FEC FORM 3X	REPORT OF F AND DISBURS	SEMENTS	Office Use	Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
UnitedHealth Group	ncorporated PAC (Unite	edHealth Group PAC)		
ADDRESS (number and street)	1701 Pennsylvania Ave, NW			
Check if different than previously reported. (ACC)	Washington		DC 20004	
2. FEC IDENTIFICATION		▲ · · · · · · · · · · · · · · · · · · ·	STATE Z	
C C00274431	3. IS RE	THIS NEW PORT (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	0 (M2) May 20 (M5) 0 (M3) Jun 20 (M6)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	Apr 20		Oct 20 (M10)	(Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report July 15	(Q1) (C) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report October 15 Quarterly Report	(Q2) Report for the:	Convention (12C)	Special (12S)	
Quarterly Report January 31 Year-End Report		on/ D = D /		n the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)		General (30G)	Runoff (30R)	Special (30S)
Termination Repo (TER)	Report for the: Election	on / / /		n the State of
5. Covering Period	01 01 / Y Y Y Y Y 01 01 2021	through 01	/ D D / Y Y 31 2021	Y
I certify that I have examined Type or Print Name of Treasu	this Report and to the best of m Davis, Kelly, , , rer	ny knowledge and belief it is tru	ue, correct and complete	
Signature of Treasurer	vis, Kelly, , ,	[Electronically Filed]	Date 02 / 19	/ Y Y Y Y 2021
NOTE: Submission of false, err	pneous, or incomplete information	may subject the person signing the	nis Report to the penalties	of 52 U.S.C. § 30109
Office Use Only				FORM 3X /. 05/2016

Image# 202102199428641881

02/19/2021 10 : 47

PAGE 1 / 101

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	Report Covering the Period: From: 01		o: 01 / 01 / Y Y Y Y Y 2021
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2021		920699.74
	(b) Cash on Hand at Beginning of Reporting Period	920699.74	
	(c) Total Receipts (from Line 19)	145465.37	145465.37
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	1066165.11	1066165.11
7.	Total Disbursements (from Line 31)	- 3500.00	- 3500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1069665.11	1069665.11
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Rep	port Covering the Period: From: 01	01 2021 To:	01 31 2021
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	106057.12	106057.12
	(ii) Unitemized	39408.25	39408.25
	(iii) TOTAL (add Lines 11(a)(i) and (ii)►	145465.37	145465.37
	b) Political Party Committees	0.00	0.00
·	 c) Other Political Committees (such as PACs) d) Total Contributions (add Lines 	0.00	0.00
10 -	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)►	145465.37	145465.37
	Party Committees	0.00	0.00
13. /	All Loans Received	0.00	0.00
15. (oan Repayments Received	0.00	0.00
(16. I	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
I	o Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
(18. ⁻	Dividends, Interest, etc.)	0.00	0.00
(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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	145465.37	145465.37
	Fotal Federal Receipts subtract Line 18(c) from Line 19)▶	145465.37	145465.37

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) of Disbursements	Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B		
Operating Expenditures: (a) Allocated Federal/Non-Fede Activity (from Schedule H4)		Calendar Year-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share		0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditure				
(add 21(a)(i), (a)(ii), and (b) Transfers to Affiliated/Other Part		0.00		
Committees		0.00		
Federal Candidates/Committees and Other Political Committees		0.00		
Independent Expenditures (use Schedule E)		0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))				
(use Schedule F)		0.00		
Loan Repayments Made		0.00		
Loans Made Refunds of Contributions To:		0.00		
(a) Individuals/Persons Other Than Political Committees		0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)		0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00		
Other Disbursements (Including				
Non-Federal Donations)	- 3500.00	- 3500.00		
Federal Election Activity (52 U.S (a) Allocated Federal Election A (from Schedule H6)	• • • • • • • • • • • • • • • • • • • •			
(i) Federal Share		0.00		
(ii) "Levin" Share(b) Federal Election Activity Pai		0.00		
Entirely With Federal Funds		0.00		
(c) Total Federal Election Activi Lines 30(a)(i), 30(a)(ii) and	· ·	0.00		
Total Disbursements (add Lines				
23, 24, 25, 26, 27, 28(d), 29 an	- 3500.00	- 3500.00		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line	30(a)(ii)			
from Line 31)		- 3500.00		

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

	-7			-7	145465.37
					0.00
4	-7	1	1	-	0.00
1					145465.37
4	-7			- 7	143403.37
1					0.00
4	-7			-7	0.00
1					0.00
	-7			-7	0.00
1			1		0.00
	-7-			-7-	0.00

145465.37 0.00 145465.37 0.00 0.00 0.00

COLUMN B

Calendar Year-to-Date

Page 5

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12						
	y information copied from such Reports and State									
	for commercial purposes, other than using the nar									
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)						
Α.	Full Name of Individual (Last, First, Middle Initial) GAUDIO, JOSEPH, , ,	or Full Or	rganization Name	Date of Receipt						
	Mailing Address 4842 E MOUNTAIN VIEW RD			01 / D / Y Y Y Y 01 31 2021						
	City	State	Zip Code	Transaction ID : PR1159811860821						
	PARADISE VALLEY	AZ	85253-1539	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: A		Year-to-Date ▼	1						
	Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initial) WICHMANN, DAVID, , ,	or Full Or	rganization Name	Date of Receipt						
	Mailing Address 7000 ANTRIM ROAD	01 / Y Y Y Y 2021								
	City	State	Zip Code	Transaction ID : PR1159814760821						
	EDINA	MN	55439-1708	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 (ret.)	Memo Item						
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ , 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial) MIGLIORI, RICHARD, , ,	or Full Or	rganization Name	Date of Receipt						
	Mailing Address PO BOX 72			01 / D D / Y Y Y Y 01 31 2021						
	City	State	Zip Code	Transaction ID : PR1159827460821						
	WAYZATA	MN	55391-0072	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		384.60						
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item						
	United HealthCare Services Inc		, UHG Chief Medical Officer							
	Receipt For:	ggregate	Year-to-Date ▼							
	Other (specify)		384.60	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	·)	· · · · · · · · · · · · · · · · · · ·							

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X 11a	۱ <u> </u>	11b	11c 15		2 6 [17
	rmation copied from such Reports and Stat ommercial purposes, other than using the n			rson for th		rpose of	soliciting	g conti	ributic	ons
1	e of COMMITTEE (In Full) tedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)						
	Name of Individual (Last, First, Middle Initial LER, KATHERINE, , ,) or Full Oi	rganization Name	Date	of R	eceipt				
Mailir	ng Address 2321 HARBOR LAKE DRIVE			M 0'		D D D 31	/ Y	y 202	ү ү 21	
City ORA	NGE PARK	State FL	Zip Code 32003-7799			t ion ID : I Each Re				
	ID number of contributing al political committee.	С						3	384.60)
	e of Employer (for Individual) d HealthCare Services Inc		upation (for Individual) 9 Network		Mem	o Item				
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R D	educt	ion (\$192	.30 Bi-W	/eekly)	
	Name of Individual (Last, First, Middle Initial DERSON, CRAIG, , ,) or Full Oi	rganization Name	Date	of R	eceipt				
	ng Address 47 AMATO CIRCLE			М 0 [.]		D D 31	/ Y	202 [,]	ү ү 1	
	HERSFIELD	State CT	Zip Code 06109-3971			ion ID : F				
FEC	ID number of contributing al political committee.	Occupation (for Individual) Regn Pres Ntwk Mgmt			Amount of Each Receipt this Period 384.60)
	e of Employer (for Individual) d HealthCare Services Inc				Mem	o Item				
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	ion (\$192	.30 Bi-W	/eekly))			
	Name of Individual (Last, First, Middle Initial) or Full O	rganization Name	Date	of R	eceipt				
	ng Address 4901 HAWTHORNE COURT SUITE 304			M 0	1	31	L	202 ⁻	1	
City EDI	NA	State MN	Zip Code 55436-5802			Each Re				
	ID number of contributing al political committee.	С		C		, .	,		384.60)
Unite	e of Employer (for Individual) d HealthCare Services Inc	Occu SVP	upation (for Individual) Tax		Mem	o Item				
Receipt For: Primary General Other (specify)		Aggregate Year-to-Date ▼ 384.60			educt	ion (\$192	2.30 Bi-W	/eekly	')	
SUBTO	DTAL of Receipts This Page (optional)					, .		11	53.80)
TOTAL	This Period (last page this line number on	ly)	•			4			-	

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

	D RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
or for comn	nercial purposes, other than using the r			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	F COMMITTEE (In Full) dHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	.C)			
A. WEBB	e of Individual (Last, First, Middle Initia , ROBERT, , ,	al) or Full O	rganization Name	Date of Receipt			
	Address 4516 DREXEL AVENUE	State	Zin Code	01 / D D / Y Y Y Y 2021			
City EDINA		MN	Zip Code 55424-1130	Transaction ID : PR1580865360821			
FEC ID	number of contributing olitical committee.	С		Amount of Each Receipt this Period 384.60			
United H	Employer (for Individual) ealthCare Services Inc	upation (for Individual) 9 UnitedHIth Grp	Memo Item				
	-or: mary General ner (specify) ▼	P/R Deduction (\$192.30 Bi-Weekly)					
	e of Individual (Last, First, Middle Initia IES, RICHARD, , ,	al) or Full O	rganization Name	Date of Receipt			
	Address 3905 COUNTY ROAD 44	01 / D / Y Y Y Y Y 01 31 2021					
City MINNET	RISTA	State MN	Zip Code 55364-9572	Transaction ID : PR1596304160821 Amount of Each Receipt this Period			
	number of contributing olitical committee.	С		384.60			
	Employer (for Individual) ealthCare Services Inc		upation (for Individual) 2 COO of Human Capital	Memo Item			
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 384,60	P/R Deduction (\$192.30 Bi-Weekly)			
	e of Individual (Last, First, Middle Initia ISON, THAD, , ,	al) or Full O	rganization Name	Date of Receipt			
	Address 9741 GLACIER BAY			01 / D D / Y Y Y Y Y 01 31 2021			
City EDEN P	RAIRIE	State MN	Zip Code 55347-2615	Transaction ID : PR1596304360821 Amount of Each Receipt this Period			
	number of contributing olitical committee.	С		384.60			
United H	Employer (for Individual) ealthCare Services Inc		upation (for Individual) Group Gen Counsel	Memo Item			
	-or: mary General ner (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)			
SUBTOTA	L of Receipts This Page (optional)		•	1153.80			
TOTAL Th	is Period (last page this line number or	וy)					

SCHEDULE A (FEC Form 3X) DEOEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

	Use separate schedule(s)	(check only	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12		
Any information copied from such Reports and								
or for commercial purposes, other than using the	ne name and a	uuress or any political committee	ະ ເບ SUIICIT CON	muulions fro	JIII SUCH	committe		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle I ASCHUMACHER, DANIEL, , ,	nitial) or Full C	rganization Name	Date of	Receipt				
Mailing Address 5401 LARADA LANE			01	/ D D 31	/ Y	y 2021	Y	
City EDINA	State MN	Zip Code 55436-1024		action ID : P of Each Re				
FEC ID number of contributing federal political committee.	С				-9-	384.6	60	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp Pres & COO	Me	emo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I THEISEN, SCOTT, , ,	nitial) or Full C	rganization Name	Date of	Receipt				
Mailing Address 1950 MEADOWWOODS TR			M M 01	/ D D 31	/ Y	y y 2021	Ŷ	
City LONG LAKE	State MN	Zip Code 55356-9312		action ID : P of Each Re				
FEC ID number of contributing federal political committee.	С				- 7-	384.6	60	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mit CEO	Me	emo Item				
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		384.60	P/R Dedu	iction (\$192.)	30 Bi-W	eekly)		
Full Name of Individual (Last, First, Middle I ANDERSON, MICHAEL, , ,	nitial) or Full C	rganization Name	Date of	Receipt				
Mailing Address 17907 INVERNESS CURVE	1		01	/ D D 31		y y 2021		
City EDEN PRAIRIE	State MN	Zip Code 55347-2155		action ID : F of Each Re			1	
FEC ID number of contributing federal political committee.	С			, ,	- y	384.6	60	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prd	Me	emo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Dedu	uction (\$192.	.30 Bi-W	/eekly)		
SUBTOTAL of Receipts This Page (optional)				, , ,	9	1153.8	0	
TOTAL This Period (last page this line number	er only)							

SCHEDULE A (FEC Form 3X) DEOEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee					
or for commercial purposes, other than using t	ine name and a	uuress or 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 DAVIDSON, TRACY, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6058 HARBOUR TOWN CI	R		01 / Y Y Y Y 2021					
City WESTERVILLE	State OH	Zip Code 43082-8144	Transaction ID : PR1596311660821 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) Optum Services, Inc								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle DUNLOP, RICHARD, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2964 WYSE COURT			01 / D D / Y Y Y Y Y 2021					
City LEWIS CENTER	State OH	Zip Code	Transaction ID : PR1596312360821					
FEC ID number of contributing	С	43035-8253	Amount of Each Receipt this Period 384.60					
federal political committee.								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) V		384.60	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle HAFERMANN, JOSEPH, , ,		rganization Name	Date of Receipt					
Mailing Address 5525 ZENITH AVENUE SC			01 / D D / Y Y Y Y 2021					
City EDINA	State MN	Zip Code 55410-2466	Transaction ID : PR1596313460821 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) Insurance Sols	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			1153.80					
TOTAL This Period (last page this line number	er only)							

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usi			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (L	JnitedHealth Group PA	(C)
Full Name of Individual (Last, First, Mid LAGERSTROM, EDWARD, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2248 SHADYWOOD R	DAD		01 / D D / Y Y Y Y 01 31 2021
City	State	Zip Code	Transaction ID : PR1596315060821
WAYZATA	MN	55391-9223	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) Ntwk	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mid B. ROSENTHAL, DANIEL, , ,	Date of Receipt		
Mailing Address 8 VIA HERMOSA			01 31 2021
City	State	Zip Code	Transaction ID : PR1596317360821
ORINDA	CA	94563-1828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mid C. SANDY, LEWIS, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1317 MONTVALE RIDO	GE DRIVE		M M / D D / Y Y Y Y 01 31 2021
City	State	Zip Code	Transaction ID : PR1600598760821
CARY	NC	27519-1015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
United HealthCare Services Inc		Clin Advancement	
Receipt For:			
Primary General Other (specify)		Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	nal)	····· •	1153.80
TOTAL This Period (last page this line nu	,		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

			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			erson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	SC)
Α.	Full Name of Individual (Last, First, Middle Initial) PETERSON, MATTHEW, , ,	or Full C	Organization Name	Date of Receipt
	Mailing Address 2260 FOX STREET			01 / D D / Y Y Y Y 01 31 2021
	City	State	Zip Code	Transaction ID : PR1602669960821
	ORONO	MN	55356-8316	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) O Ancillary & Ind/Sgt CAO	Memo Item
	Receipt For:		, ,	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial) EMERSON, PAUL, , ,	or Full C	Organization Name	Date of Receipt
	Mailing Address 18855 MEADOW VIEW BLVD			01 31 2021
	City	State	Zip Code	Transaction ID : PR1806750360821
	PRIOR LAKE	MN	55372-3133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) s Unit CEO	Memo Item
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial) ANDERSON, CATHERINE, , ,	or Full C	Organization Name	Date of Receipt
	Mailing Address 57 SIMMONS LANE			01 31 2021
	City	State	Zip Code	Transaction ID : PR1903550760821
	SEVERNA PARK	MD	21146-1921	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Strat Initiv	Memo Item
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	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	y)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

