
	Office Sought:  House Disburse Senate	ement For: 2	024 General			-		Contribut	ion	1000.00	<u>.                                    </u>			
	President	Other (spec	cify) 🔻		Mer	mo Ite		Jonthout	.1011					
<b></b>	State: CT District: 01						-		-	1000.00				
s	<b>UBTOTAL</b> of Disbursements This Page (optional).			••••••••••	-	-7			-	1000.00				
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IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the														
		Detailed	Summary Page			210 28a	22 28b		3 8c	20	-	30b				
	y information copied from such Reports and State for commercial purposes, other than using the na															
$\square$	NAME OF COMMITTEE (In Full)	// .		_	_											
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Grou	рР	PAC)										
Α.	Full Name (Last, First, Middle Initial)						Date o	f Disbu	urser	nent						
							MM	/	D	D /	Y	YYYY	(			
	Mailing Address 919 Congress Avenue Suite 1400						06		22	2	2	2023				
	City Austin	State Zip Code F TX 78701						entifica	ation	Numb	er					
	Purpose of Disbursement Contribution						С	C0038	3746	4						
	Candidate Name				)11					ID:488		4 Int this Pe	ariod			
					egory ype	y/	Amoun			Jisbuis	emer					
	Office Sought: House Disburse Senate	ement For: Primary	General							7		5000.00				
	President	Other (spe	cify) 🔻				Me	mo Ite		Contribu	ition					
	State: District: Full Name (Last, First, Middle Initial)															
B.	Winning for America PAC						Date o						_			
	Mailing Address 101 W Argonne Dr. #24						06 / 22 / 2023									
	City Saint Louis	State MO	Zip Code 63122				FEC Id	entifica	ation	Numb	er					
	Purpose of Disbursement Contribution	_					C C00826362									
	Candidate Name			Cate	)11 egory ype	y/	Transaction ID: 48857835 Amount of Each Disbursement this Period									
	Office Sought: House Disburse	ement For:	L		700							2500.00				
	Senate President	Primary Other (spe	General				_	,	C	Contribu						
	State: District:						Me	mo Ite	em							
с.	Full Name (Last, First, Middle Initial) Lead, Encourage, Elect PAC						Date o	f Disbu	urser	ment						
	Mailing Address PO Box 183						м м 06	1	D 22			2023				
	City Hudson	State WI	Zip Code 54016				FEC Id	entifica	ation	Numb	er					
	Purpose of Disbursement Contribution						С	C0049	9430	2						
	Candidate Name			Cate	)11 egory ype	y/				ID : 48 Disburs		<b>16</b> It this Pe	eriod			
	Office Sought: House Disburse	ement For:			, 20							2500.00	)			
	Senate President	Primary Other (spe	General						(	Contrib	ution					
	State: District:	Other (spe	uiy) ▼				Me	mo Ite	em							
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SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 162 OF 198
ITEMIZED DISBURSEMENTS		barate schedule(s) a category of the	(check o	nly one)
		Summary Page	21	
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NAME OF COMMITTEE (In Full)				-
UnitedHealth Group Incorporated	I PAC (U	nitedHealth C	Group PA	(C)
Full Name (Last, First, Middle Initial) A. Believe In America PAC				Date of Disbursement
Mailing Address C/O Red Curve Solutions 138 Conant Street, 2nd Floor				06 22 2023
City	State MA	Zip Code 01915		FEC Identification Number
Beverly Purpose of Disbursement Contribution		01915	011	C C00691154
Candidate Name			Category/ Type	Transaction ID : 48857837 Amount of Each Disbursement this Period
Office Sought: House Disbur Senate President	sement For: Primary Other (spe	General ecify) ▼		5000.00 Contribution
State: District:				Memo Item
Full Name (Last, First, Middle Initial) B. Heartland Values PAC Mailing Address PO Box 505				Date of Disbursement
City Sioux Falls	State SD	Zip Code 57101		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name			011	C C00409003 Transaction ID : 48857838
			Category/ Type	Amount of Each Disbursement this Period
Senate President	sement For: Primary Other (spe	General ecify)		Contribution Memo Item
State: District: Full Name (Last, First, Middle Initial)				
<b>c.</b> Truth Is Markets Work Fund A/K	⁄A Tim W	Fund		Date of Disbursement
Mailing Address PO Box 2485				06 22 2023
City Springfield	State VA	Zip Code 22152		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name			011 Category/ Type	C C00498360 Transaction ID : 48857840 Amount of Each Disbursement this Period
Senate President	sement For: Primary Other (spe	General ecify) ▼	1360	2500.00 Contribution Memo Item
State: District:				
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	D DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
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United	Health Group Incorporated	PAC (Ur	itedHealth (	Foup PAC	)
	e (Last, First, Middle Initial) r Congress				Date of Disbursement
Mailing Ac	dress 5200 NW 43rd St Ste 102-180		1		06 22 2023
City Gainesville	٩	State FL	Zip Code 32606		FEC Identification Number
	of Disbursement				C C00730895
Candidate				011	Transaction ID : 48857859
	ack, Kat, , Rep.,			Category/ Type	Amount of Each Disbursement this Period
Office Sou	Senate X President	ement For: 2 Primary Other (spe	General		1500.00 Contribution Memo Item
	FL District: 03				
B. Johnso	<ul> <li>(Last, First, Middle Initial)</li> <li>on for Congress</li> </ul>				Date of Disbursement
	ddress PO Box 906				06 22 2023
City Marietta		State OH	Zip Code 45750		FEC Identification Number
	of Disbursement tion			011	C C00476820
Candidate				Category/	Transaction ID: 48857860 Amount of Each Disbursement this Period
	on, William, Leslie, Rep.,	ement For:	2024	Туре	2500.00
	· · ·	Primary	General		Contribution
State: 0	OH District: 06	Other (spe	cify)		Memo Item
-	e (Last, First, Middle Initial) s Of Dave Joyce				Date of Disbursement
	Idress 9856 Archer Lane				M         M         /         D         D         /         Y
City Dublin		State OH	Zip Code 43017		FEC Identification Number
Contribut				011	C C00527457 Transaction ID : 48857862
Candidate	, David, P, Rep.,			Category/ Type	Amount of Each Disbursement this Period
Office Sou	ught: 🖌 House Disburse	ement For:	2024		2500.00
State: (	DH District: 14	Primary Other (spe	General cify) ▼		Contribution Memo Item
					6500.00
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			Summary Page		H	21b 28a	22	Ľ	23 28c		26 29	$\vdash$	27 30b	
	ny information copied from such Reports and State for commercial purposes, other than using the na					perso	n for tl	ne pu	Irpose	0	f solicitir		ontributions	
\ \	NAME OF COMMITTEE (In Full)		ees of any point				2011011					011 0		
	UnitedHealth Group Incorporated	PAC (Un	itedHealth (	Grou	p F	PAC)								
Α.	Full Name (Last, First, Middle Initial) Hern For Congress								isburs	ser				
	Mailing Address 9521-B Riverside Pkwy #350			06 / 22 / 2023										
	City Tulsa	State OK	Zip Code 74137				FEC	lden	tificatio	on	Numbe	r		
	Purpose of Disbursement Contribution			С	-	0636	-	- 1						
	Candidate Name Hern, Kevin, , Rep.,				egory	y/					ID : 488 Disburse		<b>4</b> t this Period	
	Office Sought: 🗶 House Disburse	ment For: 2	2024	1	ype				-	2	-		2500.00	
	Senate <b>x</b> President	Primary Other (spec	General cify) ▼			Memo	o Item	-	Contribut	ion				
	State: OK District: 01						-							
B.	Full Name (Last, First, Middle Initial) Texans For Jodey Arrington						Date of Disbursement							
	Mailing Address PO Box 6687			0	6		22	2	2	023				
	City Lubbock	State TX	Zip Code 79493				FEC	lden	tificatio	on	Numbe	r		
	Purpose of Disbursement Contribution			٦	C C00588657									
	Candidate Name				egory	y/	Transaction ID : 48857865 Amount of Each Disbursement this Period							
	Arrington, Jodey, Cook, Rep., Office Sought: <b>x</b> House Disburse	ment For: 2	2024	Ţ	ype								1500.00	
	Senate	-	General						-	C	Contribut	1		
	State: TX District: 19	Other (spec	cify)					Memo	o Item					
<u>с</u>	Full Name (Last, First, Middle Initial) Dr John Joyce For Congress						Date	of D	isburs	ser	ment			
							M	M				Y Y	YY	
	Mailing Address 1002 Logan Blvd Ste 114 #237						0	6		22	2	2	023	
	City Altoona	State PA	Zip Code 16602				FEC	lden	tificatio	on	Numbe	r	_	
	Purpose of Disbursement Contribution			0	)11	7	С	1.1	006742	-	9 I <b>D : 488</b>	5706		
	Candidate Name Joyce, John, , Rep.,				egory ype	y/	Amount of Each Disbursement this Period							
		ment For: 2			-				2500.00					
	Senate Yresident	Primary General Other (specify) ▼						Memo	o Item		Contribut	ion		
	State: PA District: 13													
s	<b>UBTOTAL</b> of Disbursements This Page (optional).								-				6500.00	
т	OTAL This Period (last page this line number only	()					Ľ		9					