171			Use separate schedule(s)	(cho	(check only one)					
111			for each category of the Detailed Summary Page	×	11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	(C)						
A.	Full Name of Individual (Last, First, Middle Initia SANTELLI, JOHN, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 25510 BIRCH BLUFF ROAD				01	/	D D D 31	/ Y	ү ү 2021	Y
	City EXCELSIOR	State MN	Zip Code 55331-8520						52206082 is Period	1
	FEC ID number of contributing federal political committee.	С					.	-	384.	60
	Name of Employer (for Individual) Optum Services, Inc	Occu SVP	pation (for Individual) CIO		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 384.60	P	P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)	
в.	Full Name of Individual (Last, First, Middle Initia WEYMOUTH, PAUL, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 317 WRIGHTS MILL RD	1			^M 01	/	D D D 31	/ Y	ү ү 2021	Y
	City COVENTRY	State CT	Zip Code 06238-1559						3696082 is Period	1
	FEC ID number of contributing federal political committee.	С							384.	60
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Seg CIO		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
C.	Full Name of Individual (Last, First, Middle Initia KANNE, KATHLEEN, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 4826 PALOMINO COURT				01	/	31	JL	y y 2021	
	City ERIE	State PA	Zip Code 16506-6624				-		47966082 is Period	1
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. y	384.	60
	Name of Employer (for Individual) Optum Services, Inc	Occu VP C	pation (for Individual) omm		Me	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P	P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)		•				,	,	1153.	80
т	OTAL This Period (last page this line number or	ıly)					,			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 14 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 1 erson for the purpose of soliciting contributions to collicit contributions
or for commercial purposes, other than using	ine name and a	louress or any political committee	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 WRIGHT, GREGORY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 10471 STRAND TERRACE			01 / Y Y Y Y 01 31 2021
City SANTA ANA	State CA	Zip Code 92705-1495	Transaction ID : PR2119494160821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle HULTGREN, BROR, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 408 22ND ST			01 / D D / Y Y Y Y Y 2021
City GOLDEN	State CO	Zip Code 80401-2452	Transaction ID : PR2133133260821 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle PUTNAM, T JEFFREY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 303 ELMWOOD PLACE W			01 / D D / Y Y Y Y 2021
City MINNEAPOLIS	State MN	Zip Code 55419-1349	Transaction ID : PR2133134260821 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	Mkt	upation (for Individual) Group CFO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			1153.80
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15 OF

171			Use separate schedule(s)	(che	ck only	/ or	ne)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		oose of	soliciting	g cont	tributio	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	(C)							
A.	Full Name of Individual (Last, First, Middle Initia FALKENBERG, ROBERT, , ,	ll) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 400 SOUTH STEELE ST UNITS	55			м м 01	/	D D 31	/ Y	Y 202	21	Y
	City DENVER	State CO	Zip Code 80209-3536	A				PR2145 eceipt th			
	FEC ID number of contributing federal political committee.	С							-	230.7	6
	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 ▼ 230.76	P/	'R Dedi	uctio	on (\$115	5.38 Bi-V	Veekly	()	
в.	Full Name of Individual (Last, First, Middle Initia SMITH, DANNETTE, , ,	l) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 4200 ALDEN DRIVE	01-1-	7. 0.1		м м 01	1	31	/ Y	202	21	Y
	City EDINA	State MN	Zip Code 55416-5010					PR21457			
	FEC ID number of contributing federal political committee.	С			anount	U		eceipt th	-	384.60	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/I	R Dedu	uctic	on (\$192	2.30 Bi-W	/eekly	')	
с.	Full Name of Individual (Last, First, Middle Initia	ll) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 961 RIVER FOREST DRIVE				^M 01	1	31	/ Y	202		Y
	City MAINEVILLE	State OH	Zip Code 45039-7720	A				PR2203 eceipt th			
	FEC ID number of contributing federal political committee.	С			_		y	y	;	384.60	0
	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 ▼ 384.60	P/	/R Ded	uctio	on (\$192	2.30 Bi-V	Veekly	¥)	
s	UBTOTAL of Receipts This Page (optional)						,		Ę	999.96	6
т	OTAL This Period (last page this line number or	וy)						1.40		-	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16 OF

	, те		Use separate schedule(s)	(ch	eck only	y one	e)			
ITEMIZED RECEIF	15		for each category of the Detailed Summary Page		11a 13		11b	11c 15	12	17
			v not be sold or used by any political committee		for the	purp	ose of	soliciting	contribu	itions
	(In Full)									
ightarrow UnitedHealth Gr	oup Incorporated	PAC (U	nitedHealth Group PA	AC)						
Full Name of Individual	(Last, First, Middle Initial) or Full Or	ganization Name		Date of	Rec	ceipt			
Mailing Address 7 STR					01	/	31	/ Y	y y 2021	Y
City		State	Zip Code			actio		PR22258	31366082	21
FARMINGTON		СТ	06032-1444	_	Amount	of E	Each Re	eceipt th	is Perioc	1
FEC ID number of contr federal political committe	•	С					,		230	.76
Name of Employer (for United HealthCare Servi	,		pation (for Individual) HIth Advancement		M	emo	Item			
Receipt For: Primary Other (specify) ▼	General	Aggregate Y	/ear-to-Date ▼ 230.76	•	P/R Ded	uctio	n (\$115	.38 Bi-W	'eekly)	
Full Name of Individual B. RYAN, JOHN, , ,	(Last, First, Middle Initial) or Full Or	ganization Name		Date of	Rec	ceipt			
Mailing Address 45 WE	STMORELAND LN				01	/	D D 31	/ Y	2021	Y
City NAPERVILLE		State	Zip Code 60540-5817						1966082 is Perioc	
FEC ID number of contr federal political committee	•	С							384	_
Name of Employer (for United HealthCare Servio	Individual) ces Inc		pation (for Individual) ion CEO		M	emo	Item			
	General	Aggregate \	/ear-to-Date ▼	F	P/R Ded	uctio	n (\$192	.30 Bi-W	eekly)	
Other (specify) v			384.60	4						
Full Name of Individual C. KANTOLA, KEVI	(Last, First, Middle Initial N, , ,) or Full Or	ganization Name		Date of	Rec	ceipt			
Mailing Address 7031 H	ALSTEAD DRIVE				01 ^M	/	31	/ Y	y y 2021	Ŷ
City MINNETRISTA		State MN	Zip Code 55364-3201						6270608	
FEC ID number of contr	0	C	33304-3201		Amount	of E	Each Re	eceipt th	is Perioc 384	_
federal political committe	90.						y	y		
Name of Employer (for Optum Services, Inc	Individual)	Occuj VP IT	pation (for Individual)		M	emo	ltem			
Receipt For: Primary Other (specify)	General	Aggregate Y	/ear-to-Date ▼ 384.60		P/R Ded	uctio	ın (\$192	.30 Bi-W	'eekly)	
SUBTOTAL of Receipts T	his Page (optional)			•			9		999.	96
TOTAL This Period (last p	age this line number on	ly)	••••••	•				- 41-		

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

171			Use separate schedule(s)	(ch	eck only	c only one)				
111			for each category of the Detailed Summary Page		1 1a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
	NAME OF COMMITTEE (In Full)			10 0						.00.
\rangle	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia OBRIEN, DENNIS, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 61 LOUGHLIN AVE				м м 01	/	31) / Y	y y 2021	Y
	COS COB	State CT	Zip Code 06807-2621	_				PR22476 leceipt th		
	FEC ID number of contributing federal political committee.	С						1 3 5-	384	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	F	P/R Dedu	uctio	on (\$19	2.30 Bi-W	/eekly)	
B.	Full Name of Individual (Last, First, Middle Initia PRINCE, JOHN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 546 HARRINGTON ROAD	1			01	/	31		2021	Y
	City WAYZATA	State MN	Zip Code 55391-1550					PR22597 leceipt th		
	FEC ID number of contributing federal political committee.	С					-		384	_
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	F	P/R Dedu	uctio	on (\$192	2.30 Bi-W	'eekly)	
С.	Full Name of Individual (Last, First, Middle Initia COLEMAN, JAMES, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 4720 WEST 66TH STREET	1			01	/	31) / Y	ү ү 2021	Y
	City EDINA	State MN	Zip Code 55435-1506	-				PR24024 leceipt th		
	FEC ID number of contributing federal political committee.	С					,	, , , , , , , , , , , , , , , , , , ,	384	_
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp SVP, Human Capital		Me	emc	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60		P/R Ded	ucti	on (\$19	2.30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)		•••••				,	. ,	1153.	80
т	OTAL This Period (last page this line number or	ıly)	••••••	-						

FOR LINE NUMBER:

PAGE 18 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 12 14 15 16 11
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 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 HIGA, JOY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2208 ELM AVENUE			M M / D D / Y Y Y Y 01 31 2021
City MANHATTAN BEACH	State CA	Zip Code 90266-2809	Transaction ID : PR2402446260821 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) Regl Affs	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle ALEXANDER, CORY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4203 BRADLEY LANE	04-4-	7. 0.4	01 / Y Y Y Y Y 2021
City CHEVY CHASE	State MD	Zip Code 20815-5234	Transaction ID : PR2405428860821 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 Corp Affairs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. BALTHAZOR, PAUL, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2002 SUGARWOOD DRIV	Έ		01 / D D / Y Y Y Y 01 31 2021
City ORONO	State MN	Zip Code 55356-9339	Transaction ID : PR2437120760821 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	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			1153.80
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3X) DEOEIDTO

FOR LINE NUMBER:

PAGE 19 OF

		Use separate schedule(s)	(check only one)
I LIVILLU KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee
	and manne and a		to solicit contributions norm such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle NESS, LAURA, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 10550 PINNACLE WAY			01 / Y Y Y Y 2021
City WOODBURY	State MN	Zip Code 55129-4282	Transaction ID : PR2437121560821 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle COSGRIFF, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1875 HUNTER LANE			01 / D D / Y Y Y Y Y 2021
City MENDOTA HEIGHTS	State MN	Zip Code 55118-4110	Transaction ID : PR2437121660821
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Bus Dev	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle EDELSON, BRETT, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4600 DREXEL AVENUE			01 / Y Y Y Y Y 2021
City EDINA	State MN	Zip Code 55424-1132	Transaction ID : PR2437127160821 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Hlth	upation (for Individual) Plan CEO	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			1153.80
TOTAL This Period (last page this line numb	er only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

IT.			Use separate schedule(s)	(ch	eck only	/ on	ie)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		r	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		oose of	soliciting	contr	ibutic	ons			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group P	AC)										
A.	Full Name of Individual (Last, First, Middle Initia RAINEY, PETER, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 8850 COUNTY ROAD 26				м м 01	/	D D D 31	/ Y	y 202	ү ү 1	1			
	City MINNETRISTA	State MN	Zip Code 55359-9445					PR2437 [,] eceipt th						
	FEC ID number of contributing federal political committee.	С					7	- 7	3	84.60)			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Corp Controller		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60		P/R Ded	uctic	on (\$192	2.30 Bi-W	/eekly))				
B.	Full Name of Individual (Last, First, Middle Initia LIPPERT, ROBIN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 6711 POINTE LAKE LUCY				01 / 01 / 2021 Transaction ID : PR2439928060821									
	City CHANHASSEN	State MN	Zip Code 55317-8434					PR24399 eceipt th						
	FEC ID number of contributing federal political committee.	С					7			84.60)			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60] P	P/R Deduction (\$192.30 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initia HEYMAN, STEPHEN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 5300 SHERRILL AVENUE				01 ^M	/	31		2021	1				
	City CHEVY CHASE	State MD	Zip Code 20815-3720					PR24442 eceipt th						
	FEC ID number of contributing federal political committee.	С					,	j		84.60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Strategy & Partnerships		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60] F	P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly))				
s	UBTOTAL of Receipts This Page (optional)			•			9		11:	53.80				
т	OTAL This Period (last page this line number on	ly)		•			,							

FOR LINE NUMBER:

PAGE 21 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
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 A. ULLSPERGER, DEWAYNE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4440 AVONDALE			01 31 2021
City	State	Zip Code	Transaction ID : PR2444561360821
MINNETONKA	MN	55345-2754	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) Actuary	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)
		4	*
Full Name of Individual (Last, First, Middle LANGER, DONALD, , ,		rganization Name	Date of Receipt
Mailing Address 5110 OAK RAMBLING DR			01 / C + Y + Y + Y + Y + Y + Y + Y + Y + Y +
City KATY	State TX	Zip Code 77494-1971	Transaction ID : PR2445015460821
FEC ID number of contributing	_		Amount of Each Receipt this Period
federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. ALCOREZA, LENYS, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 675 THALIA POINT RD			01 31 Y Y Y Y Y 01 31 2021
City VIRGINIA BEACH	State VA	Zip Code 23452-1815	Transaction ID : PR2445016860821
		23432-1013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual)		upation (for Individual)	Memo Item
United HealthCare Services Inc Receipt For:		Sales Year-to-Date ▼	
Primary General Other (specify)		384.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			1153.80
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 22 OF

ודר			Use separate schedule(s)	(ch	check only one)						
	IVILLED RECEIF 13		for each category of the Detailed Summary Page	X	1 1a		11b	11c 15		12 16	17
	information copied from such Reports and Stat or commercial purposes, other than using the n				for the		pose of	soliciting	g cont	tributi	ons
	IAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)							
	Full Name of Individual (Last, First, Middle Initial RENFRO, LARRY, , ,) or Full Oi	rganization Name		Date of	Re	ceipt				
Ν	Aailing Address 8656 BLUE FLAG WAY				01	1	D D D 31	/ Y	Y 202	ү 21	Y
	Dity NAPLES	State FL	Zip Code 34109-3399					PR2460 [.] eceipt th			_
	EC ID number of contributing ederal political committee.	С]	384.6	0
ι	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) 9 Chairman UHG		M	emo	tem				
ŀ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	F	P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly	y)	
	-ull Name of Individual (Last, First, Middle Initial MANDERFELD, THOMAS, , ,) or Full Oi	rganization Name		Date of	Re	ceipt				
_	Mailing Address 3760 WEST CALHOUN PARKW				01	/	D D D 31	/ Y	202	21	Y
	City MINNEAPOLIS	State MN	Zip Code 55410-1118	-				PR24866			
F	EC ID number of contributing ederal political committee.	C			Amouni	. 01		eceipt th		384.6	0
	Name of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) P Investor Relations	_	M	emo	Item				
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	F	P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly	()	
	Full Name of Individual (Last, First, Middle Initial MCMAHON, DIRK, , ,) or Full Oi	rganization Name		Date of	Re	ceipt				
Ν	Aailing Address 60 WILDHURST ROAD				01 ^M	/	D D D 31	/ Y	202	21 ^Y	Y
	City EXCELSIOR	State MN	Zip Code 55331-8461					PR2491			
	EC ID number of contributing ederal political committee.	С			<u> </u>		y :			384.6	0
ι	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) sident UHG & COO		M	emc	tem				
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	F	P/R Ded	ucti	on (\$192	2.30 Bi-V	Veekly	y)	
su	BTOTAL of Receipts This Page (optional)						, .		1.	153.8	0
то	TAL This Period (last page this line number on	ly)	····· •					1 41		-	

FOR LINE NUMBER:

PAGE 23 OF

171			Use separate schedule(s)	(ch	neck only					
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (L	JnitedHealth Group PA	AC)						
A.	Full Name of Individual (Last, First, Middle Initia SMITH, KARA, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 3917 TERRY PLACE				01	1	D D 31) / Y	ү ү 2021	Y
	City ALEXANDRIA	State VA	Zip Code 22304-1737	_				PR25401 Receipt th		
	FEC ID number of contributing federal political committee.	С					т. т. 	1 3 5-	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60		P/R Dedi	ucti	on (\$192	2.30 Bi-W	/eekly)	
в.	Full Name of Individual (Last, First, Middle Initia PURDY, PATRICIA, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address 3615 THORNAPPLE STREET				01	/	31		y y 2021	Y
	City CHEVY CHASE	State MD	Zip Code 20815-4113					PR25413		
	FEC ID number of contributing federal political committee.	С				OI		leceipt th	384.	_
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affairs		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 384.60]	P/R Dedu	uctio	on (\$192	2.30 Bi-W	'eekly)	
с.	Full Name of Individual (Last, First, Middle Initia YAU, ANNE, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address 9905 WOODLAND DRIVE				01	1	31		үүү 2021	
	City SILVER SPRING	State MD	Zip Code 20902-4047				-	PR2543		
	FEC ID number of contributing federal political committee.	С					, .	. ,	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs		Me	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60		P/R Ded	ucti	on (\$19:	2.30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)		•				, .	. ,	1153.	80
т	OTAL This Period (last page this line number or	וy)	••••••	•			-			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

			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			rson for the purpose of soliciting contributions									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia DAVENPORT, ALLISON, , ,	ll) or Full C	Organization Name	Date of Receipt									
	Mailing Address 141 PELHAM ROAD			01 31 Y Y Y Y 01 31 2021									
	City PHILADELPHIA	State PA	Zip Code 19119-2661	Transaction ID : PR2552313660821									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
В.	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5378 BUENA VISTA DR			01 31 2021									
	City FRISCO	State TX	Zip Code 75034-2253	Transaction ID : PR2552964260821 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 ▼ , , , 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia STREIT, BARRY, , ,	ll) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5421 KELLOGG AVENUE			01 / Y Y Y Y 2021									
	City EDINA	State MN	Zip Code 55424-1604	Transaction ID : PR2552966760821									
	FEC ID number of contributing federal political committee.	С	33424-1004	Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Telesales & Bus Dev	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	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 or	וy)											

FOR LINE NUMBER:

PAGE 25 OF

	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathe name and a	I ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Middle A. VOJTA, DENEEN, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 125 WALKER AVE S			01 31 2021					
City WAYZATA	State MN	Zip Code 55391-1724	Transaction ID : PR2553475560821 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Bus Initiv Clin Aff	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. REIDY, GREGORY , , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1005 BLAKEFIELD DRIVE			01 / D D / Y Y Y Y Y 01 31 2021					
City BRENTWOOD	State TN	Zip Code 37027-8479	Transaction ID : PR2554013360821 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: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle GIANCURSIO, DONALD, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 72 MIDNIGHT RIDGE DR			01 / D D / Y Y Y Y Y 2021					
City LAS VEGAS	State NV	Zip Code 89135-1680	Transaction ID : PR2560064960821 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) Health Plan of Nevada Receipt For:	Hlth	upation (for Individual) Plan CEO	Memo Item					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			1153.80					
TOTAL This Period (last page this line numb	er only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 26 OF

			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and State for commercial purposes, other than using the na			rson for the purpose of soliciting contributions								
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial) KUNEMUND, GREGG, , ,	or Full C	Organization Name	Date of Receipt								
	Mailing Address 3169 NEAL COURT	0		01 / Y Y Y Y 2021								
	City CUMMING	State GA	Zip Code 30041-6111	Transaction ID : PR2560065360821								
		C		Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item								
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
B.	Full Name of Individual (Last, First, Middle Initial) MILICH, DAVID, , ,	or Full C	Organization Name	Date of Receipt								
	Mailing Address 2702 BIRCHMERE COURT			01 31 2021								
	City KATY	State TX	Zip Code 77450-1303	Transaction ID : PR2560066060821 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) n Plan CEO	Memo Item								
	Receipt For: A Primary General Other (specify) ▼	eceipt For: Primary General Aggregate Year-to-Date ▼										
с.	Full Name of Individual (Last, First, Middle Initial)	or Full C	Organization Name	Date of Receipt								
	Mailing Address 4316 FREMONT AVENUE SOUT			01 / D / Y Y Y Y 2021								
	City MINNEAPOLIS	State MN	Zip Code 55409-1721	Transaction ID : PR2560398860821								
		С		Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item								
	Receipt For: A Primary General Other (specify)	ggregate	Year-to-Date ▼ 384.60	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	/)	••••••									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 27 OF

	IZED RECEIPTS		Detailed Summary Page		11a		1	l1b		11c		12				
			, 0		13		_	4		15		16	17			
or for c	ormation copied from such Reports and Sta commercial purposes, other than using the n															
	ME OF COMMITTEE (In Full) hitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	(C)												
	Name of Individual (Last, First, Middle Initia ARDEN, PAUL, , ,	l) or Full O	rganization Name		Date of Receipt											
Maili	ing Address 9 VAN MULEN STREET				01 31 Y Y Y Y 01 31 2021											
City		State NJ	Zip Code		Tran	sact	tio	n ID	: P	R2564	8033	6082				
	HWAH		07430-2977	-	Amou	nt of	E	ach	Re	ceipt th	is P	eriod				
	D number of contributing political committee.	С			<u> </u>		-,			- 1	_	384.6	60			
	ne of Employer (for Individual) ed HealthCare Services Inc		upation (for Individual) Plan CEO		N	/lemo	οI	ltem								
Rece	eipt For:	Aggregate	Year-to-Date V													
	Primary General Other (specify) ▼		384.60	P	P/R De	ducti	ion	n (\$1	92.	30 Bi-W	/eek	ly)				
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOQUIST, DARREN, , ,							Date of Receipt								
Maili	ing Address 5004 ARDEN AVE				01 31 Y Y Y Y 01 31 2021											
City		State	Zip Code							R25648						
EDI		MN	55424-1314		Amou	nt of	E	ach	Re	ceipt th	is P	eriod				
	D number of contributing political committee.	C								-9-		384.6	60			
Narr Unite	ne of Employer (for Individual) ed HealthCare Services Inc	upation (for Individual) Jn CEO	Memo Item													
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P	/R De	ducti	ion	n (\$1	92.:	30 Bi-W	/eek	ly)				
	Name of Individual (Last, First, Middle Initia ICKS, TIMOTHY, , ,	l) or Full O	rganization Name		Date	of Re	ece	eipt								
Maili	ing Address 3227 CASCO CIRCLE				M	/		D		/ Y		Y	Y			
City	POBOX 352	State	Zip Code		01 Tran	6204	tic	3 ח ח		R2565	1	21				
	YZATA	MN	55391-9717							ceipt th			•			
	D number of contributing political committee.	С					,					384.6	60			
	ne of Employer (for Individual) um Services, Inc		upation (for Individual) Segment CEO		ľ	/lemo	οI	ltem								
Rece	eipt For: Primary General Other (specify)	1	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)												
SUBT	OTAL of Receipts This Page (optional)										1	153.8	0			
ΤΟΤΑΙ	L This Period (last page this line number on	ly)		-												

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 28 OF

ידו			Use separate schedule(s)	(ch	eck only	y or	ne)	L		-			
111			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c		12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the		oose of	soliciting	, con	tributi	ons		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group P/	AC)									
A.	Full Name of Individual (Last, First, Middle Initia STEARNS, MATTHEW, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt						
	Mailing Address 5118 FAIRGLEN LANE				01 31 2021								
	City CHEVY CHASE	State MD	Zip Code 20815-6517		Transaction ID : PR2571777960821 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С								384.6	0		
	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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia WIFFLER, THOMAS, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt						
	Mailing Address 1421 SOMERFIELD DRIVE				M M 01	/	D D D 31	/ Y	y 202	ү 21	Y		
	City BOLINGBROOK	State	Zip Code 60490-3207	-				PR25729					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 384.60						0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ; Unit CEO		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia KANE, BRIAN, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt						
	Mailing Address 4615 ROANOAKE ROAD	-			01	1	D D D 31	/ Y	202	21 21	Y		
	City GOLDEN VALLEY	State MN	Zip Code 55422-5254					PR2574					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	y		384.6	0		
Optum Services, Inc SV			upation (for Individual) Comm		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			•			, .		1.	153.8	0		
т	OTAL This Period (last page this line number or	lly)		•				1.45		-			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 29 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma	Ay not be sold or used by any political committee	13 14 15 16 17 verson for the purpose of soliciting contributions a to solicit contributions from such committee							
		uness of any political contribute								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle CIANFROCCO, HEATHER, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4478 MIDDLE ROAD			M M / D D / Y Y Y Y Y 01 31 2021							
City ALLISON PARK	State PA	Zip Code 15101-1110	Transaction ID : PR2574986260821 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. SJOBLAD, BETHANY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 10730 PERRY DRIVE NOF			01 / Y Y Y Y 2021							
City BROOKLYN PARK	State MN	Zip Code 55443-4700	Transaction ID : PR2575009160821 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 ▼	_							
Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle DUNCAN, MICHELE, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3038 FAIRWAY CIRCLE			01 / D D / Y Y Y Y Y 01 31 2021							
City CHASKA	State MN	Zip Code 55318-3408	Transaction ID : PR2575029660821 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) Compliance	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			1153.80							
TOTAL This Period (last page this line numb	er only)									

SCHEDULE A (FEC Form 3X) DEOEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 30 OF

		Use separate schedule(s)	(check or	nly on	e)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12	□				
Any information copied from such Reports and or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle OBRIEN, JENNIFER, , ,	Initial) or Full O	rganization Name	Date of	of Red	ceipt							
Mailing Address 395 WOODLAWN AVE			01	01 31 2021								
City SAINT PAUL	State MN	Zip Code 55105-1339					3456082 s Period	1				
FEC ID number of contributing federal political committee.	С				y		384.6	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Compli Off		/lemo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R De	ductio	ın (\$192	.30 Bi-W	eekly)					
Full Name of Individual (Last, First, Middle B. MADDOX, JEFFREY, , ,	Initial) or Full O	rganization Name	Date o	of Red	ceipt							
Mailing Address 7810 HANOVER ST			01	التنا لتا التا								
City DALLAS	State TX	Zip Code 75225-8220				: PR2575039560821 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		/lemo	Item							
Receipt For:	Aggregate	Year-to-Date ▼		-								
Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle FITZPATRICK, JOSEPH, , ,	Initial) or Full O	rganization Name	Date o	of Red	ceipt							
Mailing Address 3936 CAMPELLO CURVE			01		D D D 31		2021					
CHASKA	State MN	Zip Code 55318-4639					5376082 s Period	1				
FEC ID number of contributing federal political committee.	С				,	,	384.6	60				
Name of Employer (for Individual) United HealthCare Services Inc	Occi VP F	upation (for Individual) Fin		Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)					,		1153.8	80				
TOTAL This Period (last page this line numb	er only)											

FOR LINE NUMBER:

PAGE 31 OF

ıт.			Use separate schedule(s)	(check only one)								
11			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
\setminus	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	AC)								
Α.	Full Name of Individual (Last, First, Middle Init LINDSAY, VIVIAN, , ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 14930 SW 39 ST			01 / Y Y Y Y Y 01 31 2021								
	City DAVIE	State FL	Zip Code 33331-2767	Transaction ID : PR2575054960821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Init ZAETTA, CHRISTOPHER, , ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 5840 RIDGE ROAD			01 / Y Y Y Y 2021								
	City	State	Zip Code	Transaction ID : PR2575068360821								
	EXCELSIOR	MN	55331-8153	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) Group Gen Counsel	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Init CHRISTIAN, DENISE, , ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 5 WINGATE COURT			01 / D D / Y Y Y Y Y 2021								
	City FLOURTOWN	State PA	Zip Code 19031-1117	Transaction ID : PR2575071460821 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) Clin Ops	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
	UBTOTAL of Receipts This Page (optional)			1153.80								

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

PAGE 32 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle NICHOLS, SANDRA, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 12706 YOUNG LANE			01 31 2021								
City NORTH POTOMAC	State MD	Zip Code 20878-6112	Transaction ID : PR2575074560821 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) ? CMO	Memo Item								
Receipt For: Primary General Other (specify) \forall	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle BAUSCH, REBECCA, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 26 BELLAIR DRIVE			01 / Y Y Y Y 2021								
City DOBBS FERRY	State NY	Zip Code 10522-3502	Transaction ID : PR2575079360821 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) In Growth Off	Memo Item								
Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)								
Other (specify) V		384.60									
Full Name of Individual (Last, First, Middle C. PETERSOHN, PATRICK, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 16413 BIRCH STREET	1		01 / D D / Y Y Y Y 2021								
City OVERLAND PARK	State KS	Zip Code 66085-7842	Transaction ID : PR2575148360821 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	GP	upation (for Individual) Reg VP of SIs	Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			1153.80								
TOTAL This Period (last page this line number	er only)										

FOR LINE NUMBER:

PAGE 33 OF

ידו			Use separate schedule(s)	(che	eck only	/ on	e)	L					
111	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												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initia HAMANN, CHAD, , ,	l) or Full O	rganization Name	[Date of	Re	ceipt						
	Mailing Address 7638 RIDGEVIEW WAY				01 31 2021								
	City	State MN	Zip Code		Trans	acti	on ID : I	PR2575	17016082	21			
	CHANHASSEN	IVIIN	55317-4507	_	Amount	of	Each R	eceipt th	nis Period	l			
	FEC ID number of contributing federal political committee.	С							384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP 1	upation (for Individual) Tax		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/	/R Dedu	uctic	on (\$192	2.30 Bi-V	Veekly)				
в.	Full Name of Individual (Last, First, Middle Initia REICHLING, KRISTIN, , ,	l) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 6516 TINGDALE AVENUE				M M 01	/	D D D 31	/ Y	2021	Y			
	City EDINA	State MN	Zip Code 55439-1440				-		18686082				
	FEC ID number of contributing		33433-1440	-	Amount	OI	Each R	eceipt tr	nis Period				
	federal political committee.	С		384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Human Capital		Me	emo	Item						
	Receipt For:	Aggregate	Year-to-Date V	7									
	Other (specify) ▼		, 384.60	P/	R Dedu	uctic	on (\$192	30 Bi-W	/eekly)				
с.	Full Name of Individual (Last, First, Middle Initia DEMARIS, PETER, , ,	l) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 2301 OLIVER AVE S				01 ^M	/	D D D 31	/ Y	ү ү 2021	Ŷ			
	City MINNEAPOLIS	State MN	Zip Code 55405-2448						1918608 2 nis Period				
	FEC ID number of contributing federal political committee.	С					,	,	384.	_			
			upation (for Individual) Mktg eComm		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)						9	. ,	1153.	80			
т	OTAL This Period (last page this line number or	nly)	····· •					1 45					

FOR LINE NUMBER:

PAGE 34 OF

		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a □ 11b □ 11c □ 12									
Any information conied from such Reports and	Statements m	av not be sold or used by any r	13 14 15 16 17 person for the purpose of soliciting contributions									
or for commercial purposes, other than using t												
NAME OF COMMITTEE (In Full)												
ight angle UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name										
A. GRANBERG, MITCHELL, , ,			Date of Receipt									
Mailing Address 6721 GALWAY DRIVE			01 31 2021									
City	State	Zip Code	Transaction ID : PR2575196160821									
EDINA	MN	55439-1313	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
·												
Name of Employer (for Individual)		upation (for Individual) uty Gen Counsel	Memo Item									
Optum Services, Inc Receipt For:		,	_									
Primary General	Aggregale	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)									
Other (specify)		384.60										
Full Name of Individual (Last, First, Middle I	nitial) or Full O	roanization Name										
B. CONDON, CRAIG, , ,			Date of Receipt									
Mailing Address 268 OAK LANDING WAY												
City	State	Zip Code	01 31 2021									
SEVERNA PARK	MD	21146-3116	Transaction ID : PR2575203160821 Amount of Each Receipt this Period									
FEC ID number of contributing	С		384.60									
federal political committee.	U											
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
United HealthCare Services Inc Receipt For:	1	Unit CEO										
Primary General	Aggregate	Year-to-Date ▼	P/P Doduction (\$102.20 Pi Wookh)									
Other (specify) V		384.60	P/R Deduction (\$192.30 Bi-Weekly)									
			-									
Full Name of Individual (Last, First, Middle I C. FRANCIS, KEVIN, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 15815 MINNETONKA BLVI)		M = M / D = D / Y = Y = Y									
	Otata	Zin Oada	01 31 2021									
City MINNETONKA	State MN	Zip Code 55345-1410	Transaction ID : PR2575203360821 Amount of Each Receipt this Period									
FEC ID number of contributing												
federal political committee.	С		384.60									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
United HealthCare Services Inc	VP (Chief Actuary										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		384.60	P/R Deduction (\$192.30 Bi-Weekly)									
			-									
			1153.80									
SUBTOTAL of Receipts This Page (optional)		······	1133.00									
TOTAL This Period (last page this line number	er only)											

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

PAGE 35 OF

177			Use separate schedule(s)	(ch	neck only	/ or	ne)	L				
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	(C)								
A.	Full Name of Individual (Last, First, Middle Initia STORDAHL, PAUL, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 7001 W 175TH AVENUE			01 31 2021								
	City EDEN PRAIRIE	State MN	Zip Code 55346-2161	_					2 1306082 is Period			
	FEC ID number of contributing federal political committee.	С						1 3 5-	384.	60		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Actuary		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60		P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)			
	Full Name of Individual (Last, First, Middle Initia KOENIG, ERICA, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 5985 PRESTWICK COURT	01-1-	7. 0.4		01	1	31		2021	Y		
	City EXCELSIOR	State MN	Zip Code 55331-4412	_					1506082 is Period			
	FEC ID number of contributing federal political committee.	С				U			384.	_		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP H	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initia TRUXAL, WILLIAM, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 226 HARBOR VIEW LANE				01	1	31		үүү 2021			
	City LARGO	State FL	Zip Code 33770-4007	_			-		21846082 is Period			
	FEC ID number of contributing federal political committee.	С					, .	, ,	384.	60		
United HealthCare Services Inc Di			upation (for Individual) sion CEO		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	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 or	ıly)		-			-					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 36 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorport	orated PAC (l	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Mide SHORS, MATTHEW, , ,	Date of Receipt		
Mailing Address 4649 EWING AVENUE	SOUTH		01 31 2021
City MINNEAPOLIS	State MN	Zip Code 55410-1745	Transaction ID : PR2575222360821
		33410 1743	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	ed HealthCare Services Inc Sr Deputy Gen Counsel eipt For: Primary General Aggregate Year-to-Date ▼		P/R Deduction (\$192.30 Bi-Weekly)
Receipt For:			
Other (specify) ▼			
		7	1
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SANTORO, MICHAEL, , ,			Date of Receipt
Mailing Address 18 OLD FIRE ROAD			M M / D D / Y Y Y Y 01 31 2021
City	State	Zip Code	Transaction ID : PR2575222660821
TRUMBULL	СТ	06611-1431	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) Payment Integrity	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	1
Primary General Other (specify) ▼	384.60		P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mido C. GRUNDHOEFER, BRYAN, ,		rganization Name	Date of Receipt
Mailing Address 1500 STAG MEADOW	01 31 2021		
City	State	Zip Code	Transaction ID : PR2575232760821
SAN ANTONIO	ТХ	78248-1346	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			384.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Optum Services, Inc	pt For:		
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.00 Bi-Weekly)
Other (specify)		384.00	
SUBTOTAL of Receipts This Page (option	al)		1153.20
TOTAL This Davied (last page this line and	mbor only)		
TOTAL This Period (last page this line nur		•••••••••••••••••••••••••••••••••••••••	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 37 OF

			Detailed Summary Page	×	11a 13	\square	11 14		_	11c 15	12 16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	se of s	soli	iciting	contribut	tions	
<u> </u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated													
<u> </u>	Full Name of Individual (Last, First, Middle Initial) KORF, GRETCHEN, , ,) or Full O	rgan	nization Name		Date of	Re	_	•	_				
	Mailing Address 3180 CYPRESS CIRCLE S	State		Zip Code	[01 Tranc	'	L	31	/ 		2021	Y	
	MEDINA	MN		55340-8807	A	Transaction ID : PR2575252260821 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 I	•	ion (for Individual)		Me	emo	o It€	em					
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 384.60	P/	P/R Deduction (\$192.30 Bi-Weekly)								
В.	Full Name of Individual (Last, First, Middle Initial) KUETER, DANIEL, , ,) or Full O	rgan	nization Name		ate of	Re	ecei	ipt					
	Mailing Address 1500 WINGATE DRIVE	Oteta		Zie Oode		[™] [™]	/	ľ	31	/	Y	y y 2021	Y	
	City DELAWARE	State OH		Zip Code 43015-9200		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				384.60 Memo Item								
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) twork										
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial) BACHMANN, ANITA, , ,		rgan	nization Name		ate of	Re	ecei	ipt					
	Mailing Address 815 NORTHERN SHORES POIN			Zin On da		01 ^M	/	L	31	J.		2021		
	City GREENSBORO	State NC		Zip Code 27455-3459	Α							5846082 s Period	1	
	FEC ID number of contributing federal political committee.	С						y			y .	384.	60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		Me	emo	o Ite	em					
	Receipt For: A Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			•	[,			,	1153.8	30	
Т	OTAL This Period (last page this line number only	y)		•				-			- y			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 38 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	-										
UnitedHealth Group Incorport	orated PAC (l	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Mide CUEVAS, BRANDON, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 8 CLOISTER COURT			01 31 2021								
City LADERA RANCH	State CA	Zip Code 92694-1556	Transaction ID : PR2575305660821 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) In CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Mide B. HUNT, BRADLEY, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6636 W SHORE DR			01 / Y Y Y Y Y 2021								
City EDINA	State MN	Zip Code 55435-1529	Transaction ID : PR2575310460821 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment CMO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Mide C. WHITE, WAYNE, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 8727 W BUCKHORN T	RL		01 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
City PEORIA	State AZ	Zip Code 85383-4852	Transaction ID : PR2575342360821 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (option	al)		1153.80								
TOTAL This Period (last page this line nu	mber only)										

FOR LINE NUMBER:

PAGE 39 OF

IT?			Use separate schedule(s)	(check	only	one)						
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11		11b		11c	12			
	y information copied from such Reports and Stat for commercial purposes, other than using the n				the pu							
<u> </u>	NAME OF COMMITTEE (In Full)				oonu	ibutioi		11 0001				
\rangle	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	C)								
	Full Name of Individual (Last, First, Middle Initial BRATTEBO, CRAIG, , ,) or Full O	Drganization Name	Dat	e of F	Receip	t					
	Mailing Address 10202 HARMONY CIRCLE	1			01 / Y Y Y Y 2021							
	City EDEN PRAIRIE	State MN	Zip Code 55347-5019	Transaction ID : PR2575397260821 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		supation (for Individual) outy Gen Counsel		Men	no Iter	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R I	Deduc	tion (\$	\$192.3	0 Bi-W	'eekly)			
	Full Name of Individual (Last, First, Middle Initial VENKATESAN, CHANDRAMOULEES			Dat	e of F	Receip	t					
	Mailing Address 17698 62ND COURT NORTH				01		31	/ Y	y y 2021	Y		
	City MAPLE GROVE	State MN	Zip Code 55311-4619						1016082	1		
	FEC ID number of contributing		33311-4019	Amo	ount c	of Eaci	n Rec	eipt th	is Period	_		
	federal political committee.	С		384.60								
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) s Seg CIO		Men	no Iter	n					
	Receipt For: Primary General	Aggregate	Year-to-Date V									
	Other (specify) ▼		, 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial CASTILLO, EFREM, , ,) or Full O	Drganization Name	Dat	e of F	Receip	t					
	Mailing Address 307 JOLIET AVE				01 ^M		31	/ Y	y y 2021	Ŷ		
	City SAN ANTONIO	State TX	Zip Code 78209-5243						4136082 is Period			
	FEC ID number of contributing federal political committee.	С				JI Laci			269.			
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) a Care Initiv		Mer	no Iter	m					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 269.22	P/R Deduction (\$134.61 Bi-Weekly)								
SI	JBTOTAL of Receipts This Page (optional)		•			9		9	1038.	42		
т	OTAL This Period (last page this line number on	ly)	•			-		-				

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 40 OF

17			Use separate schedule(s)	(check on	y one)							
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b			2				
	y information copied from such Reports and Sta for commercial purposes, other than using the r						ng contr					
	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initia MURLEY, MARY, , ,	l) or Full O	rganization Name	Date o	f Receip	ıt						
	Mailing Address 2775 COUNTRYSIDE DRIVE W	/EST		01	/ D	31 /	Y Y 202	ү ү ?1]			
	City ORONO	State MN	Zip Code 55356-9675	Transaction ID : PR2575443660821 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 Actuary		lemo Iter	m						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Dec	luction (\$	\$192.30 Bi-	Weekly)				
в.	Full Name of Individual (Last, First, Middle Initia SPILKER, TIMOTHY, , ,	ll) or Full O	organization Name	Date o	f Receip	ıt						
	Mailing Address 32 FITCH LANE			01	/ D	31 /	y y 202]			
	City NEW CANAAN	State CT	Zip Code 06840-5051			D:PR257						
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment CEO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia BOOKER, ROBERT, , ,	ll) or Full O	organization Name	Date o	f Receip	ıt						
	Mailing Address 16632 HANSON BLVD NW			01	/ D	31	ΥΥΥ 2021]			
	City ANDOVER	State MN	Zip Code 55304-2089			ID : PR257 h Receipt						
	FEC ID number of contributing federal political committee.	С			9	,	3	84.60				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) of Info Security Officer		lemo Iter	m						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)						11	53.80				
т	OTAL This Period (last page this line number or	וy)	••••••		1.45			-				

FOR LINE NUMBER:

PAGE 41 OF

		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							
			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 GEHLBACH, THOMAS, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9613 CUSHING LANE			01 / D D / Y Y Y Y Y 01 31 2021							
City CLEVELAND	State OH	Zip Code 44108	Transaction ID : PR2575448860821 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 Underwriting	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. RUNICE, PAUL, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4622 BRUCE AVENUE			01 / D D / Y Y Y Y Y 2021							
City	State	Zip Code	Transaction ID : PR2575451560821							
EDINA	MN	55424-1123	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		369.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Treasury	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		369.00	P/R Deduction (\$184.50 Bi-Weekly)							
Full Name of Individual (Last, First, Middle . MCGLINCH, THOMAS, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 910 MIDWEST TRAIL NO	RTH		01 / D D / Y Y Y Y Y 01 31 2021							
City LAKE ELMO	State MN	Zip Code 55042-9658	Transaction ID : PR2575451660821 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) Freasury	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		1138.20							
TOTAL This Period (last page this line numl	per only)									

FOR LINE NUMBER:

PAGE 42 OF

		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 and												
or for commercial purposes, other than using t	the name and a	ddress of any political committe	e to sol	cit cor	ntrib	utions 1	from suc	h committ	ee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle MURPHY, ERIC, , ,	Initial) or Full C	rganization Name		ate of	Re	ceipt						
Mailing Address 5201 BLAKE ROAD				01 / D D / Y Y Y Y Y 01 31 2021								
City EDINA	State MN	Zip Code 55436-1127	A	Transaction ID : PR2575453760821 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C			384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO		Me	emo	ltem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. VESLEDAHL, MATTHEW, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt						
Mailing Address 15598 MICHELE LANE				™ 01	1	31) / Y	2021	Y			
City EDEN PRAIRIE	State MN	Zip Code 55346-2548				-		19926082	1			
FEC ID number of contributing federal political committee.	С					Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc						Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. SUNDAL, DEBORAH, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt						
Mailing Address 5109 WEST 66TH ST				^M 01	/	31		y y 2021	Y			
City EDINA	State MN	Zip Code 55439-1429	A					50296082 nis Period	1			
FEC ID number of contributing federal political committee.	С					, .	9	384.	60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff		Me	emc	tem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).						,		1153.	80			
TOTAL This Period (last page this line number	er only)					-	-					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 43 OF

		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle HOWELL, NICHOLAS, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 300 ORANGE GROVE AVE	ENUE		01 31 Y Y Y Y Y 01 31 2021							
City SOUTH PASADENA	State CA	Zip Code 91030-1616	Transaction ID : PR2575510060821 Amount of Each Receipt this Period							
FEC ID number of contributing										
federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Bus Dev	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. KAPLAN, ERIC, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 193 PARTRIDGE LANDING			01 / Y Y Y Y Y 2021							
City GLASTONBURY	State CT	Zip Code 06033-2849	Transaction ID : PR2575524060821							
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		upation (for Individual) P CInt Relationship	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		, 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle COHEN, SANFORD, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 28 CRESCENT LANE			01 / D D / Y Y Y Y Y 01 31 2021							
City LEVITTOWN	State NY	Zip Code 11756-2506	Transaction ID : PR2575526160821 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, Clinical Policy	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			1153.80							
TOTAL This Period (last page this line number	er only)									

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 44 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other th	nan using the name and a		erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group In		JnitedHealth Group PA	AC)									
Full Name of Individual (Last, Fir A. HUNTER, ROBERT, , ,	st, Middle Initial) or Full O	organization Name	Date of Receipt									
Mailing Address 5420 COUNTRY			01 / D / Y Y Y Y Y 01 31 2021									
City EDINA	State	Zip Code 55436-2524	Transaction ID : PR2575528360821									
FEC ID number of contributing federal political committee.	С	33430-2324	Amount of Each Receipt this Period 384.60									
Name of Employer (for Individual United HealthCare Services Inc) Occu VP	upation (for Individual) Fin	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, Fir B. HOLOVNIA, KRISTEN, ,		organization Name	Date of Receipt									
Mailing Address 4610 LAKEVIEW			01 31 Y Y Y Y Y 2021									
City EDINA	State MN	Zip Code 55424-1518	Transaction ID : PR2575533060821 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual United HealthCare Services Inc	,	upation (for Individual) Deputy Gen Counsel	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, Fir C. STEINBRECHER, HOLI		Organization Name	Date of Receipt									
Mailing Address 2101 LILAC LAN	IE		01 / Y Y Y Y 01 31 2021									
City FRISCO	State TX	Zip Code 75034-3652	Transaction ID : PR2575544560821									
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) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page	(optional)		1153.80									
TOTAL This Period (last page this	line number only)	•••••										

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12								
			Detailed Suthinary 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	JnitedHealth Group PA	(C)								
Α.	Full Name of Individual (Last, First, Middle Initial) WINSOR, ELIZABETH, , ,	or Full O	rganization Name	Date of Receipt 01 / 31 / 2021 Transaction ID : PR2575582860821								
	Mailing Address 57 WILDERS PASS											
	City CANTON	State CT	Zip Code 06019-2259									
		01	00019-2239	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: A	aareaate	Year-to-Date ▼	—								
	Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)								
В.	Full Name of Individual (Last, First, Middle Initial) SOLLER, BRIAN, , ,	or Full O	rganization Name	Date of Receipt								
	Mailing Address 1120 S 2ND STREET UNIT 614			01 31 2021								
	City	State	Zip Code	Transaction ID : PR2575586760821								
	MINNEAPOLIS	MN	55415-1375	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg CIO	Memo Item								
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial) GISCH, SHAWNA, , ,	or Full O	rganization Name	Date of Receipt								
	Mailing Address 320 PRESERVE COURT			01 31 2021								
	City	State	Zip Code	Transaction ID : PR2575592160821								
	CHANHASSEN	MN	55317-8717	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item								
	United HealthCare Services Inc	SVP	Clin Ops									
		ggregate	Year-to-Date 🔻									
	Other (specify)		384.60	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	/)	•									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 46 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and 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 (I	UnitedHealth Group PA	νC)								
Full Name of Individual (Last, First, Middle In MILLER, MICHAEL, , ,	itial) or Full C	Organization Name	Date of Receipt								
Mailing Address 1 CANAL STREET 802	State	Zip Code	01 / D D / Y Y Y Y Y Y Y 01 31 2021								
City BOSTON	MA	02114-2019	Transaction ID : PR2575595660821								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Business Development Exe	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle In IVERSON, LISA, , ,	itial) or Full C	Organization Name	Date of Receipt								
Mailing Address 13341 CARRACH AVENUE			01 31 2021								
City ROSEMOUNT	State MN	Zip Code 55068-4774	Transaction ID : PR2575603260821 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strat Initiv	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle In GOODMAN, BENJAMIN, , ,	itial) or Full C	Organization Name	Date of Receipt								
Mailing Address 13828 EVERGREEN COUR	г		01 / D D / Y Y Y Y Y 01 31 2021								
City APPLE VALLEY	State MN	Zip Code 55124-9257	Transaction ID : PR2575603860821 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CFO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			1153.80								
TOTAL This Period (last page this line number	only)	-									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 47 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	NC)									
A.	Full Name of Individual (Last, First, Middle Initia COSTA, JOEL, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 775 WESTCHESTER AVENUE			01 / D D / Y Y Y Y Y 01 31 2021									
	City SHAKOPEE	State MN	Zip Code	Transaction ID : PR2575605860821									
	SHAROPEE		55379-4557	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	Occi VP	upation (for Individual) Fin	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		230.76	P/R Deduction (\$115.38 Bi-Weekly)									
В.	Full Name of Individual (Last, First, Middle Initia KING, SARAH, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 23 GARDEN CITY ROAD			01 31 2021									
	City	State	Zip Code	Transaction ID : PR2575612860821									
	DARIEN	СТ	06820-5343	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P SIs	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia WAULTERS, SCOTT, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 4 HEMLOCK COURT			01 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
	City	State NJ	Zip Code	Transaction ID : PR2575622160821									
	MANALAPAN	INJ	07726-4254	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			999.96									
т	OTAL This Period (last page this line number or	nly)											

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 48 OF

171			Use separate schedule(s)	(che	eck only	/ on	ie)	L		-		
			for each category of the Detailed Summary Page	×	11a 13		11b	11c		2	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the n				or the		oose of	soliciting	g cont	ributio	ons	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	NC)								
A.	Full Name of Individual (Last, First, Middle Initia THOMPSON, BRIAN, , ,	l) or Full Oi	rganization Name	[Date of Receipt							
	Mailing Address 17829 63RD AVE N				м м 01	/	D D 31	/ Y	y 202	21	Y	
	City MAPLE GROVE	State MN	Zip Code 55311-4650					PR25750 eceipt th				
	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) D UHC Govt Prgms		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P	/R Dedi	uctio	on (\$192	2.30 Bi-W	/eekly	')		
в.	Full Name of Individual (Last, First, Middle Initia WILSON, STEPHEN, , ,	l) or Full Oi	rganization Name	[Date of	Re	ceipt					
	Mailing Address 2420 DURHAM MANOR DRIVE			м м 01	/	D D 31	/ Y	y 202	Y 1	Ŷ		
	City FRANKLIN	State TN	Zip Code 37064-5266					PR25756				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Hlth Plan CEO			Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.00	P/R Deduction (\$192.00 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia	l) or Full Oi	rganization Name		Date of	Re	ceipt					
	Mailing Address 8 COOPER AVENUE				01 ^M	/	31	/ Y	202		Ŷ	
	City EDINA	State MN	Zip Code 55436-1315					PR2575 eceipt th				
	FEC ID number of contributing federal political committee.	С					9	9	3	384.60	0	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) If Marketing Officer		Me	emo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		••••••	.			,		11	53.20	0	
т	OTAL This Period (last page this line number or	ly)	••••••							-		

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 49 OF

	EMIZED RECEIPTS		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 Stater for commercial purposes, other than using the nar			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (L	JnitedHealth Group PA	.C)							
Α.	Full Name of Individual (Last, First, Middle Initial) CABANILLAS, MARIA, , ,	or Full Or	rganization Name	Date of Receipt							
	Mailing Address 2411 WORDSWORTH ST			01 / Y Y Y Y 2021							
	5	State TX	Zip Code 77030-1833	Transaction ID : PR2575637360821							
	HOUSTON		77030-1833	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		ipation (for Individual) Plan CEO	Memo Item							
	Receipt For: A		Year-to-Date ▼	_							
	Primary General Other (specify) ▼	99.09410	384.60	P/R Deduction (\$192.30 Bi-Weekly)							
	Full Name of Individual (Last, First, Middle Initial) HERMAN, CRAIG, , ,	or Full Or	rganization Name	Date of Receipt							
	Mailing Address 9609 WYOMING CIRCLE			01 31 2021							
	City	State	Zip Code	Transaction ID : PR2575650260821							
	BLOOMINGTON	MN	55438-1628	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svc	Memo Item							
	Receipt For: Age Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ , 384,60	P/R Deduction (\$192.30 Bi-Weekly)							
	Full Name of Individual (Last, First, Middle Initial) KANE, HEATHER, , ,	or Full Or	rganization Name	Date of Receipt							
	Mailing Address 7624 N MOUNTAIN VIEW PASS			01 01 0 / Y Y Y Y 01 01 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	-	State	Zip Code	Transaction ID : PR2575657460821							
	PARADISE VALLEY	AZ	85253-2844	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		ipation (for Individual) Plan CEO	Memo Item							
	Receipt For: A	ggregate	Year-to-Date V								
	Primary General Other (specify)		384.60	P/R Deduction (\$192.30 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			1153.80							
T	OTAL This Period (last page this line number only))	•								

FOR LINE NUMBER:

PAGE 50 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11						
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 LEON, LINDA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 19 ENSIGN LANE			01 31 2021						
City MASSAPEQUA	State NY	Zip Code 11758-7839	Transaction ID : PR2575671860821 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) Reg VP of SIs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. STIDMAN, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6504 CHEROKEE TRAIL			01 / D D / Y Y Y Y 01 31 2021						
City EDINA	State MN	Zip Code 55439-1109	Transaction ID : PR2575683860821						
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)	Memo Item						
Receipt For:		P Mktg							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. OCHIPINTI, JOSEPH, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 20 DEAN STREET	1		01 / D D / Y Y Y Y 2021						
City ANNAPOLIS	State MD	Zip Code 21401-2716	Transaction ID : PR2575685760821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1153.80						
TOTAL This Period (last page this line numb	er only)								

FOR LINE NUMBER:

PAGE 51 OF

			Use separate schedule(s)	(ch	(check only one)								
			for each category of the Detailed Summary Page		′ 11a 13		11b	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	contribu	utions			
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P	AC)									
A.	Full Name of Individual (Last, First, Middle Initia FINE, BRETT, , ,	al) or Full O	rganization Name		Date of Receipt								
Mailing Address 707 STONINGTON ROAD					м м 01	/	D D 31	/ Y	ү ү 2021	Y			
	City SILVER SPRING	State MD	Zip Code 20902-1549	Transaction ID : PR2575692860821 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Corp Strat	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60] [P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)				
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name PROKOCKI, ELIZABETH, , ,						ceipt						
	Mailing Address 9091 KORNBRUST DR City State Zip Code						31	J L	2021				
	LONE TREE	CO	80124-5333					PR25757 eceipt th					
	FEC ID number of contributing federal political committee.	С					-		384	_			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Gen Mgmt	,									
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initia WILSON, D ELLEN, , ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 400 STUART STREET	State	Zip Code		01 01	1	31	JL	2021	_			
	City BOSTON	MA	02116-5011				-	PR25757					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :		384	.60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) UnitedHlth Grp		Me	emc	tem						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 384.60					P/R Deduction (\$192.30 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			►			y .	5	1153	.80			
Т	OTAL This Period (last page this line number of	nly)											

FOR LINE NUMBER:

PAGE 52 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			Person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle A. CAIN, STEVE, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4 COUNTRYSIDE CT			01 31 2021							
City DANVILLE	State CA	Zip Code 94506-1126	Transaction ID : PR2575724360821 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) Plan CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$115.38 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. KRAL, JESSICA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4358 COOLIDGE AVE	1		01 / D D / Y Y Y Y 01 31 2021							
City SAINT LOUIS PARK	State MN	Zip Code 55424-1020	Transaction ID : PR2575736160821 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. MURRAY, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 10 CIRCLE WEST			01 / D D / Y Y Y Y 2021							
City EDINA	State MN	Zip Code 55436-1313	Transaction ID : PR2575736560821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			999.96							
TOTAL This Period (last page this line num	per only)									

FOR LINE NUMBER:

PAGE 53 OF

		Use separate schedule(s)	(check or	nly or	ne)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12		
Any information copied from such Reports and									
or for commercial purposes, other than using t	ne name and a	address of any political committee	e to solicit c	ontrib	outions f	rom such	n committe	90.	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle CESARETTI, GINA, , ,	Initial) or Full C	organization Name	Date	of Re	eceipt				
Mailing Address 5020 CIRCLE DOWN			M 01	01 31 2021					
City GOLDEN VALLEY	State MN	Zip Code 55416-1304					7 3906082 is Period	1	
FEC ID number of contributing federal political committee.	С					-	384.6	60	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Strategy		Memo	tem				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R De	ducti	on (\$192	2.30 Bi-W	/eekly)		
Full Name of Individual (Last, First, Middle B. FULTON, RYAN, , ,									
Mailing Address 805 LANEWOOD LANE NC			01	M /	D D D	/ Y	y y 2021	Y	
City PLYMOUTH	State MN	Zip Code 55447-4347			-		5696082 1 is Period	I	
FEC ID number of contributing federal political committee.						384.6	60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	N	Memo	ltem				
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle EKLO, BENJAMIN, , ,	Initial) or Full C	organization Name	Date	of Re	eceipt				
Mailing Address 3942 CAMPELLO CURVE	State	Zin Code	01		31	JL	2021		
City CHASKA	MN	Zip Code 55318-4639			-		76186082 is Period	1	
FEC ID number of contributing federal political committee.	С				y :	y	384.6	60	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).					, .	,	1153.8	30	
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:

(check only one)

PAGE 54 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Stat for commercial purposes, other than using the n			rson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	JnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial CUNNINGHAM, MICHAEL, , ,) or Full C	organization Name	Date of Receipt								
	Mailing Address 122 MAHOGANY WAY	1		01 / D D / Y Y Y Y 2021								
		State PA	Zip Code	Transaction ID : PR2575767860821								
	UPPER GWYNEDD		19446-6084	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) O NA Acct	Memo Item								
	Receipt For:	Aaareaate	Year-to-Date V									
	Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)								
B.	Full Name of Individual (Last, First, Middle Initial PAIK, JESSICA, , ,) or Full C	organization Name	Date of Receipt								
	Mailing Address 18 BUTTONWOOD LANE EAST	01 31 2021										
	City	State	Zip Code	Transaction ID : PR2575783160821								
	RUMSON	NJ	07760-1010	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 CInt Mgmt Svc	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial LEVINE, CAROL, , ,) or Full C	Prganization Name	Date of Receipt								
	Mailing Address 9100 LARKSPUR LANE			01 31 2021								
	City	State	Zip Code	Transaction ID : PR2575803360821								
	EDEN PRAIRIE	MN	55347-2004	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 Cust Strategy	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			1153.80								
т	OTAL This Period (last page this line number on	ly)	••••••									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 55 OF

			Use separate schedule(s)	(check d	(check only one)							
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	۹ –	11b	11c	12	<u> </u>			
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia HJERPE, ADAM, , ,	l) or Full O	rganization Name	Date	of R	eceipt						
	Mailing Address 13932 UTAH AVE S			01 31 2021								
	City	State MN	Zip Code	Transaction ID : PR2575806260821 Amount of Each Receipt this Period								
	SAVAGE	IVIIN	55378-2159									
	FEC ID number of contributing federal political committee.	С						384.6	30			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Gen Mgmt		Mem	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia SHAPIRO, DAVID, , ,	l) or Full O	rganization Name	Date	of R	eceipt						
	Mailing Address 5215 MORGAN AVENUE SOUT	м 0		D D D 31	/ Y	y y 2021	Y					
	City MINNEAPOLIS	State MN	Zip Code 55419-1026					314260821	L			
		C	55419-1028	Amo	unt of	Each Re	eceipt th	is Period				
	FEC ID number of contributing federal political committee.							50				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Cnsmr Off		Mem	o Item						
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify) ▼		384.60	P/R D	educti	ion (\$192	.30 Bi-W	/eekly)				
с.	Full Name of Individual (Last, First, Middle Initia MCNATT, RICHARD, , ,	l) or Full O	rganization Name	Date	of R	eceipt						
	Mailing Address 1120 KENSINGTON COURT			0		^{D D} 31	/ Y	2021	Y			
	City ALPHARETTA	State GA	Zip Code 30022-6274					82496082 is Period	1			
	FEC ID number of contributing federal political committee.	С					eceipt til	384.6	30			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs Ops & Reg Field SIs		Mem	o Item						
	Receipt For: Primary General Other (specify)	1	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		•			, ,		1153.8	30			
т	OTAL This Period (last page this line number or	ıly)	•			4						

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 56 OF

	Use separate schedule(s)	(check or	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a]11b	11c	12	<u> </u>		
Any information copied from such Reports and										
or for commercial purposes, other than using t	ine name and a	duress of any political committee	e lo solicit c	ontrib	outions f	IOTTI SUCP	i committe	ee.		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle KAUFMAN, PHILIP, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 1580 BOHNS POINT ROAI	2		м 01	01 31 2021						
City WAYZATA	State MN	Zip Code 55391-9309					32986082 [.] is Period	1		
FEC ID number of contributing federal political committee.	C						384.6	60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO		Memo	tem Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. GOLDEN, WILLIAM, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 106 SOUND COURT			01 / Y Y Y Y 01 31 2021							
City NORTHPORT	State NY	Zip Code 11768-3527					5936082 1 is Period	I		
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Bus Segment CEO			tem					
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		384.60	P/R De	ducti	on (\$192	2.30 Bi-W	'eekly)			
Full Name of Individual (Last, First, Middle COTTINGTON, NYLE BRENT,		rganization Name	Date	of Re	eceipt					
Mailing Address 15050 47TH STREET NE			01		31		2021			
City SAINT MICHAEL	State MN	Zip Code 55376-1613					36536082 is Period	1		
FEC ID number of contributing federal political committee.	С				y		384.6	60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng		Memo	o Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).					, .	,	1153.8	80		
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:

(check only one)