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER <sup>·</sup> PAGE 165 OF 198								
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only									
		Summary Page	21b 28a	22         X         23         26         27           28b         28c         29         30b								
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politica	d by any pers al committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.								
				,								
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	iroup PAC	)								
Full Name (Last, First, Middle Initial) A. Rudy For Indiana				Date of Disbursement								
Mailing Address PO Box 26141				06 / 22 / 2023								
City Alexandria	State VA	Zip Code 22313		FEC Identification Number								
Purpose of Disbursement Contribution	VA	22313	011	C C00822767								
Candidate Name			Category/	Transaction ID : 48857868 Amount of Each Disbursement this Period								
Yakym, Rudy, , Rep.,			Туре	1000.00								
Senate X President	ment For: ; Primary Other (spe	General		Contribution Memo Item								
State: IN District: 02												
Full Name (Last, First, Middle Initial) B. Blake Moore For Congress				Date of Disbursement								
Mailing Address 358 South 700 E B505				06 22 2023								
City Salt Lake City	State UT	Zip Code 84102		FEC Identification Number								
Purpose of Disbursement Contribution			011	C C00738872 Transaction ID : 48857869								
Candidate Name			Category/	Amount of Each Disbursement this Period								
Moore, Blake, , Rep., Office Sought:	ment For:	2024	Туре	2500.00								
Senate	Primary	General		Contribution								
State: UT District: 01	Other (spe	cify) Convention2024	4	Memo Item								
Full Name (Last, First, Middle Initial)				Date of Disbursement								
C. Michelle Steel For Congress												
Mailing Address 9070 Irvine Center Drive Ste. 150				06 22 2023								
City Irvine	State CA	Zip Code 92618		FEC Identification Number								
Purpose of Disbursement Contribution		02010	011	C C00704981								
Candidate Name			Category/	Transaction ID : 48857870 Amount of Each Disbursement this Period								
Steel, Michelle, , Rep.,			Туре	0500.00								
Office Sought: Senate President Disburse	ment For: ; Primary Other (spe	General		2500.00 Contribution Memo Item								
State: CA District: 45												
SUBTOTAL of Disbursements This Page (optional).				6000.00								
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S	CHEDULE B (FEC Form 3X)			F		IE NUMBER: PAGE 166 OF 198										
	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck o	nly one)										
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	y information copied from such Reports and State for commercial purposes, other than using the na				any pe	erson for the purpose of soliciting contributions										
$\backslash$	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated	PAC (Un	litedHealth C	Fou	рРА											
Α.	Full Name (Last, First, Middle Initial) Ciscomani For Congress					Date of Disbursement										
	Mailing Address PO Box 35103					06 22 2023										
	City Tucson	State AZ	Zip Code 85740			FEC Identification Number										
	Purpose of Disbursement Contribution		63740	0	)11	C C00786194										
	Candidate Name			Cate	egory/	Amount of Each Disbursement this Period										
	Ciscomani, Juan, , Rep.,				ype	1000.00										
	Office Sought: Senate President State: AZ District: 06	ment For: 2 Primary Other (spec	General			Contribution Memo Item										
_	Full Name (Last, First, Middle Initial)															
B.	David Rouzer For Congress Mailing Address PO Box 3142					Date of Disbursement										
	City Wilmington	State NC	Zip Code 28406			FEC Identification Number										
	Purpose of Disbursement Contribution	NO	20400	C	)11	C C00501643										
	Candidate Name			Cate	egory/	Amount of Each Disbursement this Period										
	Rouzer, David, , Rep.,				ype	2520.00										
	Office Sought: X House Disburse Senate X	ment For: ; Primary	2024 General			2500.00										
	State: NC District: 07	Other (spec				Contribution Memo Item										
C.	Full Name (Last, First, Middle Initial) Balderson For Congress					Date of Disbursement										
	Mailing Address 4679 Winterset Dr					06 / 22 / Y Y Y 2023										
	City Columbus	State OH	Zip Code 43220			FEC Identification Number										
	Purpose of Disbursement Contribution			0	011	C C00662650 Transaction ID : 48857873										
	Balderson, William, Troy, Rep.,				egory/ ype	Amount of Each Disbursement this Period										
	Office Sought: K House Disburse	ment For: 2	2024			1000.00										
	State: OH District: 12	Primary Other (spe	General cify) ▼			Contribution Memo Item										
s	UBTOTAL of Disbursements This Page (optional).				••••• •	4500.00										
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S	CHEDULE B (FEC Form 3X)		F	OR L		E NUMBER: PAGE 167 OF 198										
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(C	heck	only 21b	one) 22 🗶 23 26 27									
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	y information copied from such Reports and State for commercial purposes, other than using the na															
$\backslash$	NAME OF COMMITTEE (In Full)	// .		_	_											
	UnitedHealth Group Incorporated	PAC (Un	itedHealth (	Grou	рF	PAC	)									
A.	Full Name (Last, First, Middle Initial) Virginia Foxx For Congress						Date of Disbursement									
	Mailing Address PO Box 2676						FEC Identification Number									
	City	State	Zip Code													
	Boone Purpose of Disbursement	NC	28607													
	Contribution			C	)11		C C00386748									
	Candidate Name			1.00	egory		Transaction ID : 48857874 Amount of Each Disbursement this Period									
	Foxx, Virginia, , Rep.,				ype	y/										
	Office Sought: 🗶 House Disburse	ement For: 2	2024				2500.00									
	Senate x	-	General				Contribution									
	State: NC District: 05	Other (spec	city) 🔻				Memo Item									
_	Full Name (Last, First, Middle Initial)															
В.	Greg Pence For Congress						Date of Disbursement									
	Mailing Address PO Box 275						06 / D D / Y Y Y Y 22 2023									
	City Taylorsville	State IN	Zip Code 47280				FEC Identification Number									
	Purpose of Disbursement Contribution						C C00658401									
	Candidate Name			(	011	_	Transaction ID : 48857875									
	Pence, Gregory, , Rep.,				egory ype	y/	Amount of Each Disbursement this Period									
		ment For:	2024		ypc		2500.00									
	Senate X	1	General				Contribution									
	State: IN District: 06	Other (spec	cify)				Memo Item									
_	Full Name (Last, First, Middle Initial)															
U.	Langworthy For Congress						Date of Disbursement									
	Mailing Address PO Box 120						06 / D D / Y Y Y Y 2023									
	City Clarence	State NY	Zip Code 14031				FEC Identification Number									
	Purpose of Disbursement Contribution						C C00817932									
	Candidate Name				)11		Transaction ID : 48857876									
	Langworthy, Nick, , Rep.,				egory ype	y/	Amount of Each Disbursement this Period									
		ement For: 2	2024		- • *		2500.00									
	Senate x	Primary	General			Contribution										
	Ctata: NV District: 22	Other (spec	cify) 🔻				Memo Item									
	State: NY District: 23															
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SCHEDULE B (FEC Form 3)	()	Use separate schedule(s)					NUMBER: PAGE 168 OF 198										
ITEMIZED DISBURSEMENTS		for each o	category of the Summary Page	(CI		c only ( 21b 28a	22 <b>X</b> 23 26 27						27 30b				
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated I	PAC (Un	itedHealth (	Grou	рF	PAC)											
Full Name (Last, First, Middle Initial) A. Marc For Us Inc.							Date o	_	D	D	nt /		Ŷ	Y			
Mailing Address PO Box 5158		Stata	Zin Codo				06 22 2023										
City Poughkeepsie Purpose of Disbursement		State NY	Zip Code 12602	_	_	_			icatio		umbe	r	-				
Contribution Candidate Name				0 Cate	11 eaor	v/	Tra	ansa	ction	ID :			7 : this Pe	eriod			
Molinaro, Marc, , Rep., Office Sought: Senate President State: NY District: 19	Disburse	ment For: 2 Primary Other (spec	General	Ту	/pe		Me	emo	ltem	Con	tribut	-	1500.00	,			
Full Name (Last, First, Middle Initial)         B. Feenstra For Congress         Mailing Address       641 2nd St							Date o	_	D		nt /		023	Y			
City Hull Purpose of Disbursement Contribution Candidate Name		State IA	Zip Code 51239		)11		FEC Identification Number C C00693663 Transaction ID : 48857878										
Feenstra, Randall, , Rep.,		ment For: 2 Primary Other (spec	General	Cate Ty	egor /pe	y/	Amount of Each Disbursement this Perio 2500.00 Contribution Memo Item										
Full Name (Last, First, Middle Initial) C. Elise For Congress							Date o	_	sburse		nt	Y Y	Ý	Ý			
Mailing Address PO Box 500							06	ĺ		2			023				
City Glens Falls Purpose of Disbursement Contribution		State NY	Zip Code 12801	0	11	7	FEC lo	COC	icatio )5478 action	93							
Candidate Name Stefanik, Elise, M., Rep., Office Sought:	)iehurea	ment For: 2	024	Cate Ty	egor /pe	y/						ment	this Po 2500.00				
State: NY District: 21	<b>x</b>	Primary Other (spec	General				Me	emo	Item	Cor	ntribut			-			
SUBTOTAL of Disbursements This Page (op TOTAL This Period (last page this line num							 		<del>,</del>				6500.00	0			

SCHEDULE B (FEC Form 3X)			FC	DR LI	IE N	UMBER:			Р	AGE	169 OF 1	98
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(ch		nly d b Ba	one) 22 28b		23 28c	26		27 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar												
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Grou	p PA	NC)							
Full Name (Last, First, Middle Initial) A. Vern Buchanan For Congress						Date of Disbursement						
Mailing Address P.O. Box 48928		1				06		22	2	_2	023	
City Sarasota Purpose of Disbursement	State FL	Zip Code 34230				FEC Id	-			ər	-	
Contribution				11		Tra	insac		ID : 488		0 t this Period	4
Buchanan, Vern, , Rep., Office Sought:  House Disburser Senate X President	ment For: 2 Primary Other (spec	General		gory/ pe			-,	(	Contribu		5000.00	
State:       FL       District:       16         Full Name (Last, First, Middle Initial)         B.       Salazar For Congress         Mailing Address       3725 West Flagler Street						Date of	mo It Dist		D /		у у 023	
Miami Purpose of Disbursement Contribution Candidate Name	State FL	Zip Code 33134		11 gory/		Tra	C007 nsac	1426 tion l	1 I <b>D : 488</b>	5788 <sup>,</sup>	1 t this Period	
	ment For: 2 Primary Other (spec	General	Туре			Contribution				]		
Full Name (Last, First, Middle Initial) C. McHenry For Congress						Date of	<sup>:</sup> Dist	oursei		Y Y	YY	
Mailing Address PO Box 2165						06	,	22			023	
Gastonia Purpose of Disbursement Contribution Candidate Name	State NC	Zip Code 28053					FEC Identification Number C C00393629 Transaction ID : 48857882 Amount of Each Disbursement this Period					
McHenry, Patrick, Timothy, Rep., Office Sought:  House Senate President State: NC District: 10	ment For: 2 Primary Other (spec	General		vpe		Me	mo It		Contribu		2500.00	]
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)					_					1	0000.00	