PAGE 57 OF

				Detailed Summary Page	×	11a	\square	11	- H	\neg	11c	12		
An	ny information copied from such Reports and State	ements ma	L av no	ot be sold or used by any pe	rson fo	13 or the i	Durr	14 pos		so	15 licitina	contribut	l 17 tions	
	for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full)				<u></u>									
/	UnitedHealth Group Incorporated				(C)									
Α.	Full Name of Individual (Last, First, Middle Initial) PEZHMAN, PAYMAN, , ,) or Full O	rgar	nization Name	Date of Receipt									
	Mailing Address 3016 GROVELAND SCHOOL RC	OAD] [01 31 2021								
	City	State		Zip Code		Transaction ID : PR2575883560821								
	WAYZATA	MN		55391-2816	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	_			384.60								
	Name of Employer (for Individual)		•	ion (for Individual)	11	Me	emo) Ite	əm					
	United HealthCare Services Inc	Bus	Seg	gment Gen Counsel										
		Aggregate	Yea	r-to-Date ▼		D -			10					
	Primary General Other (specify) ▼	-	384.60	P/	R Dedu	uctic	on	(\$192	2.30	0 Bi-W	eekly)			
B.	Full Name of Individual (Last, First, Middle Initial)	Date of Receipt												
	Mailing Address 48 MOUNTAIN TERRACE ROAD				01 31 2021							Y		
	City	State		Zip Code				-				3046082	1	
	WEST HARTFORD	СТ		06107-1533	A	mount	of	Ea	ch Re	ece	eipt thi	is Period		
	FEC ID number of contributing federal political committee.	С	[384.60							30			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu NA V		Memo Item										
		Aggregate	1											
	Other (specify) ▼		,	, 384.60	P/	P/R Deduction (\$192.30 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Initial) MATTERA, RICHARD, , ,) or Full O	rgar	nization Name		Date of	Re	cei	pt					
	Mailing Address 640 LOCUST HILLS DRIVE					01	1	_	D D 31]	/ Y	2021	Y	
	City	State	_	Zip Code								3846082	1	
	WAYZATA	MN	_	55391-1973	A	mount	of	Ea	ch R€	ece	eipt thi	is Period		
	FEC ID number of contributing federal political committee.	С	_				_	,		-	9	384.0	30	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ief Dev Officer		Me	emo) Ite	em					
	Descript For:			r-to-Date ▼	\neg									
	Primary General	ggi Gyale	, ed	384.60	P/	'R Dedu	uctio	on	(\$192	2.3	0 Bi-W	'eekly)		
	Other (specify)							-						
s	UBTOTAL of Receipts This Page (optional)			•	[_		,	_			1153.8	30	
т	OTAL This Period (last page this line number onl	'y)		····· •	į	_			_	f t	-			

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 58 OF

	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12								
Any information copied from such Reports an or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions from such committee								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle FRANK, DANIEL, , ,	,	rganization Name	Date of Receipt								
Mailing Address 1373 PRAIRIE MEADOW			01 / D D / Y Y Y Y Y 2021								
City MINNETRISTA	State MN	Zip Code 55359-6701	Transaction ID : PR2575970460821 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 Clin Off	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle RICHARDS , ALISON , , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 257 WEST GRANTLEY			01 / D D / Y Y Y Y Y 2021								
City ELMHURST	State	Zip Code 60126-2237	Transaction ID : PR2575987960821 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 Unit COO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. CHAMBUNDABONGSE, KUNJ		rganization Name	Date of Receipt								
Mailing Address 9730 46TH STREET			01 / 01 / 2021								
City WATERTOWN	State MN	Zip Code 55388-9333	Transaction ID : PR2576000260821 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) Fechnology	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			1153.80								
TOTAL This Period (last page this line numb	er only)										

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 59 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12					
Any information copied from such Reports and											
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to solicit co	ntributions	from such	n committe	90.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle BRIGGS, MARC, , ,	Initial) or Full C	rganization Name	Date o	f Receipt							
Mailing Address 13534 TUSCALEE HILL C	R		M M 01	01 31 2021							
City DRAPER	State UT	Zip Code 84020-5653			: PR25760 Receipt th						
FEC ID number of contributing federal political committee.	С				1.95	384.6	0				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	M	emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle SONERHOLM, KIMBERLY, , ,	Initial) or Full C	rganization Name	Date o	f Receipt							
Mailing Address 3380 SHELBORNE WOOD			01	/ D		y y 2021	Y				
City CARMEL	State IN	Zip Code 46032-8101			: PR25760 Receipt th						
FEC ID number of contributing federal political committee.	ě l					384.6	0				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	M	emo Item							
Receipt For:	Aggregate	Year-to-Date V	7								
Other (specify) ▼		384.60	P/R Ded	uction (\$1	92.30 Bi-W	/eekly)					
Full Name of Individual (Last, First, Middle C. BYRNES, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date o	f Receipt							
Mailing Address 3920 GLENWOOD STREE			01	3	1	y y 2021					
City DULUTH	State MN	Zip Code 55804-1403			: PR2576		1				
FEC ID number of contributing federal political committee.	С				5	384.6	0				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops		lemo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)				.,	,	1153.8	0				
TOTAL This Period (last page this line numb	er only)				1.40						

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 60 OF

			Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12							
	y information copied from such Reports and Sta										
or	for commercial purposes, other than using the n	ame and a	address of any political committee	to solicit contributions from such committee.							
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initia KANDALAFT, KEVIN, , ,	l) or Full O	Drganization Name	Date of Receipt							
	Mailing Address 4189 WINDSOR POINT PLACE			01 31 2021							
	City EL DORADO HILLS	State CA	Zip Code 95762-3797	Transaction ID : PR2576043660821 Amount of Each Receipt this Period							
United HealthCare Services Inc HI				384.60							
			cupation (for Individual) h Plan CEO	Memo Item							
			e Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia MONICAL, KENT, , ,	Drganization Name	Date of Receipt								
	Mailing Address 9795 E PIEDRA DRIVE			01 / D D / Y Y Y Y 2021							
	City SCOTTSDALE	State AZ	Zip Code 85255-9231	Transaction ID : PR2576051360821 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) 'P, Medicare STARS	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initia REX, JOHN, , ,	l) or Full O	Drganization Name	Date of Receipt							
	Mailing Address 503 HARRINGTON ROAD			01 / D D / Y Y Y Y Y 01 31 2021							
	City WAYZATA	State MN	Zip Code 55391-1512	Transaction ID : PR2576060060821 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) G CFO	Memo Item							
Receipt For: Aggregate Primary General Other (specify)			e Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		••••••	1153.80							
Т	OTAL This Period (last page this line number on	ıly)	••••••								

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 61 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or	y information copied from such Reports and Stat for commercial purposes, other than using the na			rson for the purpose of soliciting contributions								
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial MCEWAN, JOSHUA, , ,) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 4916 ALDRICH AVE SOUTH	State	Zip Code	01 / D D / Y Y Y Y 2021								
	MINNEAPOLIS	MN	55419-5353	Transaction ID : PR2576085760821 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) Tax	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial PALMER, BRYAN, , ,) or Full C	Date of Receipt									
	Mailing Address 346 COUNTRY CLUB DRIVE	01 / D / Y Y Y Y 2021										
	City TEQUESTA	State FL	Zip Code 33469-1944	Transaction ID : PR2576097960821 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) gn Growth Off	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial MELNICK, BRADLEY, , ,) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 5185 KELSEY TERRACE			01 / D D / Y Y Y Y Y 2021								
	City EDINA	State MN	Zip Code 55436-1174	Transaction ID : PR2576111960821 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Ops	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 384.60	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 onl	y)	•									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 62 OF

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	ated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle A. GROSSMAN, MICHAEL, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 15725 56TH AVE N			M M / D D / Y Y Y Y 01 31 2021							
City PLYMOUTH	State MN	Zip Code 55446-2984	Transaction ID : PR2576145860821 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) sion COO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. PAUNOVICH, VUKASIN, , ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name PAUNOVICH, VUKASIN, , ,									
Mailing Address 1209 KEITH RD			01 31 2021							
City WAKE FOREST	State NC	Zip Code 27587-7301	Transaction ID : PR2576306760821 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Tech Off	Memo Item							
Receipt For:	Aggregate	Year-to-Date V	D/P Deduction (\$192.30 Bi-Weekly)							
Other (specify) V		384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. BENSON, JEAN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 14951 HIGHLAND COUR	T NE State	Zip Code	01 / 01 / 2021							
PRIOR LAKE	MN	55372-4109	Transaction ID : PR2576310960821 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) Group CFO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional))		1153.80							
TOTAL This Period (last page this line numb	per only)									

FOR LINE NUMBER:

PAGE 63 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle LONG, PAUL, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 12352 PRINCETON AVE			01 31 2021								
City EDEN PRAIRIE	State MN	Zip Code 55347-1936	Transaction ID : PR2578734960821 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. EGELAND, DANIEL, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name EGELAND, DANIEL, , ,										
Mailing Address 2659 E LAKE OF THE ISLE	Mailing Address 2659 E LAKE OF THE ISLES PKWY										
City MINNEAPOLIS	State MN	Zip Code 55408-1052	Transaction ID : PR2578741060821 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) Bus Dev	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. ASNER, BARTLEY, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 25 OFFSHORE			01 / Y Y Y Y 2021								
City NEWPORT BEACH	State CA	Zip Code 92657-2162	Transaction ID : PR2578819460821 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) Strategy	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			1153.80								
TOTAL This Period (last page this line number	er only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 64 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than usi			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (L	InitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Mide A. DUFFEY, KRISTY, , ,	dle Initial) or Full Or	ganization Name	Date of Receipt					
Mailing Address 42095 N 109TH PLACE			01 / D D / Y Y Y Y Y 01 31 2021					
City SCOTTSDALE	State AZ	Zip Code 85262-3293	Transaction ID : PR2578823260821					
	~~	05202-5295	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) f Clin Off	Memo Item					
Receipt For:	Aggregate	lear-to-Date ▼						
Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Mide B. CIAVOLA, LAURA, , ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name AVOLA, LAURA, , ,							
Mailing Address 6958 DELOACH COUR	01 31 2021							
City	State	Zip Code	Transaction ID : PR2578824360821					
FRISCO	TX	75034-7436	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	Occu SVP	pation (for Individual) Ops	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ , 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Mide C. SNYDER, MARY, , ,	dle Initial) or Full Or	ganization Name	Date of Receipt					
Mailing Address 156 HIGH WINDS DRIV	/E		01 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
City	State	Zip Code	Transaction ID : PR2595229360821					
YARMOUTH	ME	04096-5958	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		pation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify)	I	/ear-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (option	nal)		1153.80					
TOTAL This Period (last page this line nu	mber only)							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 65 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	ig the name and a									
UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mide HAREWOOD, JUNIOR, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 223 MOUNT VERNON	COVE		01 / Y Y Y Y 01 31 2021							
City SANDY SPRINGS	State GA	Zip Code 30328-4130	Transaction ID : PR2595231560821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mide B. SHORT, MARIANNE, , ,	Date of Receipt									
Mailing Address 2215 SUMMIT AVENUE	Mailing Address 2215 SUMMIT AVENUE									
City	State	Zip Code	Transaction ID : PR2601133560821							
SAINT PAUL	MN	55105-1002	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Gen Counsel	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mide C. RODRIGUEZ, ROGER, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4825 DAVIS ROAD		1	01 / D D / Y Y Y Y 2021							
City MIAMI	State FL	Zip Code 33143-6141	Transaction ID : PR2601176860821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		1153.80							
TOTAL This Period (last page this line nu	mber only)									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 66 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	× 11a 11b 11c 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions						
or for commercial purposes, other than using	the name and a	aaress of any political committe	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle MCBEATH, ROBERT, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2537 RED ARROW DRIVE			01 / Y Y Y Y 01 31 2021						
City LAS VEGAS	State NV	Zip Code 89135-1628	Transaction ID : PR2605708960821 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) D Med Grp Physn	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
B. MALONE, TRACY, , ,									
Mailing Address 900 S 22ND ST									
City ARLINGTON	State VA	Zip Code 22202-2625	Transaction ID : PR2605736960821 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů l								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affs	Memo Item						
Receipt For:	Aggregate	Year-to-Date V	-						
Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle BODELL, LESLIE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 18710 34TH AVENUE NO	1	7. 0.4	M M / D D / Y Y Y Y 31 2021						
City PLYMOUTH	State MN	Zip Code 55447-1000	Transaction ID : PR2609811360821 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) ? Ops	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1153.80						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 67 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
111			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 r			person for the purpose of soliciting contribution	ns					
\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 WRIGHT, NORMAN, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 11347 E LA JUNTA ROAD			01 31 2021	1					
	City SCOTTSDALE	State AZ	Zip Code 85255-5791	Transaction ID : PR2609812360821 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) of Customer Officer	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initia BAKER, MICHAEL, , ,	Date of Receipt	_							
	Mailing Address 2383 HIGHOVER TRAIL	01 D D / Y Y Y Y Y 2021								
	CHANHASSEN	State MN	Zip Code 55317-4744	Transaction ID : PR2612530560821 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 Ops	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initia HASSLINGER, CHRISTOPHER, ,		rganization Name	Date of Receipt						
	Mailing Address 23261 WOODLAND RIDGE DR	State	Zip Code	01 / D D / Y Y Y Y 01 31 2021 Transaction ID : PR2613384560821						
	LAKEVILLE	MN	55044-7293	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) Bus Dev	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
	UBTOTAL of Receipts This Page (optional)			1153.80						

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 68 OF

			Use separate schedule(s	/ /	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		¥ 11a 13	\vdash	11b	11c 15	12	Г	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				n for the	purp	ose of a	soliciting	contri	ibutic	ns
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group	DAC))						
A.	Full Name of Individual (Last, First, Middle Initia BURKHOLDER, CHAD, , ,	l) or Full Or	rganization Name		Date of	f Rec	ceipt				
	Mailing Address 2423 DUBONNET DRIVE				м м 01	/	D D 31	/ Y	۲ 202	ү ү 1	1
	City MACUNGIE	State PA	Zip Code 18062-8857					PR26150 eceipt th			_
	FEC ID number of contributing federal political committee.	С					y		38	84.60	
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (upation (for Individual) Ops		М	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60)	P/R Ded	luctio	ın (\$192	.30 Bi-W	/eekly))	
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BARELA, ERNEST, , ,						ceipt				
	Mailing Address 12059 VIBRATO COURT						D D 31	/ Y	2021	Y Y	
	City LAS VEGAS	State NV	Zip Code 89138-4654	-				PR26150 eceipt th			
	FEC ID number of contributing federal political committee.	С			384.60						
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Gen Mgmt				Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60)	P/R Deduction (\$192.30 Bi-Weekly)						
С.	Full Name of Individual (Last, First, Middle Initia BIRNBAUM, MICHAEL, , ,	l) or Full Or	rganization Name		Date o	f Rec	ceipt				
	Mailing Address 55 DEAN STREET				01		D D D 31	L	2021	L.,	
	City BROOKLYN	State NY	Zip Code 11201-6245	-			-	PR2615			
	FEC ID number of contributing federal political committee.	С					y	.,		84.60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Hthcare Econ		Μ	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60		P/R Deduction (\$192.30 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			▶			y	. ,	115	53.80	
Т	OTAL This Period (last page this line number on	ly)		▶			y			-	

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 69 OF

			Use separate schedule(s)	(ch	(check only one)						
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r						oose of	soliciting	g cont	tributi	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initia BROWN, ROGER, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 512 EAST STATE AVE				м м 01	/	D D D 31	/ Y	Y 202	21	Y
	City PHOENIX	State AZ	Zip Code 85020-4940					PR2622			
	FEC ID number of contributing federal political committee.	С								384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOURAS, DENNIS, , ,						ceipt				
	Mailing Address 6376 MARSH ROAD			01 / D D / Y Y Y Y 2021						Y	
	City COTTRELLVILLE	State MI	Zip Code 48039-1314					PR26237			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 384.60					0	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initia MULES, REBECCA, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 1136 BATTERY AVENUE				01	1	D D D 31	/ Y	202	21 21	Y
	City BALTIMORE	State MD	Zip Code 21230-4112				-	PR2624 eceipt th			
	FEC ID number of contributing federal political committee.	C			<u> </u>		y	y	÷	384.6	0
	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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,	,	1	153.80	0
т	OTAL This Period (last page this line number or	nly)		•				1.45			

FOR LINE NUMBER:

PAGE 70 OF

		Use separate schedule(s)	(check o	(check only one)									
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	× 11a		11b	11c	12	<u> </u>						
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	A not be sold or used by any p ddress of any political committee	erson for th	e pur	pose of	15 soliciting	16 contribut	17 ions					
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle I STALLWOOD, GREGG, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt								
Mailing Address 4842 JUNIPER DR			M 01		31	/ Y	ү ү 2021	Y					
City PALM HARBOR	State FL	Zip Code 34685-2688					19906082 is Period	1					
FEC ID number of contributing federal political committee.	С				-		384.6	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs		Memo	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R De	∍ducti	ion (\$192	2.30 Bi-W	/eekly)						
Full Name of Individual (Last, First, Middle I COLLETTE, CHRISTOPHER, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt								
Mailing Address 4776 MANITOU ROAD						01 / 31 / 2021 Transaction ID : PR2625499560821							
City EXCELSIOR	State MN	Zip Code 55331-9400			-								
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 UnitedHIth Grp		Memo	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R De	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I C. RELLER, TAMI, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt								
Mailing Address 5120 MIRROR LAKES DRIV			01		31	JL	y y 2021						
City EDINA	State MN	Zip Code 55436-1342					50196082 is Period	1					
FEC ID number of contributing federal political committee.	С				y	,	384.6	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Chief Mktg Off		Memo	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R D	educti	ion (\$192	2.30 Bi-W	/eekly)						
SUBTOTAL of Receipts This Page (optional)					, .	,	1153.8	30					
TOTAL This Period (last page this line numbe	r only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 71 OF

				etailed Summary Page	×	11a 13	\vdash	111 14		11c 15		12 16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the n									oliciting				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jnite	edHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial SMITH, LISA, , ,) or Full O	rganiz	zation Name	Date of Receipt									
	Mailing Address 5040 INTERLACHEN BLUFF				01 / D D / Y Y Y Y Y 2021									
	City EDINA	State MN	Z	Zip Code 55436-1360		Transaction ID : PR2625503760821 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		•	n (for Individual) nent CMO	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 384.60	P	/R Ded	uctio	on ((\$192.:	30 Bi-V	/eek	dy)		
B.	Full Name of Individual (Last, First, Middle Initial LAWTON, MICHAEL, , ,) or Full O	rganiz	zation Name		Date of Receipt								
	Mailing Address 1720 CROSS PINES DR		01 / D D / Y Y Y Y 2021											
	City FLEMING ISLAND	State FL	Z	Zip Code 32003-4915	/			-		R26255				
	FEC ID number of contributing federal political committee.	С		384.60							0			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Hlth	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 384.60	P/	'R Ded	uctio	on ((\$192.:	30 Bi-W	/eek	ly)		
C.	Full Name of Individual (Last, First, Middle Initial HINES, GREGORY, , ,) or Full O	rganiz	zation Name		Date of	Re	ecei	pt					
	Mailing Address 3710 P STREET					^M 01	Ŀ	L	31	/ Y	20)21)	Y	
	City SACRAMENTO	State CA	Z	Zip Code 95816-6733						R2626				
	FEC ID number of contributing federal political committee.	С						,		y	_	384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Govt A	n (for Individual) Affs		М	emc	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 384.60					P/R Deduction (\$192.30 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			•••••				,		y	1	1153.8	0	
т	OTAL This Period (last page this line number on	ly)		••••••				-		-				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 72 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Inc	corporated PAC (l	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, Firs A. STOCKSTAD, LYNNE, , ,		rganization Name	Date of Receipt								
Mailing Address 5190 MEADVILLI			01 / D D / Y Y Y Y Y 01 31 2021								
City EXCELSIOR	State MN	Zip Code 55331-8790	Transaction ID : PR2626915560821 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) Grp Chief Mktg Off	Memo Item								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, Firs B. DUKART, JENNIFER, , ,	t, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2541 DRESDEN	LANE		01 31 2021								
City GOLDEN VALLEY	State MN	Zip Code 55422-3617	Transaction ID : PR2627749160821 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, Firs C. VANDERWALDE, LAMB		rganization Name	Date of Receipt								
Mailing Address 45 AUDUBON C			01 / D D / Y Y Y Y Y 2021								
City LANTANA	State FL	Zip Code 33462-4756	Transaction ID : PR2628332360821 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) 9 UHG Research-Corp Affairs	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page	(optional)		1153.80								
TOTAL This Period (last page this I	ine number only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 73 OF

	EMIZED RECEIPTS		Detailed Summary Page	×	11a			11	b		11c		12	
An	y information copied from such Reports and Sta	tomonto m	av not be sold or used by only of		13 for th			14			15 liciting		16 tribut	17 ions
	for commercial purposes, other than using the n													
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	JnitedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia THOMPSON, BRUCE, , ,	ll) or Full C		Date of Receipt										
	Mailing Address 2826 HEDGEROW DRIVE				01 31 2021									
	City	State	Zip Code		Transaction ID : PR2628833660821									
	DALLAS	ТХ	75235-7590	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt			Mer	no	lte	əm					
	Receipt For:		Year-to-Date ▼	\neg										
	Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initia RILEY, LORI, , ,	Prganization Name		Date	of F	Red	cei	pt						
	Mailing Address 5636 JAMES AVENUE SOUTH						/		31		/ Y	Y 202	Y 21	Y
	City	State	Zip Code		Trar	nsad	ctic	on	ID :	PR	26288	340	6082 ⁻	
	MINNEAPOLIS	MN	55419-1611		Amou	int d	of I	Ead	ch R	lece	eipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,			-y		384.6	60
	Name of Employer (for Individual) Optum Services, Inc	upation (for Individual) Human Capital		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P	P/R De	duc	ctio	on ((\$192	2.30) Bi-We	eekl	у)	
с.	Full Name of Individual (Last, First, Middle Initia DREFAHL, JASON, , ,	ll) or Full C	Prganization Name		Date	of F	Red	cei	pt					
	Mailing Address 6104 FOX MEADOW LN				[™] 01	М	/		31		/ Y	Y 202	21 21	Ŷ
	City	State	Zip Code								26320			1
	EDINA	MN	55436-1217		Amou	int d	of I	Ea	ch R	lece	eipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С			Ľ.	_		,			y		384.6	60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) sion COO		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)						_			ļ		1	153.8	0
т	OTAL This Period (last page this line number or	ıly)		-										

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 74 OF

	6EIF 3		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial pu	rposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMM		ted PAC (l	JnitedHealth Group PA	NC)							
Full Name of Indiv A. OTTESON, WI	vidual (Last, First, Middle Ir LLIAM, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4	545 OXFORD AVE			01 / D D / Y Y Y Y Y 01 31 2021							
City		State MN	Zip Code	Transaction ID : PR2632082560821							
EDINA			55436-1405	Amount of Each Receipt this Period							
FEC ID number o federal political co	0	С		384.60							
Name of Employe United HealthCare	,		upation (for Individual) uty Gen Counsel	Memo Item							
Receipt For:		Aggregate	Year-to-Date ▼								
Other (speci	General ify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Indiv B. GORSUCH, K	vidual (Last, First, Middle Ir KIRSTEN, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2	780 COUNTRYSIDE DRIVE	EWEST		01 31 2021							
City		State	Zip Code	Transaction ID : PR2632087860821							
ORONO		MN	55356-9676	Amount of Each Receipt this Period							
FEC ID number o federal political co	0	С		384.60							
Name of Employe United HealthCare			upation (for Individual) 2 Comm	Memo Item							
Receipt For: Primary Other (speci	General ify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Indiv c. WALTHOUR	vidual (Last, First, Middle Ir	hitial) or Full O	rganization Name	Date of Receipt							
Mailing Address	5049 COLFAX AVE S			01 / Y Y Y Y 01 31 2021							
City		State	Zip Code	Transaction ID : PR2632877060821							
MINNEAPOLIS		MN	55419-1145	Amount of Each Receipt this Period							
FEC ID number o federal political co	0	С		384.60							
Name of Employe United HealthCare	, ,		upation (for Individual) /Iktg Rsch	Memo Item							
Receipt For: Primary Other (speci	General ify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Rece	eipts This Page (optional)		••••••	1153.80							
TOTAL This Period	(last page this line number	r only)	••••••	<u> </u>							

FOR LINE NUMBER:

PAGE 75 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17							
			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 (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle A	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 1923 SHIVER DR			M M / D D / Y Y Y Y Y 01 31 2021							
City ALEXANDRIA	State VA	Zip Code 22307-1629	Transaction ID : PR2634656660821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. PESCATELLO, SARA, , ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 1311 HAMLIN STREET N										
City WASHINGTON	DC	20017-2451	Transaction ID : PR2634888560821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle . PAYET, KEITH, , ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 9608 STONEBLUFF DRIV	1		01 / D D / Y Y Y Y Y 2021							
City BRENTWOOD	State TN	Zip Code 37027-1468	Transaction ID : PR2635440060821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		1153.80							
TOTAL This Period (last page this line num	ber only)									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 76 OF

			Use separate schedule(s)	(check only one)									
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the n			erson for the purpose of soliciting contributions									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	.C)									
A.	Full Name of Individual (Last, First, Middle Initial ROOS, THOMAS, , ,) or Full Or	rganization Name	Date of Receipt									
	Mailing Address 3199 KAGEN AVE NE			01 / D D / Y Y Y Y 01 31 2021									
	City SAINT MICHAEL	State MN	Zip Code 55376-3416	Transaction ID : PR2635451260821 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 Chief Acctng Off	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial ZEGLINSKI, MICHAEL, , ,) or Full Or	rganization Name	Date of Receipt									
	Mailing Address 1 TRIMONT LANE #610A			01 / D D / Y Y Y Y 2021									
	City PITTSBURGH	State PA	Zip Code 15211-1206	Transaction ID : PR2639701860821 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial CALABRESE, DAVID, , ,) or Full Or	rganization Name	Date of Receipt									
	Mailing Address 85 LITTLE POND RD			01 / D D / Y Y Y Y 01 31 2021									
	City NORTHBOROUGH	State MA	Zip Code 01532-1686	Transaction ID : PR2639708360821 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
			upation (for Individual) P CInt Relationship	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			1153.80									
т	OTAL This Period (last page this line number on	ly)	••••••										

FOR LINE NUMBER:

PAGE 77 OF

			Use separate schedule(s)	(ch	(check only one)										
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12	47					
	y information copied from such Reports and Sta for commercial purposes, other than using the					ourp									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Initia ZUCCO, BETHANY, , ,	al) or Full O	rganization Name		Date of	Rec	ceipt								
	Mailing Address 5212 JAMES AVE S				01 / D D / Y Y Y Y Y 2021										
	City MINNEAPOLIS	State MN	Zip Code 55419-1137						7 6006082 is Period	I					
	FEC ID number of contributing federal political committee.	С					y	- 15-	384.6	50					
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP N	ipation (for Individual) /Iktg		Me	emo	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)											
в.	Full Name of Individual (Last, First, Middle Initia FLEMING, SUSAN, , ,	al) or Full O	rganization Name		Date of	Rec	ceipt								
	Mailing Address 2016 N HOWE ST UNIT 1S City	State Zip Code				01 / 31 / 2021 Transaction ID : PR2639773760821									
	CHICAGO	IL	60614-4414						73760821 is Period	L					
	FEC ID number of contributing federal political committee.	С						384.6	30						
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Mktg			Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60] F	P/R Dedu	ictio	n (\$192.	.30 Bi-W	′eekly)						
с.	Full Name of Individual (Last, First, Middle Initia DUTTA, SUMIT, , ,	al) or Full O	rganization Name		Date of	Rec	ceipt								
	Mailing Address 1112 W WRIGHTWOOD AVE	Ototo	Zin Oode		01	/	31		2021						
	City CHICAGO	State IL	Zip Code 60614-1315	_					77386082 is Period	1					
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	,	384.6	0					
	Name of Employer (for Individual) Optum Services, Inc Receipt For:		pation (for Individual) Seg Chief Med Off		Memo Item										
	Primary General Other (specify)	Aggregate]	P/R Dedu	uctio	ın (\$192	.30 Bi-W	/eekly)							
s	UBTOTAL of Receipts This Page (optional)			•			,	,	1153.8	0					
т	OTAL This Period (last page this line number or	nly)		•			y	- 45-							

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 78 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle A. NELSON, ELLEN, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 11882 TILDEN PLACE			01 / Y Y Y Y 01 31 2021									
City WELLINGTON	State FL	Zip Code 33414-6056	Transaction ID : PR2639795360821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. STOW, CHRISTINA, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4709 ALTON PL NW	1-		01 / D D / Y Y Y Y 2021									
City WASHINGTON	State DC	Zip Code 20016-2041	Transaction ID : PR2640466460821 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Public Affairs	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. ADVANI, PROTIMA, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 7618 BRITTANY PARC C			01 / D D / Y Y Y Y 2021									
City FALLS CHURCH	State VA	Zip Code 22043-2907	Transaction ID : PR2642024160821 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) Rsch	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		1153.80									
TOTAL This Period (last page this line num	ber only)											

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 79 OF

			Use separate schedule(s)	(ch	(check only one)								
			for each category of the Detailed Summary Page		11a 13		11b	11c 15		12 16	17		
	/ information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	g cont	tributi	ons		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)									
	Full Name of Individual (Last, First, Middle Initia BRUECKMAN, BRIAN, , ,	l) or Full Oi	rganization Name	Date of Receipt									
I	Mailing Address 261 BLACK NUGGET LN				01 31 Y Y Y Y Y 2021								
City S CLE ELUM V			Zip Code 98922-3246		Transaction ID : PR2642029460821 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С							÷	384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 UHC Operations		Me	emo	tem						
l	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	F	P/R Deduction (\$192.30 Bi-Weekly)								
В.	Full Name of Individual (Last, First, Middle Initia CRAGLE, STEVE, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt						
	Mailing Address 6604 MOHAWK TRAIL		Zip Code		01	/	^D 31	/ Y	y 202	21	Ý		
	City EDINA	State MN					PR26432						
-	FEC ID number of contributing federal political committee.	С	55439-1030	Amount of Each Receipt this Pe					384.6	0			
I	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occupation (for Individual) Bus Segment CMO			Me	emo	ltem						
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384,60	P/R Deduction (\$192.30 Bi-Weekly)						r)			
	Full Name of Individual (Last, First, Middle Initia NEELY, MARC, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt						
-	Mailing Address 1159 BUFFALO RIDGE RD				01	1	D D D 31	/ Y	202	21 21	Ŷ		
	City CASTLE PINES	State CO	Zip Code 80108-8190					PR2643 eceipt th					
	FEC ID number of contributing federal political committee.	С					y .	y	;	384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emc	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	F	P/R Ded	ucti	on (\$192	2.30 Bi-V	Veekly	/)			
รเ	JBTOTAL of Receipts This Page (optional)		••••••				,		1'	153.80	0		
тс	TAL This Period (last page this line number on	ly)		-			-	1.46					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 80 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12									
Any information copied from such Reports ar	id Statements ma	ay not be sold or used by any political committee	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 (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle A. MCKOY, PHILIP, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 927 LINCOLN AVE			01 / Y Y Y Y 01 31 2021									
City SAINT PAUL	State MN	Zip Code 55105-3149	Transaction ID : PR2644651660821 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp CIO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. MISTRY, RASHMITA, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4037 RALEIGH AVE S			01 / D D / Y Y Y Y Y 2021									
City ST LOUIS PARK	State MN	Zip Code 55416-2921	Transaction ID : PR2645169160821 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) ▼		Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. MAHRT, JONATHAN, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 2785 DIVISION STREET			01 01 / Y Y Y Y 01 31 2021									
City SAINT PAUL	State MN	Zip Code 55109-1676	Transaction ID : PR2645176960821 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	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		1153.80									
TOTAL This Period (last page this line num	ber only)											