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S	CHEDULE B (FEC Form 3X)		arate schedule(s)	FC	DR		NUMBER: PAGE 170 OF 19							
IT	EMIZED DISBURSEMENTS	for each	(cl	hecl	k only 21b									
			Summary Page		$\mid$	210 28a	22         X         23         26         27           28b         28c         29         30b							
	y information copied from such Reports and State for commercial purposes, other than using the na					perso	on for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)													
$\square$	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	p F	PAC	)							
A.	Full Name (Last, First, Middle Initial) BRETTPAC - The Leadership PAC of U	J.S. Repre	esentative Bret	t Gut	thri	е	Date of Disbursement							
	Mailing Address 504 Derek Avenue Ste. 1005						06 22 2023							
	City Elizabethtown	State KY	Zip Code 42701				FEC Identification Number							
	Purpose of Disbursement		42701	_			C C00483487							
	Contribution			0	11		Transaction ID : 48857883							
	Candidate Name			Cate Ty	egor /pe	ſy/	Amount of Each Disbursement this Period							
	Office Sought: House Disburse Senate	ement For: Primary	General				5000.00							
	State: District:	Other (spe	cify) ▼				Memo Item							
_	Full Name (Last, First, Middle Initial)													
В.	Friends For Gregory Meeks						Date of Disbursement							
	Mailing Address 153-01 Jamaica Ave. Ste. 205						06 26 2023							
	City Jamaica	State NY	Zip Code 11432				FEC Identification Number							
	Purpose of Disbursement Contribution	1		011			C C00430991							
	Candidate Name		Category/			Transaction ID : 48860971 Amount of Each Disbursement this Period								
	Meeks, Gregory, W., Rep.,		Туре											
		ement For:					5000.00							
	President	Primary Other (spe	cifv) General				Contribution							
	State: NY District: 05						Memo Item							
C.	Full Name (Last, First, Middle Initial) Pete Aguilar For Congress						Date of Disbursement							
0.	rele Aguilai FUI CUllyless													
	Mailing Address PO Box 10954						06 26 2023							
	City Son Pornerdine	State CA	Zip Code 92423				FEC Identification Number							
	San Bernardino Purpose of Disbursement Contribution		32423	_			C C00510461							
	Candidate Name				11		Transaction ID : 48860973							
	Aguilar, Pete, , Rep.,			Cate Ty	egor /pe	ry/	Amount of Each Disbursement this Period							
		ement For:	2024				5000.00							
	Senate 🗶	Primary	General				Contribution							
	State: CA District: 33	Other (spe	cify) 🔻				Memo Item							
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SC	HEDULE B (FEC Form 3X)			F	OR LINI	E NUMBER: PAGE 171 OF 198
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(c	heck or 211 28a	22 🗶 23 🗌 26 🗌 27
	y information copied from such Reports and State for commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth (	Grou	p PA	C)
-	Full Name (Last, First, Middle Initial) Sharice For Congress					Date of Disbursement
	Mailing Address 13851 W. 63rd St. Num 303					06 26 2023
	City Shawnee Purpose of Disbursement	State KS	Zip Code 66216			FEC Identification Number
	Contribution Candidate Name			1.00	11	C C00670034 Transaction ID : 48861001
	Davids, Sharice, , Rep.,	ement For: 2	2024		egory/ ype	Amount of Each Disbursement this Period 2500.00
	State: KS District: 03	Primary Other (spec	General cify) ▼			Contribution Memo Item
В.	Full Name (Last, First, Middle Initial) Angie Craig For Congress Mailing Address PO Box 22116					Date of Disbursement
	City Eagan			FEC Identification Number		
	Purpose of Disbursement Contribution Candidate Name	Cate	)11 egory/	C C00575209 Transaction ID : 48861002 Amount of Each Disbursement this Period		
	Senate <b>x</b> President	ement For: 2 Primary Other (spec	General	I	уре	Contribution
	State:       MN       District:       02         Full Name (Last, First, Middle Initial)         Pete Aguilar For Congress					Date of Disbursement
	Mailing Address PO Box 10954					M M / D D / Y Y Y Y 06 / 26 / 2023
	City San Bernardino	State CA	Zip Code 92423			FEC Identification Number
	Purpose of Disbursement Contribution Candidate Name Aguilar, Pete, , Rep.,			Cate	egory/	C C00510461 Transaction ID : 48861003 Amount of Each Disbursement this Period
	Office Sought: X House Disburse Senate President State: CA District: 33	ement For: 2 Primary Other (spec	X General			Contribution Memo Item
s	JBTOTAL of Disbursements This Page (optional).				····· ►	9000.00
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	CHEDULE B (FEC Form 3X)						NUMBER: PAGE 172 OF 198					
ITI	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(c	check only 21b 28a		/ one) 22 <b>X</b> 23 26 27 28b 28c 29 30b					
	y information copied from such Reports and State for commercial purposes, other than using the na					perso	n for the purpose of soliciting contributions					
$\setminus$	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	PAC (Un	itedHealth (	Grou	рF	PAC)	)					
A.	Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz For C	ongress					Date of Disbursement					
	Mailing Address 1071 Twin Branch Ln					06 26 2023						
	City	State	Zip Code				FEC Identification Number					
	Weston Purpose of Disbursement Contribution	FL	33326	C	)11	-	С соозав5773					
	Candidate Name			Cate	aor	v/	Transaction ID : 48861005 Amount of Each Disbursement this Period					
	Wasserman Schultz, Debbie, , Rej				ype	y/						
	Office Sought:	ment For: 2 Primary Other (spec	General				Contribution Memo Item					
	State: FL District: 25	1										
	Full Name (Last, First, Middle Initial) BergmanForCongress						Date of Disbursement					
	Mailing Address 3585 Bunker Hill Rd, #434		06 26 2023									
	City Acme Purpose of Disbursement	Zip Code 49610				FEC Identification Number						
	Contribution Candidate Name	1.00	)11		C C00614214 Transaction ID : 48861006							
	Bergman, John, , Rep.,			Cate T	egor ype	у/	Amount of Each Disbursement this Period					
		ment For:				2500.00						
	Senate X President	Primary Other (spec	General Gify)				Contribution Memo Item					
	State:         MI         District:         01           Full Name (Last, First, Middle Initial)											
C.	Troy Carter For Congress						Date of Disbursement					
	Mailing Address PO Box 50730						06 28 2023					
	City New Orleans	State LA	Zip Code 70150				FEC Identification Number					
	Purpose of Disbursement Contribution		0	)11	٦	C C00763649 Transaction ID : 48864452						
	Candidate Name Carter, Troy, , Rep.,		egor ype	y/	Amount of Each Disbursement this Period							
		ment For: 2	2024		, , , , , , , , , , , , , , , , , , , ,		5000.00					
	State President	Primary Other (spec	General cify) ▼				Contribution Memo Item					
	State: LA District: 02											
s	UBTOTAL of Disbursements This Page (optional).						10000.00					
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SCHEDULE B	(FEC Form 3X)			FOR LINE I	NUMBER: PAGE 173 OF 198				
ITEMIZED DISE	BURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
					on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMIT	Group Incorporated	PAC (Ur	nitedHealth C	Group PAC	)				
Full Name (Last, Fi A. David Scott F Mailing Address P.0	For Congress				Date of Disbursement				
City Riverdale		State GA	Zip Code 30296		FEC Identification Number				
Purpose of Disburs Contribution Candidate Name	ement	<u> </u>		011	C C00369801 Transaction ID : 48864453				
Scott, David, Office Sought: State: GA	•	ement For: 2 Primary Other (spe	General	Category/ Type	Amount of Each Disbursement this Period 5000.00 Contribution Memo Item				
Full Name (Last, Fi B. Democrats R Mailing Address Po	eshaping America (I		Date of Disbursement						
City Gaithersburg Purpose of Disburse Contribution Candidate Name	ement	State MD	Zip Code 20883	011 Category/ Type	FEC Identification Number C C00423079 Transaction ID : 48864455 Amount of Each Disbursement this Period				
Office Sought:	House Disburse Senate President District:	ement For: Primary Other (spe	General Cify)	Туре	5000.00 Contribution Memo Item				
Full Name (Last, Fi C. Velvet Hamm					Date of Disbursement				
Mailing Address PC	D Box 14362	Chata	Zin Onde		06 28 2023				
City Saint Paul Purpose of Disburs Contribution Candidate Name	ement	State MN	Zip Code 55114	011 Category/	FEC Identification Number C C00692111 Transaction ID : 48864456 Amount of Each Disbursement this Period				
Office Sought:	House Disburst	ement For: Primary Other (spe	General cify) ▼	Туре	5000.00 Contribution Memo Item				
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS						
Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	me and address of any politic	al committee to	solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) A. Nevadans for Steven Horsford Mailing Address PO Box 336664			Date of Disbursement			
City North Las Vegas Purpose of Disbursement Contribution Candidate Name Horsford, Steven, , Rep., Office Sought: X House Senate President State: NV District: 04	State NV     Zip Code 89033       ement For:     2024       Primary	011 Category/ Type	FEC Identification Number C C00668228 Transaction ID : 48867828 Amount of Each Disbursement this Period 5000.00 Contribution Memo Item			
••	State Zip Code DC 20003	011 Category/ Type	Date of Disbursement MMM / D29 / 2023 FEC Identification Number C C00498873 Transaction ID : 48867831 Amount of Each Disbursement this Period Contribution Contribution			
Full Name (Last, First, Middle Initial) C. Tony Cardenas for Congress Mailing Address PO Box 15320 City Washington Purpose of Disbursement Void - Tony Cardenas for Congress; Check Dated Candidate Name Cardenas, Tony, , Rep., Office Sought:	State Zip Code DC 20003 04/10/2023 ment For: 2024 Primary General Other (specify) ▼	011 Category/ Type	Date of Disbursement M M / D D / 2023 FEC Identification Number C C00498873 Transaction ID : 48867832 Amount of Each Disbursement this Period - 5000.00 Void - Tony Cardenas for Congress; Check Dated 04/10/2			

	CHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE I					
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 × 23 26 27 28b 28c 29 30b				
	ny information copied from such Reports and Si for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (Ur	nitedHealth G	roup PAC	)				
Α.	Full Name (Last, First, Middle Initial) Elect Democratic Women Mailing Address 600 Pennslyvania Ave SE				Date of Disbursement				
	#15180 City	State	Zip Code		FEC Identification Number				
	Washington Purpose of Disbursement Contribution	DC	20003	011	С сообв5297				
	Candidate Name			Category/ Type	Transaction ID : 48867833 Amount of Each Disbursement this Period				
	Office Sought: House Disbu Senate President State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item				
в.	Full Name (Last, First, Middle Initial) Elect Democratic Women		Date of Disbursement						
	Mailing Address 600 Pennslyvania Ave SE #15180	06 29 2023							
	City Washington Purpose of Disbursement Void - Elect Democratic Women; Check Dated	011	FEC Identification Number						
	Candidate Name		I.	Category/ Type	Transaction ID : 48867834 Amount of Each Disbursement this Period				
	Office Sought: House Disbu Senate President State: District:	rsement For: Primary Other (spe	General Cify)		- 5000.00 Void - Elect Democratic Womer Check Dated 05/12/2023				
с.	Full Name (Last, First, Middle Initial) Martin Heinrich For Senate				Date of Disbursement				
	Mailing Address P.O. Box 25763				06 29 2023				
	City Albuquerque Purpose of Disbursement Contribution	State NM	Zip Code 87125	011	FEC Identification Number				
	Candidate Name Heinrich, Martin, , Sen., Office Sought: House Disbu			Category/ Type	Transaction ID : 48867835 Amount of Each Disbursement this Period				
	Office Sought: House Disbu	Primary Other (spec	General		Contribution Memo Item				
⊢	<b>CUBTOTAL</b> of Disbursements This Page (option	,			2500.00 125000.00				

SC	HEDULE B (FEC Form 3X)			F	OR L	INE I	NUMBER: PAGE 176 OF 198			
ITI	EMIZED DISBURSEMENTS			only 21b	/ one)					
		Detailed	Summary Page			28a	28b 28c <b>x</b> 29 30b			
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$\left[ \right]$	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	p P		;)			
	Full Name (Last, First, Middle Initial) Friends of Sara Carruthers						Date of Disbursement			
	Mailing Address 601 Glenway Dr.					06 07 2023				
	City Hamilton	State OH	Zip Code 45013	011			FEC Identification Number			
	Purpose of Disbursement Contribution						C Transaction ID : 48741848			
	Candidate Name Carruthers, Sara, , OH Rep.,				egory ype	/	Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ment For:			урс		1000.00			
	State: District:	Primary Other (spec	General cify) ▼				Contribution Memo Item			
	State:         District:           Full Name (Last, First, Middle Initial)									
B.	Friends of Tom Patton						Date of Disbursement			
	Mailing Address 17157 Rabbit Run Drive		06 07 2023							
	CityStateZip CodeStrongsvilleOH44136						FEC Identification Number			
	Purpose of Disbursement Contribution	011	٦	C Transaction ID : 48741918						
	Candidate Name	Category/				/	Amount of Each Disbursement this Period			
	Patton, Thomas, , OH Rep., Office Sought: House Disburse	ment For:	Type				750.00			
	Senate	Primary	General				Contribution			
	State: District:	Other (spec	cify)				Memo Item			
	Full Name (Last, First, Middle Initial)						Date of Disbursement			
С.	Citizens for Lampton									
	Mailing Address 1326 Parkway Court						06 07 2023			
	City Beavercreek	State OH	Zip Code 45432				FEC Identification Number			
	Purpose of Disbursement Contribution			C	)11	٦	С			
	Candidate Name Lampton, Brian, , OH Rep.,				egory	/	Transaction ID : 48741919 Amount of Each Disbursement this Period			
	·	ment For:		1	ype	-	2000.00			
	Senate	Primary	General				Contribution			
	State: District:	Other (spec	cify) ▼				Memo Item			
_	ILETOTAL of Disburgements This Dass (anti-						3750.00			
⊢	UBTOTAL of Disbursements This Page (optional).					_				
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SC	CHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 177 OF 198			
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(ch	eck only 21b 28a	v one) 22 23 26 27 28b 28c <b>x</b> 29 30b			
	y information copied from such Reports and State for commercial purposes, other than using the nat								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	nitedHealth G	Group	PAC	·)			
Α.	Full Name (Last, First, Middle Initial) Seitz for Ohio Mailing Address 4401 Abby Court					Date of Disbursement			
	City	State OH	Zip Code 45248			FEC Identification Number			
	Purpose of Disbursement Contribution	ОП	45248	01	1	C Transaction ID : 48741920			
	Candidate Name Seitz, William, , OH Rep., Office Sought: House Disburse	Cateo Typ		Amount of Each Disbursement this Period 2000.00					
	State: District:	Primary Other (spe	General cify) ▼			Contribution Memo Item			
в.	Full Name (Last, First, Middle Initial) Adam Holmes for Ohio					Date of Disbursement			
	Mailing Address 4679 Winterset Drive		06 07 2023						
	City Columbus Purpose of Disbursement Contribution Condition	1	FEC Identification Number C Transaction ID : 48741921						
	Senate	ment For: Primary	General	Cateo Typ		Amount of Each Disbursement this Period 2000.00 Contribution			
	State: District:	Other (spe	city)			Memo Item			
C.	Full Name (Last, First, Middle Initial) Friends of Jay Edwards					Date of Disbursement			
	Mailing Address 35950 Union Ridge Road					06 07 2023			
	City Albany Purpose of Disbursement Contribution	State OH	Zip Code 45710	01	1	FEC Identification Number			
	Candidate Name Edwards, Jay, , OH Rep., Office Sought: House Disburse Senate	ment For: Primary	General	Cateo Typ		Amount of Each Disbursement this Period			
	State: District:	Other (spe				Contribution Memo Item			
s	UBTOTAL of Disbursements This Page (optional).				►	6000.00			
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S	CHEDULE B (FEC Form 3X)			FC	DR L	INE N	IUMBER	:			PAGE	178	OF 198
IT	EMIZED DISBURSEMENTS	SBURSEMENTS				only one) 21b 22 23 26 27							
		Detailed	Summary Page			28a	22 28b	$\square$	23 28c	× 29		30b	
	y information copied from such Reports and State for commercial purposes, other than using the nat									of solici			
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)		14 14 - <b></b>	<b>.</b>									
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Fou	pР	AC)							
Α.	Full Name (Last, First, Middle Initial) Taxpayers for Marklein								burse	ment			
	Mailing Address S11665 Soeldner Road						м м 06	/	D 1-			2023	Y
	City Spring Green	State WI					FEC Id	entifi	catior	n Numt	er		
	Purpose of Disbursement Contribution		33300	0	11		С						
	Candidate Name			<u> </u>	gory	/	Tra Amoun			ID:48 Disburg			Period
	Marklein, Howard, , WI Sen.,				/pe	,				2.000			_
	Senate President	ment For: Primary Other (spec	General cify) ▼				Me	emo l		Contrib	ution	500.	00
	State: District:												
В.	Full Name (Last, First, Middle Initial) Assembly Democratic Campaign (	Committe	ee				Date o	_		ment	Y	Y Y	Y
	Mailing Address PO Box 814		06		1	4		2023					
	City Madison	State WI	Zip Code 53701				FEC Id	entifi	catior	n Numt	er		
	Purpose of Disbursement Contribution	011			C Transaction ID : 48815148								
	Candidate Name			Cate T\	egory /pe	/	Amoun						Period
	Office Sought: House Disburse Senate	ment For: Primary	General	туре			Ľ		-	Contrib		2000.	00
	State: District:	Other (spec	cify)				Me	emo l	ltem				
С.	Full Name (Last, First, Middle Initial) Republican Party of Wisconsin						Date o	f Dis	burse	ment			
	Mailing Address 148 East Johnson Street					_	м м 06	/	D 1-	D / 4		y y 2023	Y
	City	State	Zip Code				FEC Id	entifi	catior	n Numt	er		
	Madison Purpose of Disbursement Contribution to State Party Committee Account	WI	53703	_	_		С						
	Candidate Name	Cate	11 egory /pe	/	Transaction ID : 48815336 Amount of Each Disbursement this Period					Period			
	Office Sought: House Disburse	ment For:										2500.	00
	State:	Primary Other (spec	General cify) ▼				Me	emo l		Contrib Commi			e Party t
	State: District:												
s	UBTOTAL of Disbursements This Page (optional).								<b>F</b>			5000	.00
т	OTAL This Period (last page this line number only	r)							,	_			

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SCHEDULE B (FEC Form 3X)			FOR LI	NE NUMBER: PAGE 179 OF 198					
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the		only one) 21b 22 23 26 27					
	Detailed	Summary Page		28a 28b 28c <b>x</b> 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na				person for the purpose of soliciting contributions					
	<b>DAG</b> (1)	ч. р.т. т.т. <del>-</del>	· -						
UnitedHealth Group Incorporated	PAC (U	nitedHealth G	Froup P	AC)					
Full Name (Last, First, Middle Initial) A. Alliance of Health Insurers PAC				Date of Disbursement					
Mailing Address 10 East Doty St Suite 500				06 14 2023					
City	State WI	Zip Code 53703		FEC Identification Number					
Madison Purpose of Disbursement Contribution		53703	011	С					
Candidate Name			Category Type	Transaction ID : 48815635 Amount of Each Disbursement this Period					
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General	<u> </u>	Contribution					
State: District:		, , , , , , , , , , , , , , , , , , ,		Memo Item					
Full Name (Last, First, Middle Initial) B. Friends of Kim Ward Mailing Address P.O. Box 83				Date of Disbursement					
	City State Zip Code								
Harrisburg	PA	17108		FEC Identification Number					
Purpose of Disbursement Contribution	1		011	C Transaction ID : 48815787					
Ward, Kim, L., PA Sen.,			Category Type	Amount of Each Disbursement this Period					
Office Sought: House Disburs	ement For: Primary	General	1990	Loop 1000.00					
State: District:	Other (spe	ecity)		Memo Item					
Full Name (Last, First, Middle Initial) C. Friends of Joe Pittman				Date of Disbursement					
Mailing Address 119 South 3rd Street PO Box 382				06 / 14 / 2023					
City Indiana	State PA	Zip Code 15701		FEC Identification Number					
Purpose of Disbursement Contribution			011	C Transaction ID : 48815969					
Candidate Name Pittman, Joe, , PA Sen.,			Category, Type	Amount of Each Disbursement this Period					
	ement For:			1000.00					
State: District:	Primary Other (spe	ecify) V		Contribution Memo Item					
SUBTOTAL of Disbursements This Page (optional)									
TOTAL This Period (last page this line number onl	y)		····· I						

S	CHEDULE B (FEC Form 3X)		arata ashadula(-)	FOR	LINE	NUMBER: PAGE 180 OF 198			
	EMIZED DISBURSEMENTS	Detailed Summary Page		k only 21b 28a	/ one) 22 23 26 27 28b 28c <b>x</b> 29 30b				
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or use ress of any politica	ed by any al commi	y pers ttee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
$\backslash$	NAME OF COMMITTEE (In Full)								
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Foup	PAC	,)			
Α.	Full Name (Last, First, Middle Initial) DiSanto for Senate					Date of Disbursement			
	Mailing Address PO Box 6638					06 14 2023			
	City	State	Zip Code			FEC Identification Number			
	Harrisburg Purpose of Disbursement	PA	17112			0			
	Contribution			011		С			
	Candidate Name			Catego	rv/	Transaction ID : 48816213 Amount of Each Disbursement this Period			
	DiSanto, John, , PA Sen.,			Туре					
		ement For:				1000.00			
	Senate President	Primary Other (and	General			Contribution			
	State: District:	Other (spe	city) 🔻			Memo Item			
В.	Full Name (Last, First, Middle Initial) Friends of Matt Bradford					Date of Disbursement			
						M = M / D = D / Y = Y = Y			
	Mailing Address PO Box 349		06 14 2023						
	City Norristown	State PA	Zip Code 19404			FEC Identification Number			
	Purpose of Disbursement			С					
	Contribution		011		Transaction ID : 48816375				
	Candidate Name		Category/ Type		Amount of Each Disbursement this Period				
	Bradford, Matthew, , PA Rep.,				5000.00				
	Office Sought: House Disburse	ement For:	Gaparal			5000.00			
	President	Primary Other (spe	General			Contribution			
	State: District:					Memo Item			
_	Full Name (Last, First, Middle Initial)								
C.	Friends For Donna Oberlander					Date of Disbursement			
	Mailing Address 44 W Main St					06 / 14 / Y Y Y Y 2023			
	City	State	Zip Code			FEC Identification Number			
	Clarion Purpose of Disbursement	PA	16214			0			
	Contribution			011		С			
	Candidate Name	Catego	n/	Transaction ID : 48816608 Amount of Each Disbursement this Period					
	Oberlander, Donna, , PA Rep.,			Туре					
		ement For:				1000.00			
	Senate	Primary	General			Contribution			
	State: District:	Other (spe	city) 🔻			Memo Item			
s	UBTOTAL of Disbursements This Page (optional).				• ▶	7000.00			
т	OTAL This Period (last page this line number only	/)							

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 181 OF 198	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c <b>x</b> 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may r me and addr	not be sold or use ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Group PAC	)	
Full Name (Last, First, Middle Initial) A. Chamber PAC				Date of Disbursement	
Mailing Address 1 Commerce Sq 417 Walnut St				06 14 2023	
Harrisburg	State PA	Zip Code 17101		FEC Identification Number	
Purpose of Disbursement Contribution Candidate Name			011	C Transaction ID : 48816818	
	ment For:		Category/ Type	Amount of Each Disbursement this Period 2500.00	
Senate President State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item	
Full Name (Last, First, Middle Initial) B. House Republican Campaign Con	nmittee			Date of Disbursement	
Mailing Address 500 N. Third Street 4th Floor, P.O. Box 11787					
City Harrisburg Purpose of Disbursement Contribution	State PA	Zip Code 17108	011	FEC Identification Number	
Candidate Name			Category/ Type	Transaction ID : 48817038 Amount of Each Disbursement this Period	
Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General cify)		2500.00 Contribution Memo Item	
Full Name (Last, First, Middle Initial) C. The Mayfield Campaign				Date of Disbursement	
Mailing Address 50 S. Madison St.				06 / 16 / Y Y Y Y 2023	
City Mooresville Purpose of Disbursement Contribution	State IN	Zip Code 46158	011	FEC Identification Number	
Candidate Name Mayfield, Peggy, , IN Rep., Office Sought: House Disburse	yfield, Peggy, , IN Rep.,		Category/ Type	Transaction ID : 48852934 Amount of Each Disbursement this Period	
State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item	
SUBTOTAL of Disbursements This Page (optional)				6000.00	

SC	CHEDULE B (FEC Form 3X)	11				NUMBER: PAGE 182 OF 198
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(cl	heck only 21b 28a	/ one) 22 23 26 27 28b 28c <b>x</b> 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na					
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)			_		
	UnitedHealth Group Incorporated	PAC (Un	itedHealth C	Grou	p PAC	;)
Full Name (Last, First, Middle Initial) A. Joanna King for the People						Date of Disbursement
	Mailing Address PO BOX 11					06 16 2023
	City	State	Zip Code			FEC Identification Number
	Middlebury Purpose of Disbursement	IN	46540			
	Contribution			0	11	С
	Candidate Name			less.		Transaction ID : 48852935 Amount of Each Disbursement this Period
	King, Joanna, , IN Rep.,				egory/ /pe	Amount of Each Disbursement this renou
	Office Sought: House Disburse	ment For:				500.00
	Senate	Primary	General			Contribution
	State: District:	Other (spec	cify) 🔻			Memo Item
	Full Name (Last, First, Middle Initial)					
В.	Donna Schaibley for State Repres	entative				Date of Disbursement
	Mailing Address 11492 St. Andrews Lane		06 16 2023			
	City Carmel	State IN	Zip Code 46032			FEC Identification Number
	Purpose of Disbursement Contribution				11	C Transaction ID : 48852937
	Candidate Name Schaibley, Donna, , IN Rep.,			Category/ Type		Amount of Each Disbursement this Period
		ment For:		1)	he	500.00
	Senate	Primary	General			Contribution
	President	Other (spec	cify)			Memo Item
	State: District:					
C.	Full Name (Last, First, Middle Initial) Fady 4 Hoosier Families					Date of Disbursement
	Mailing Address PO Box 90058					06 / 16 / Y Y Y Y 2023
	City Indianapolis	State IN	Zip Code 46290			FEC Identification Number
	Purpose of Disbursement Contribution					
	Candidate Name	Category/ Amo	Transaction ID : 48852938 Amount of Each Disbursement this Period			
	Qaddoura, Fady, , IN Sen.,           Office Sought:         House         Disburse	/pe	500.00			
	Senate	Primary				
	President	Other (spec	General cify) ▼			Contribution
	State: District:					Memo Item
s	UBTOTAL of Disbursements This Page (optional).				····· <b>Þ</b>	1500.00
т	OTAL This Period (last page this line number only	/)			····· <b>Þ</b>	, ,

SCHEDULE B (FEC Form 3X)			FOR LINE	
TEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC	)
Full Name (Last, First, Middle Initial) Flizabeth Rowray for Indiana		Date of Disbursement		
Mailing Address 616 S Riviera Ln				06 16 2023
City Yorktown Purpose of Disbursement	State IN	Zip Code 47396		FEC Identification Number
Contribution Candidate Name			011 Category/	C Transaction ID : 48852939 Amount of Each Disbursement this Period
Rowray, Elizabeth, , IN Rep.,         Office Sought:       House       Disburse         Senate       President       Image: Compare the senate         State:       District:       Image: Compare the senate	ement For: Primary Other (spe	General cify) ▼	Туре	500.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Matt Lehman for State Representative Mailing Address 663 Lehman St				Date of Disbursement
City Berne Purpose of Disbursement Contribution	State IN	Zip Code 46711	011	FEC Identification Number
Candidate Name Lehman, Matthew, , IN Rep., Office Sought: Senate President State: District:	ement For: Primary Other (spe	General cify)	Category/ Type	Amount of Each Disbursement this Period 1000.00 Contribution Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address 3415 County Road 160				06 16 2023
City Charlestown Purpose of Disbursement Contribution	011 Category/	FEC Identification Number C Transaction ID : 48852941 Amount of Each Disbursement this Period		
Garten, Chris, , IN Sen., Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼	Туре	1000.00 Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional).				2500.00

SCHEDULE B (FEC Form 3X)			FOR LINF	NUMBER: PAGE 184 OF 198
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	nitedHealth G	roup PAC	2)
Full Name (Last, First, Middle Initial) A. Spencer Deery for Indiana		Date of Disbursement		
Mailing Address P.O. Box 2323				06 16 2023
City West Lafayette Purpose of Disbursement	State IN	Zip Code 47996		FEC Identification Number
Contribution Candidate Name			011 Category/	Transaction ID : 48852942 Amount of Each Disbursement this Period
Deery, Spencer, , IN Sen., Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼	Туре	Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Snow Indiana State Representativ Mailing Address PO Box 650		Date of Disbursement		
City Winona Lake Purpose of Disbursement Contribution	State IN	Zip Code 46590	011	FEC Identification Number
Candidate Name Snow, Craig, , IN Rep., Office Sought: House Senate President State: District:	ement For: Primary Other (spee	General cify)	Category/ Type	Amount of Each Disbursement this Period 1000.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) C. VoteCarbaugh.com				Date of Disbursement
Mailing Address 1118 Skylane Pass				06 16 2023
City Fort Wayne Purpose of Disbursement Contribution Candidate Name	Fort Wayne IN 46825 Purpose of Disbursement Contribution			
Carbaugh, Martin, , IN Rep., Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼	Туре	Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			F	2500.00

SCHEDULE B (FEC Form 3X)			FOR LI	NE NUMBER: PAGE 185 OF 198		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		only one) 1b 22 23 26 27 8a 28b 28c <b>x</b> 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or used ress of any politica	d by any p I committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	roup P	AC)		
Full Name (Last, First, Middle Initial)						
A. Friends of Justin Busch				Date of Disbursement		
Mailing Address 123 W Wayne Street				06 16 2023		
City Fort Wayne	State IN	Zip Code 46802		FEC Identification Number		
Purpose of Disbursement Contribution			011	С		
Candidate Name			Category/	Transaction ID : 48852946 Amount of Each Disbursement this Period		
Busch, Justin, , IN Sen., Office Sought: House Disburse	ement For:		Туре	1000.00		
Stoto:	Primary Other (spe	General cify) ▼		Contribution Memo Item		
State:         District:           Full Name (Last, First, Middle Initial)           B. Barrett Election Committee				Date of Disbursement		
Mailing Address P.O. Box 2145	Mailing Address P.O. Box 2145					
City Richmond	State IN	Zip Code 47375		FEC Identification Number		
Purpose of Disbursement Contribution			011	C Transaction ID : 48852949		
Barrett, Brad, , IN Rep.,			Category/ Type	Amount of Each Disbursement this Period		
Senate	ement For: Primary	General		1000.00 Contribution		
State: District:	Other (spe	сіту)		Memo Item		
Full Name (Last, First, Middle Initial) C. Walker for Indiana				Date of Disbursement		
Mailing Address 6919 Royal Oakland Dr				06 / 16 / 2023		
City Indianapolis	State IN	Zip Code 46236		FEC Identification Number		
Purpose of Disbursement Contribution	Purpose of Disbursement					
Candidate Name Walker, Kyle, , IN Sen.,	Category/ Type	Transaction ID : 48852950 Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional)				2500.00		
TOTAL This Period (last page this line number only	/)			• [,		

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	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c <b>x</b> 29 30b
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or use ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\backslash$	NAME OF COMMITTEE (In Full)				· · · · ·
Ľ	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Foup PAC	)
A.	Full Name (Last, First, Middle Initial) Mike Gaskill for Indiana				Date of Disbursement
	Mailing Address 6838 S 50 W				06 16 2023
	City	State IN	Zip Code		FEC Identification Number
	Pendleton Purpose of Disbursement Contribution	IIN	46064	011	С
	Candidate Name				Transaction ID : 48852951
	Gaskill, Mike, , IN Sen.,			Category/ Type	Amount of Each Disbursement this Period
		ement For:	I		1000.00
	Senate	Primary	General		Contribution
	State: District:	Other (spe	спу) 🔻		Memo Item
	Full Name (Last, First, Middle Initial)				
В.	Fleming for District #071				Date of Disbursement
	Mailing Address P.O. Box 1050		06 16 2023		
	City	State IN	Zip Code 47131		FEC Identification Number
	Jeffersonville Purpose of Disbursement		С		
	Contribution			011	Transaction ID : 48852952
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Fleming, Rita, , IN Rep., Office Sought: House Disburse	ement For:		Туре	500.00
	Senate	Primary	General		
	President	Other (spe			
	State: District:				Memo Item
C.	Full Name (Last, First, Middle Initial) Taxpayers for Kapenga				Date of Disbursement
					M M / D D / Y Y Y
	Mailing Address PO Box 33				06 16 2023
	City	State	Zip Code		FEC Identification Number
	Hartland Purpose of Disbursement	WI	53029		$\sim$
	Contribution	011	C Transaction ID : 48852953		
	Candidate Name	Category/	Amount of Each Disbursement this Period		
	Kapenga, Chris, , WI Sen.,	Туре	500.00		
	Office Sought: House Disburse Senate		500.00		
	President	Primary Other (spe	General cifv) ▼		Contribution
	State: District:		<i>.,</i> *		Memo Item
s	UBTOTAL of Disbursements This Page (optional)			····· ►	2000.00
т	OTAL This Period (last page this line number only	y)		••••••	

SCHEDULE B (FEC Form 3X)			FC	DR I	.INE	NUMBER: PAGE 187 OF 198
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		-	heck	only	/ one)
		Summary Page			21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na						on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)						
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	p F		;)
Full Name (Last, First, Middle Initial) <b>A. Friends of LaTonya Johnson</b>						Date of Disbursement
Mailing Address PO Box 100813						06 / 16 / Y Y Y Y 2023
City	State WI	Zip Code				FEC Identification Number
Milwaukee Purpose of Disbursement Contribution	VVI	53210	0	11	٦	С
Candidate Name			Cate	aon	//	Transaction ID : 48852957 Amount of Each Disbursement this Period
Johnson, LaTonya, , WI Sen.,				ype		
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼				Contribution Memo Item
State: District:						
Full Name (Last, First, Middle Initial) B. Knodl for Senate						Date of Disbursement
Mailing Address N101 W14475 Ridgefield Court		06 16 2023				
City Germantown	State WI	Zip Code 53022				FEC Identification Number
Purpose of Disbursement Contribution	Purpose of Disbursement					C Transaction ID : 48852958
Candidate Name			Category/			Amount of Each Disbursement this Period
Knodl, Daniel, , WI Sen., Office Sought: House Disburse	ement For:		Ту	ype		500.00
Senate	Primary	General				Contribution
State: District:	Other (spe	cify)				Memo Item
Full Name (Last, First, Middle Initial) C. Friends of Devin LeMahieu						Date of Disbursement
Mailing Address PO Box 700200						06 / 16 / Y Y Y Y 2023
City Oostburg	State WI	Zip Code 53070				FEC Identification Number
Purpose of Disbursement Contribution	Purpose of Disbursement					C Transaction ID : 48852959
LeMahieu, Devin, , WI Sen.,						
State: District:	Primary Other (spe	General cify) ▼				Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional).					•	2000.00
TOTAL This Period (last page this line number only	/)					, ,

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 188 OF 198	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		y one) 26 27	
		Summary Page	21b 28a	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may name and add	not be sold or use dress of any politica	ed by any pers al committee to	son for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorporate	d PAC (Ui	nitedHealth G	Froup PAC	<i>;</i> )	
Full Name (Last, First, Middle Initial) <b>A.</b> Pfaff for State Senate				Date of Disbursement	
Mailing Address PO Box 684				06 16 2023	
City	State	Zip Code		FEC Identification Number	
La Crosse Purpose of Disbursement	WI	54602			
Contribution			011	C	
Candidate Name			Category/	Transaction ID : 48852960 Amount of Each Disbursement this Period	
Pfaff, Brad, , WI Sen.,			Туре		
	rsement For:			500.00	
Senate President	Primary Other (spe	General		Contribution	
State: District:		eeny) 🔻		Memo Item	
Full Name (Last, First, Middle Initial)					
B. Friends of Eric Wimberger				Date of Disbursement	
Mailing Address 311 South Jefferson Street	-				
City Green Bay	State WI	Zip Code 54301		FEC Identification Number	
Purpose of Disbursement		34301		С	
Contribution			011	Transaction ID : 48852961	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Wimberger, Eric, , WI Sen., Office Sought:   House   Disbui	rsement For:		Туре	1000.00	
Senate	Primary	General		Contribution	
President	Other (spe				
State: District:				Memo Item	
Full Name (Last, First, Middle Initial)	_				
C. Republican Assembly Campaigr	Committe	ee RACC		Date of Disbursement	
Mailing Address 148 East Johnson				06 16 2023	
City	State	Zip Code		FEC Identification Number	
Madison Purpose of Disbursement	WI	53703			
Contribution			011	C	
Candidate Name			Category/ Type	Transaction ID : 48852962 Amount of Each Disbursement this Period	
Office Sought: House Disbu	rsement For:		2500.00		
Senate	Primary	General		Contribution	
State: District:	Other (spe	ecify) 🔻		Memo Item	
SUBTOTAL of Disbursements This Page (optiona	al)		····· ►	4000.00	
TOTAL This Period (last page this line number o	nly)		••••••		

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 189 OF 198
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22         23         26         27           28b         28c <b>x</b> 29         30b
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or use ress of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	hitedHealth G	Group PAC	)
Α.	Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin - S	State Acc	ount		Date of Disbursement
	Mailing Address 15 N Pinckney Suite 200				06 19 2023
	City	State	Zip Code		FEC Identification Number
	Madison Purpose of Disbursement	WI	53703		
	Contribution to State Party Committee Account			011	С
	Candidate Name				Transaction ID : 48854470
				Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ement For:			2500.00
	Senate	Primary	General		Contribution to State Party
	President	Other (spe	cify) 🔻		Memo Item Committee Account
	State: District:				
В.	Full Name (Last, First, Middle Initial) State Senate Democratic Commit	tee			Date of Disbursement
	Mailing Address PO Box 164		06 / 19 / Y Y Y Y 2023		
	City Madison	State WI	Zip Code 53701		FEC Identification Number
	Purpose of Disbursement Contribution			011	C Transaction ID : 48854471
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ement For:			2000.00
	Senate	Primary	General		Contribution
	State: District:	Other (spe	cify)		Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	Friends for Judy Schwank				Date of Disbursement
	Mailing Address PO Box 12424				06 / D D / Y Y Y Y Y 22 2023
	City	State	Zip Code		FEC Identification Number
	Reading Purpose of Disbursement	PA	19612		
	Contribution	011	С		
	Candidate Name		Category/	Transaction ID : 48857842 Amount of Each Disbursement this Period	
	Schwank, Judith, L., PA Sen.,		Type		
		ement For:	!		1000.00
	Senate	Primary	General		Contribution
	State: District:	Other (spe	спу) 🔻		Memo Item
s	UBTOTAL of Disbursements This Page (optional)			····· •	5500.00
т	OTAL This Period (last page this line number only	y)		••••••	

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the		NUMBER: PAGE 190 OF 198 one) 22 23 26 27
		Detailed	Summary Page	21b 28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and State for commercial purposes, other than using the na				
$\backslash$	NAME OF COMMITTEE (In Full)				N N N N N N N N N N N N N N N N N N N
	UnitedHealth Group Incorporated	PAC (Ur	hitedHealth (	Jroup PAC	)
Α.	Full Name (Last, First, Middle Initial) Friends of Dan Miller				Date of Disbursement
	Mailing Address PO Box 13421				06 22 2023
	City	State	Zip Code		FEC Identification Number
	Pittsburgh Purpose of Disbursement	PA	15243		$\mathbf{C}$
	Contribution			011	C Transaction ID : 48857843
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Miller, Daniel, , PA Rep., Office Sought: House Disburse	mont For		Туре	1000.00
	Office Sought: House Disburse Senate	ement For: Primary	General		
	President	Other (spe			Contribution Memo Item
	State: District:	-			
P	Full Name (Last, First, Middle Initial)				Data of Diaburcoment
Ď.	Friends of Stephen Kinsey				Date of Disbursement
	Mailing Address PO Box 27331		06 / D D / Y Y Y Y 22 2023		
	City Dhile delabile	State PA	Zip Code 19118		FEC Identification Number
	Philadelphia Purpose of Disbursement		С		
	Contribution	011	Transaction ID : 48857845		
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Kinsey, Stephen, , PA Rep., Office Sought: House Disburse	ement For:		Туре	2000.00
	Senate	Primary	General		Contribution
	President	Other (spe	ecify)		
	State: District:				
C	Full Name (Last, First, Middle Initial)				Date of Disbursement
0.	Friends of Mike Schlossberg				
	Mailing Address 1620 Pond Road Ste 200		1		06 22 2023
	City	State PA	Zip Code 18104		FEC Identification Number
	Allentown Purpose of Disbursement	FA	10104		С
	Contribution			011	Transaction ID : 48857847
	Candidate Name	Category/	Amount of Each Disbursement this Period		
	Schlossberg, Michael, H., PA Rep Office Sought: House Disburse	Туре	1000.00		
	Senate Disburse	ement For: Primary		Contribution	
	President	Other (spe	General ecify) ▼		Memo Item
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional).				4000.00
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L L	OTAL This Period (last page this line number only	/)		••••••• •	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 191 OF 198	
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check only 21b 28a	rone) 22 23 26 27 28b 28c <b>x</b> 29 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	iroup PAC	)	
Full Name (Last, First, Middle Initial) A. Campaign for Compassion Commi Mailing Address P.O. Box 30234		Date of Disbursement			
City Elkins Park	State PA	Zip Code 19027		FEC Identification Number	
Purpose of Disbursement Contribution			011	C Transaction ID : 48857848	
Candidate Name Haywood, Art, , PA Sen., III Office Sought: House Disburser	ment For:		Category/ Type	Amount of Each Disbursement this Period 1000.00	
State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item	
Full Name (Last, First, Middle Initial) B. Citizens For Jordan A. Harris				Date of Disbursement	
Mailing Address PO Box 32097					
Philadelphia Purpose of Disbursement Contribution	Philadelphia     PA     19146       Purpose of Disbursement     Contribution				
Harris, Jordan, A., PA Rep.,         Office Sought:       House       Disburser         Senate       Disburser	ment For: Primary	General	Category/ Type	Amount of Each Disbursement this Period 3000.00 Contribution	
State: District:	Other (spec	cify)		Memo Item	
Full Name (Last, First, Middle Initial) C. Friends of Sharif Street				Date of Disbursement	
Mailing Address PO Box 28854				06 / D D / Y Y Y Y 22 2023	
City Philadelphia Purpose of Disbursement Contribution	State PA	Zip Code 19151	011	FEC Identification Number	
Candidate Name Street, Sharif, , PA Sen., Office Sought: House Disburser	Category/ Type	Transaction ID : 48857853 Amount of Each Disbursement this Period 2000.00			
Senate President State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			F	6000.00	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER <sup>·</sup> PAGE 192 OF 198	
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check only 21b 28a		
Any information copied from such Reports and State or for commercial purposes, other than using the nat					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC	)	
Full Name (Last, First, Middle Initial) A. Citizens for Hughes				Date of Disbursement	
Mailing Address PO Box 13031				06 22 2023	
City Philadelphia Purpose of Disbursement	State PA	Zip Code 19101		FEC Identification Number	
Contribution			011	C Transaction ID : 48857855	
Hughes, Vincent, J., PA Sen.,	ment For:		Category/ Type	Amount of Each Disbursement this Period 3000.00	
Stoto:	Primary Other (spec	General cify) ▼		Contribution Memo Item	
Full Name (Last, First, Middle Initial)	3. Pennsylvania House Democratic Campaign Committe				
City Harrisburg Purpose of Disbursement Contribution	State PA	Zip Code 17108		FEC Identification Number	
Candidate Name			011 Category/ Type	Transaction ID : 48857857 Amount of Each Disbursement this Period	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify)		Contribution Memo Item	
Full Name (Last, First, Middle Initial) C. Friends of LaPointe				Date of Disbursement	
Mailing Address PO Box 30161	Mailing Address PO Box 30161				
City Chicago Purpose of Disbursement Contribution	Chicago IL 60630 Purpose of Disbursement				
Candidate Name LaPointe, Lindsey, , IL Rep., Office Sought:   House   Disburse	011 Category/ Type	Transaction ID : 48860980 Amount of Each Disbursement this Period 1000.00			
Senate President State: District:	ment For: Primary General Other (specify) ▼			Contribution Memo Item	
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only				6500.00	

SCHEDULE B (FEC Form 3X)	Use sep	parate schedule(s)	FOR LINE I (check only					
ITEMIZED DISBURSEMENTS		category of the Summary Page	21b 28a	22     23     26     27       28b     28c     x     29     30b				
Any information copied from such Reports and Sta or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)		nitedHealth (		)				
				)				
Full Name (Last, First, Middle Initial) A. The People for Emanuel 'Chris' V	Velch			Date of Disbursement				
Mailing Address 1005 W. Roosevelt Rd Suite D	1			06 26 2023				
City Westchester	State IL	Zip Code 60154		FEC Identification Number				
Purpose of Disbursement				С				
Contribution			011	Transaction ID : 48860982				
Welch, Emanuel, , IL Rep.,			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbur	sement For:			5000.00				
Senate President	Primary Other (spe	General		Contribution				
State: District:		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Memo Item				
Full Name (Last, First, Middle Initial)								
B. Friends of Bob Morgan				Date of Disbursement				
Mailing Address PO Box 1074				06 / 26 / Y Y Y Y 2023				
City Deerfield	State IL	Zip Code 60015		FEC Identification Number				
Purpose of Disbursement	, 'L	00013		С				
Contribution			011	Transaction ID : 48860983				
Candidate Name Morgan, Bob, , IL Rep.,			Category/ Type	Amount of Each Disbursement this Period				
	sement For:		Турс	1000.00				
Senate	Primary	General		Contribution				
State: District:	Other (spe	ecify)		Memo Item				
Full Name (Last, First, Middle Initial)								
C. Friends of Don Harmon for State	Senate			Date of Disbursement				
Mailing Address 6939 W. North Avenue				06 / 26 / Y Y Y Y 2023				
City Ook Bork	State	Zip Code		FEC Identification Number				
Purpose of Disbursement								
Contribution	C Transaction ID : 48860986							
Candidate Name Harmon Don II Sen	Harmon, Don, , IL Sen., Category/ Type							
Office Sought: House Disbur	- 3400	5000.00						
Senate	Primary	General		Contribution				
State: District:	Other (spe	ecity) 🔻		Memo Item				
SUBTOTAL of Disbursements This Page (optional	l)		•••••	11000.00				
TOTAL This Period (last page this line number of	nly)		••••••					

SCHEDULE B (FEC Form 3X)			FC	RLIN	E NUMBER: PAGE 194 OF 198								
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		neck or	one)								
		Summary Page		211									
Any information copied from such Reports and Sta or for commercial purposes, other than using the r				any pe	rson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorporated	d PAC (Ur	nitedHealth G	Group	o PA	C)								
Full Name (Last, First, Middle Initial) A. Friends for Anna Moeller	Date of Disbursement												
Mailing Address PO Box 1086					06 26 2023								
City	State	Zip Code			FEC Identification Number								
Elgin Purpose of Disbursement	IL	60121											
Contribution			01	11	С								
Candidate Name					Transaction ID : 48860987 Amount of Each Disbursement this Period								
Moeller, Anna, , IL Rep.,			Cate Ty	pe	Amount of Lach Disbursement this Period								
Office Sought: House Disbur	sement For:	I			1000.00								
Senate	Primary	General			Contribution								
State: District:	Other (spe	ecify) 🔻			Memo Item								
Full Name (Last, First, Middle Initial)					<u> </u>								
B. Elect Dan McConchie	Date of Disbursement												
Mailing Address 14 John Drive	Aailing Address 14 John Drive												
City	State	Zip Code			FEC Identification Number								
Hawthorn Woods Purpose of Disbursement	IL	60047											
Contribution			0,	11	C								
Candidate Name		gory/	Transaction ID : 48860988 Amount of Each Disbursement this Period										
McConchie, Dan, , IL Sen.,		pe											
	sement For:				3000.00								
Senate President	Primary Other (spe	General			Contribution								
State: District:		(Ciry)			Memo Item								
Full Name (Last, First, Middle Initial)					Data of Diskumoment								
C. Friends of Nicholas Smith					Date of Disbursement								
Mailing Address PO Box 286152					06 / D D / Y Y Y Y 2023								
City	State	Zip Code			FEC Identification Number								
Chicago Purpose of Disbursement	IL	60628			C								
Contribution	Contribution												
Candidate Name	Transaction ID : 48860989 Amount of Each Disbursement this Period												
Smith, Nicholas, , IL Rep.,													
	sement For: Primary			Contribution									
Senate President	General												
State: District:	Other (spe	ecity) 🔻			Memo Item								
SUBTOTAL of Disbursements This Page (optiona	l)			•••• ►	5000.00								
TOTAL This Period (last page this line number or	nly)			►									

SC	HEDULE B (FEC Form 3X)			F	OR I	INE	NUMBER: PAGE 195 OF 198					
ITE	MIZED DISBURSEMENTS	Use sepa for each		heck	only	one)						
			Summary Page			21b 28a	22         23         26         27           28b         28c         x         29         30b					
	/ information copied from such Reports and State for commercial purposes, other than using the na				any	perso	on for the purpose of soliciting contributions					
$\backslash$	NAME OF COMMITTEE (In Full)				_							
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Srou	p P		;)					
	Full Name (Last, First, Middle Initial) Friends of Napoleon Harris						Date of Disbursement					
	Mailing Address PO Box 429						06 26 2023					
	City	State	Zip Code				FEC Identification Number					
	Flossmoor Purpose of Disbursement	IL	60422									
	Contribution			C	)11		C					
i	Candidate Name			Category/			Transaction ID : 48860990 Amount of Each Disbursement this Period					
	Harris, Napolean, , IL Sen., III				ype	″	Anount of Each Disbursement this renou					
	· · · · · · · · · · · · · · · · · · ·	ment For:					3000.00					
	Senate	Primary	General				Contribution					
	President	Other (spe	cify) 🔻				Memo Item					
	State: District:											
	Citizens for Mark Walker		Date of Disbursement									
	Mailing Address 1310 W Northwest Highway		1				06 26 2023					
	City	State IL	Zip Code				FEC Identification Number					
	Arlington Heights Purpose of Disbursement	IL	60004				С					
	Contribution			C	)11	1						
	Candidate Name	Aark, , IL Rep., Type					Transaction ID : 48860991 Amount of Each Disbursement this Period					
	Walker, Mark, , IL Rep.,											
		ment For:					1000.00					
	President	Primary Other (spe	General				Contribution					
:	State: District:	Other (spec	city)				Memo Item					
	Full Name (Last, First, Middle Initial)											
C.	Friends of Jawaharial Omarr Willia	ams					Date of Disbursement					
	Mailing Address 1648 W Warren						06 26 2023					
	City	State	Zip Code				FEC Identification Number					
	Chicago Purpose of Disbursement	IL	60612				С					
	Contribution	011	)11	1								
	Candidate Name	//	Transaction ID: 48860992 Amount of Each Disbursement this Period									
	Williams, Jawaharial, , IL Rep.,		ype	gory/ vpe								
i		ment For:					1000.00					
	Senate     Primary     Ge       President     Other (specify) ▼						Contribution					
	State: District:	Other (spe	uny) ▼				Memo Item					
รเ	JBTOTAL of Disbursements This Page (optional).						5000.00					
т	OTAL This Period (last page this line number only	/)										

SCHEDULE B (FEC Form 32	<b>X)</b> [			F	OR L	INE I	NUMBER	:			PAGE	196 OF 19	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the				only 21b	one) 22 23 26 27						
		Detailed S	Summary Page			28a	28b		28c	× 29		30b	
Any information copied from such Reports a or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)				_	_								
UnitedHealth Group Incorpo	rated P	AC (Un	itedHealth G	Srou	p P		)						
Full Name (Last, First, Middle Initial) A. Friends of Bill Cunningham							Date o	f Disl					
Mailing Address 10402 S. Western Ave							06	/	20			023	
City	S	tate	Zip Code				FEC ld	lentifi	catior	n Numl	ber		
Chicago Purpose of Disbursement		IL	60643				$\mathbf{C}$	-				-	
Contribution				0	011	Ш	С						
Candidate Name				Category/			Transaction ID : 48860993 Amount of Each Disbursement this Period						
Cunningham, Bill, , IL Sen.,					ype		_	-	-		-		
Office Sought: House Senate President		ent For: Primary Other (spec	General sify) ▼							Contrib	ution	1000.00	
State: District:							IVIE	emo I	tem				
Full Name (Last, First, Middle Initial) B. Julie Morrison for State Senate Mailing Address PO Box 646							Date of Disbursement						
City Deerfield		State Zip Code IL 60015				FEC Identification Number							
Purpose of Disbursement Contribution	urpose of Disbursement					011	C Transaction ID : 48860994						
Candidate Name	Category/					//	Amount of Each Disbursement th					t this Period	
Morrison, Julie, , IL Sen.,					ype		1000.00						
Senate		Primary	General							Contrib		445	
State: District:		Other (spec	ify)				Me	emo I		Contine	ution		
Full Name (Last, First, Middle Initial) C. Citizens for Ann Gillespie							Date o	_					
Mailing Address PO Box 94							06	/	20			023	
City Mount Prospect	S	tate IL	Zip Code 60056				FEC ld	lentifi	catior	Num	ber		
Purpose of Disbursement Contribution					)11	٦	C	ansa	ction	ID · 48	86099	5	
Candidate Name Gillespie, Ann, , IL Sen.,	Ann, , IL Sen., Ty					//	Transaction ID : 48860995 Amount of Each Disbursement this Period						
												1000.00	
Senate President		Primary Other (spec	ify) ▼				Me	emo l		Contrib	ution		
State: District:													
SUBTOTAL of Disbursements This Page (o	ptional)								,		-	3000.00	
TOTAL This Period (last page this line num	ber only).								, .				

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 197 OF 198			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c <b>x</b> 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	roup PAC	)			
Full Name (Last, First, Middle Initial) A. Friends of Ram				Date of Disbursement			
Mailing Address PO Box 598085				06 / D D / Y Y Y Y 26 2023			
Chicago	State IL	Zip Code 60659		FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name			011	C Transaction ID : 48860996			
Villivalam, Ram, , IL Sen.,	ment For:		Category/ Type	Amount of Each Disbursement this Period			
State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item			
Full Name (Last, First, Middle Initial) B. Friends for State Rep Anthony De Mailing Address 852 Mackler Dr.		Date of Disbursement					
City Chicago Heights Purpose of Disbursement Contribution Candidate Name DeLuca, Anthony, , IL Rep.,	State IL	Zip Code 60411-2049	011 Category/ Type	FEC Identification Number C Transaction ID : 48860997 Amount of Each Disbursement this Period			
	ment For: Primary Other (spec	General Cify)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2000.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Citizens for Sara Feigenholtz				Date of Disbursement			
Mailing Address 3213 N Wilton Ave, Apt A				06 26 2023			
City Chicago Purpose of Disbursement Contribution	State IL	Zip Code 60657-2092	011	FEC Identification Number			
Candidate Name Feigenholtz, Sara, , IL Sen., Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General	Category/ Type	Transaction ID : 48860998 Amount of Each Disbursement this Period 500.00 Contribution			
State: District:		,,) ▼		Memo Item			
SUBTOTAL of Disbursements This Page (optional)				3500.00			

SC⊦	IEDULE B (FEC Form 3X)			FOR LINE	NUMBER <sup>·</sup> PAGE 198 OF 198				
	MIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)				
			Summary Page	21b	22 23 26 27 28b 28c <b>x</b> 29 30b				
	nformation copied from such Reports and State r commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions				
	AME OF COMMITTEE (In Full)				,				
/ U	InitedHealth Group Incorporated	PAC (Ur	litedHealth G	iroup PAC	)				
	II Name (Last, First, Middle Initial)				Date of Disbursement				
Ma	ailing Address 5926 Grand Avenue				06 26 2023				
Ci	-	State	Zip Code		FEC Identification Number				
	owners Grove	IL	60516						
	Contribution			011	C				
Ca	andidate Name			Category/	Transaction ID : 48860999 Amount of Each Disbursement this Period				
С	urran, John, , IL Sen.,			Type	Amount of Each Disburschicht this Feriod				
Of	Senate	ement For: Primary	General		500.00 Contribution				
St	ate: District:	Other (spe	city) 🔻		Memo Item				
	Ill Name (Last, First, Middle Initial)								
B. F	riends of Win Stoller		Date of Disbursement						
	ailing Address 8415 N Allen Road	06 26 2023							
Ci	ty eoria		FEC Identification Number						
Pu	urpose of Disbursement Contribution	IL	61615	011	C Transaction ID : 48861000				
Ca	andidate Name	date Name Category/							
S	Stoller, Win, , IL Sen.,	Type	Amount of Each Disbursement this Period						
Of	fice Sought: House Disburse				500.00				
	Senate	Primary	General		Contribution				
St	ate: District:	Other (spe	city)		Memo Item				
-	Il Name (Last, First, Middle Initial)				Date of Disbursement				
C. F	riends to Elect Christine Tartaglio	one							
Ma	ailing Address PO Box 28566				06 / 26 / Y Y Y Y 2023				
Ci	ty niladelphia	State PA	Zip Code 19149		FEC Identification Number				
Ρι	urpose of Disbursement Contribution	011	C						
	andidate Name	Transaction ID : 48861007 Amount of Each Disbursement this Period							
	Fartaglione, Christine, , PA Sen.,         ffice Sought:       House         Disburse	Туре	1000.00						
0	Senate								
	President	Primary Other (spe	General cify) ▼		Contribution				
St	ate: District:								
SUE	<b>STOTAL</b> of Disbursements This Page (optional).			••••••	2000.00				
тот	AL This Period (last page this line number only	/)		•••••	103250.00				