FOR LINE NUMBER:

PAGE 81 OF

					(check only one)								
			for each category of the Detailed Summary Page		1a 3	1	1b 4	11c		12 16	17		
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements managements managements and a	l ay not be sold or used by any pe address of any political committee	erson for	the p	ourpo	se of	soliciting	g cont	tributio	ons		
\square	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Init STANKIEWICZ, DENNIS, , ,	tial) or Full C	Drganization Name	Da	ite of	Rece	eipt						
	Mailing Address 17761 WEAVER LAKE DRIVE	:		N	01 / D D / Y Y Y Y 2021								
	City MAPLE GROVE		Zip Code 55311-1328					PR2646: eceipt th					
	FEC ID number of contributing federal political committee.	С				-,			ţ	384.60	0		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Auditor		Me	emo li	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.60	P/R	Dedu	uction	(\$192	2.30 Bi-W	Veekly	()			
в.	Full Name of Individual (Last, First, Middle Init SWENSSON, CHARLES, , ,	tial) or Full C	Drganization Name	Da	ite of	Rece	eipt						
	Mailing Address 18153 66TH PLACE N			IV	01 [™]	/	D D 31	/ Y	202	۲ 1	r -		
	City MAPLE GROVE	State MN	Zip Code 55311-4590					PR26984					
	FEC ID number of contributing federal political committee.	C	An	iount	of Ea	ach Re	eceipt th		384.6	0			
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Mktg			Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)										
<u>с</u> .	Full Name of Individual (Last, First, Middle Init AHLSTROM, ALEXIS, , ,	tial) or Full C	Drganization Name	Da	ite of	Rece	eipt						
	Mailing Address 3421 OAKWOOD TERRACE			N	01 ^M	1	D D D 31	/ Y	202		Ŷ		
	City WASHINGTON	State DC	Zip Code 20010-1819					PR2699 eceipt th					
	FEC ID number of contributing federal political committee.	С				,		y	į	384.60	0		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Govt Affs		Me	emo l	tem						
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		••••••			,			11	153.80)		
Г	OTAL This Period (last page this line number	only)	•	Γ						-			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 82 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions 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 WAYLAND, CHARLES, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 7615 SWEETBRIAR RD			01 / Y Y Y Y 2021									
City RICHMOND	State VA	Zip Code 23229-6619	Transaction ID : PR2700924660821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Midd MCSWEENEY, ERIN, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1128 EDINGTON PLACE			01 / D D / Y Y Y Y Y 2021									
City MARCO ISLAND	State FL	Zip Code 34145-2006	Transaction ID : PR2701818060821									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P, Mkt Grp CHRO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Midd C. OCONNELL, DANIEL, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3325 W 18TH AVENUE			01 / D D / Y Y Y Y 2021									
City DENVER	State CO	Zip Code 80204-1681	Transaction ID : PR2701819660821 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 ▼ 230.76	P/R Deduction (\$115.38 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	al)		999.96									
TOTAL This Period (last page this line nur	nber only)											

FOR LINE NUMBER:

PAGE 83 OF

		Use separate schedule(s)	(check o	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a]11b	11c	12					
Any information copied from such Reports and												
or for commercial purposes, other than using t	ne name and a	lucress of any political committee	e lo solicit c	ontrib	JULIONS 1	IOIN SUCK	i committe	.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle BRUCE, JAMIE, , ,	nitial) or Full C	organization Name	Date	Date of Receipt								
Mailing Address 1433 POWDER DRIVE			01 / Y Y Y Y 2021									
City O FALLON	State MO	Zip Code 63366-1398	Transaction ID : PR2701823060821 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		upation (for Individual) I Plan CEO		Memo	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. YOUNG, DAVID, , ,	nitial) or Full C	organization Name	Date	of Re	eceipt							
Mailing Address 654 CHISWELL CT			M 01		31	/ Y	y y 2021	Y				
City BRENTWOOD	State TN	Zip Code 37027-3109			-	PR27036 eceipt th	55460821 is Period	L				
FEC ID number of contributing federal political committee.	С	C			384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt		Memo	o Item							
Receipt For:	Aggregate	Year-to-Date ▼		-								
Other (specify) ▼		384.60	P/R De	ducti	on (\$192	2.30 Bi-W	eekly)					
Full Name of Individual (Last, First, Middle ROLLINS, CARISSA, , ,	nitial) or Full C	organization Name	Date	of Re	eceipt							
Mailing Address 6805 CHEYENNE TRAIL			M 01		31		2021					
City EDINA	State MN	Zip Code 55439-1158				PR27041 leceipt th	8896082 is Period	1				
FEC ID number of contributing federal political committee.	С				y .	, y	384.6	60				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp CIO		Memo	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R De	educti	ion (\$19:	2.30 Bi-W	/eekly)					
SUBTOTAL of Receipts This Page (optional).					,	,	1153.8	80				
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:

(check only one)

PAGE 84 OF

	EIVIIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12									
			Detailed Summary Faye	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)	Б • • • •											
	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group P	AC)									
A.	Full Name of Individual (Last, First, Middle Initial HOROHO, PATRICIA, , ,) or Full O	rganization Name	Date of Receipt									
	Mailing Address 335 MUIRFIELD LOOP			M M / D D / Y Y Y Y 01 31 2021									
	City	State FL	Zip Code	Transaction ID : PR2704194660821									
	REUNION		34747-6409	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									
	Poppint For:		Year-to-Date ▼										
	Primary General Other (specify) ▼	iggioguto	384.60	P/R Deduction (\$192.30 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name										
В.	DELANY, ANDREW, , ,	Date of Receipt											
	Mailing Address 209 GARLAND AVENUE	Otata	Zin Oode	01 / D D / Y Y Y Y 2021									
	City DECATUR	State GA	Zip Code 30030-4940	Transaction ID : PR2704196360821									
		GA	30030-4940	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		upation (for Individual) Cust Svs	Memo Item									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initial HAYEK, ANDREW, , ,) or Full O	rganization Name	Date of Receipt									
•.	Mailing Address 500 ADAMS AVENUE			01 31 2021									
	City	State	Zip Code	Transaction ID : PR2705063460821									
	GLENCOE	IL	60022-1865	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item									
	Optum Services, Inc		Segment CEO	-									
	Receipt For:	1	Year-to-Date ▼										
	Primary General Other (specify)		384.60	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			1153.80									
	OTAL This Period (last page this line number on												
	THE THIS I CHOU (LOST PAGE THIS THE HUMBER OF	·y/·····	·····										

FOR LINE NUMBER:

PAGE 85 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle A. ROBERTS, CORY, , ,	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 3300 RILMAN RD			01 31 2021									
City ATLANTA	State GA	Zip Code 30327-1508	Transaction ID : PR2705063560821 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 Ops	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. KMIEC, ADAM, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 4736 PRAIRIE DUNES W			M M / D D / Y									
City EAGAN	State MN	Zip Code 55123-2352	Transaction ID : PR2705989260821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. BARTHOLET, DANIEL, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 5918 VALEWOOD DRIVE			01 / D D / Y Y Y Y 2021									
City MINNETONKA	State MN	Zip Code 55345-6545	Transaction ID : PR2706451160821 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	Occ VP	upation (for Individual) Tax	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	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)											

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 86 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate			
Full Name of Individual (Last, First, Middle Ini A. ERICKSON, ELIZABETH, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 5301 CLINTON AVENUE			01 / Y Y Y Y 01 31 2021
	State MN	Zip Code	Transaction ID : PR2740516160821
MINNEAPOLIS		55419-1427	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, Industry & Ntwk Rel	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
Other (specify)		384.60	
Full Name of Individual (Last, First, Middle Ini B. PONS, NATALIE, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 3209 GALLERIA UNIT 803			01 31 2021
City EDINA	State MN	Zip Code 55435-2547	Transaction ID : PR2740761960821 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 Gen Counsel	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ini C. FEHR, STEPHANIE, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 6601 BLACKFOOT PASS			01 31 2021
City	State	Zip Code	Transaction ID : PR2748020560821
EDINA	MN	55439-1103	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 CHRO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			1153.80
TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) DEOFIDTO

FOR LINE NUMBER:

PAGE 87 OF

		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
			13 14 15 16 17 version for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	ig the name and a												
UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Mide A. ORIE, TIMOTHY, , ,	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 23 BISHOP LANE													
City SUDBURY	State MA	Zip Code 01776-1701	Transaction ID : PR2754244160821 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) Human Capital	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Mido B. MUSSLEWHITE, ROBERT, , ,	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3033 UNIVERSITY TER	RACE NW		01 31 2021										
City	State DC	Zip Code	Transaction ID : PR2754659960821										
WASHINGTON		20016-3462	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Mido C. SIMON, JOHN, , ,	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1388 DIAMOND COUR			01 / D D / Y Y Y Y Y 2021										
City PITTSBURGH	State PA	Zip Code 15241-1220	Transaction ID : PR2754663260821 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) Advisory Svc	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	al)		1153.80										
TOTAL This Period (last page this line nu	mber only)												

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 88 OF

ידו			Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	X 11	-	11b	11c	12	Г	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for	the pu	irpose of	soliciting	, contri	ibutio	ns		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	.C)								
A.	Full Name of Individual (Last, First, Middle Initia MAACK, JONATHAN, , ,	al) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 4480 DEXTER ST NW			01 31 Y Y Y Y								
	City WASHINGTON	State DC	Zip Code 20007-1113			tion ID : f Each R						
	FEC ID number of contributing federal political committee.	С						38	84.60			
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Gen Mgmt		Merr	no Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R I	Deduc	tion (\$192	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Initia BOTHRA, SIDDHARTH, , ,	al) or Full Or	rganization Name	Dat	e of F	Receipt						
	Mailing Address 17200 SE 45TH STREET)1	/ D D D 31	/ Y	2021	Y Y			
	City BELLEVUE	State WA	Zip Code 98006-6510			tion ID :						
	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) 9 Ops	Memo Item								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 384.60	P/R [Deduc	tion (\$192	2.30 Bi-W	/eekly)				
с.	Full Name of Individual (Last, First, Middle Initia WEILER, KATHY, , ,	al) or Full Or	rganization Name	Dat	e of F	leceipt						
	Mailing Address 1250 CANTON AVENUE)1	/ 31		2021				
	City MILTON	State MA	Zip Code 02186-2414			tion ID : f Each R						
	FEC ID number of contributing federal political committee.	С			_	, .	· ,	38	84.60			
	Name of Employer (for Individual) Optum Services, Inc Receipt For:		ipation (for Individual) Segment CMO		Men	no Item						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R	Deduc	tion (\$19:	2.30 Bi-V	/eekly)	I			
s	UBTOTAL of Receipts This Page (optional)					, ,		11:	53.80			
т	OTAL This Period (last page this line number or	וy)		Г		-			-			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 89 OF

T			Use separate schedule(s)	(checl	(check only one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	ł		11b	11c	12					
	y information copied from such Reports and Sta			rson for										
or	for commercial purposes, other than using the r	name and a	address of any political committee	to solic	it con	trib	utions t	rom such	n committ	ee.				
\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 ABRAHAM, SANTIAGO, , ,	al) or Full O	Organization Name	Date of Receipt										
	Mailing Address 2637 ARCOLA LANE			N	01 31 2021									
	City WAYZATA	State MN	Zip Code 55391-9703	Transaction ID : PR2755652160821 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg CIO		Me	mo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R	Dedu	ıctic	on (\$192	2.30 Bi-W	/eekly)					
в.	Full Name of Individual (Last, First, Middle Initia CHA, STEPHEN, , ,	al) or Full O	Organization Name	Da	te of	Re	ceipt							
	Mailing Address 1740 POTOMAC AVENUE SOL	JTHEAST		01 / 31 / 2021 Transaction ID : PR2755767360821										
	City WASHINGTON	State DC	Zip Code 20003-3135							1				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO		Me	mo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , , 384.60	P/R	Dedu	ictic	on (\$192	2.30 Bi-W	/eekly)					
с.	Full Name of Individual (Last, First, Middle Initia HERMELINGIII, THEODORE, , ,	al) or Full O	Organization Name	Da	ite of	Re	ceipt							
	Mailing Address 117 5TH STREET				01	/	31) / Y	ү ү 2021	Y				
	City WILMETTE	State IL	Zip Code 60091-3405				-		52166082 iis Period	1				
	FEC ID number of contributing federal political committee.	C			_		9	, y	384.	60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R	Dedu	uctio	on (\$19)	2.30 Bi-V	Veekly)					
s	UBTOTAL of Receipts This Page (optional)		•••••				,	. ,	1153.	30				
т	OTAL This Period (last page this line number of	nly)	•••••				,							

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 90 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12							
	y information copied from such Reports and Sta													
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit cont	ributions fro	om such	committ	ee.						
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	C)										
۹.	Full Name of Individual (Last, First, Middle Initi MALLEY, KENNETH, , ,	al) or Full C	rganization Name	Date of Receipt										
	Mailing Address 764 WEST SADDLE RIVER RO	DAD												
	City	State	Zip Code	Transaction ID : PR2757436660821										
	HO HO KUS	NJ	07423-1645	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Gen Mgmt	Memo Item										
	Receipt For:		Year-to-Date ▼	_										
	Primary General Other (specify) ▼		384.60	P/R Dedu	ction (\$192.	.30 Bi-W	eekly)							
В.	Full Name of Individual (Last, First, Middle Initi BROWN, KAROOM, , ,	al) or Full C	rganization Name	Date of	Receipt									
	Mailing Address 11711 SAVONA WAY			01 31 2021										
	City	State	Zip Code	Transa	ction ID : P	R27594	2236082	1						
	ORLANDO	FL	32827-7267		of Each Re			-						
	FEC ID number of contributing federal political committee.	С	384.60											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Dev	Mer	mo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduc	ction (\$192.	30 Bi-W	eekly)							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi SCHLAIFER, MARISSA, , ,	al) or Full C	rganization Name	Date of	Receipt									
	Mailing Address 1050 N STUART ST #400			M M 01	/ D D 31	/ Y	2021	Y						
	City ARLINGTON	State VA	Zip Code 22201-5727		ction ID : F			1						
	FEC ID number of contributing federal political committee.	С			y 1	y	384.	30						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Me	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Dedu	ction (\$192	.30 Bi-W	/eekly)							
s	UBTOTAL of Receipts This Page (optional)				5	9	1153.8	30						
т	OTAL This Period (last page this line number o	only)	••••••											

FOR LINE NUMBER:

PAGE 91 OF

		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1								
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 A. DECKER, WYATT, , ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 1482 HUNTER DRIVE			01 31 2021								
City	State	Zip Code	Transaction ID : PR2760134060821								
WAYZATA	MN	55391-9658	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Optum Services, Inc	Bus	Segment CEO									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)								
			1								
Full Name of Individual (Last, First, Middle B. GRUHN, GINA, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 13 WEATHER VANE DRIV	E		M M / D D / Y Y Y Y 01 31 2021								
City	State	Zip Code	Transaction ID : PR2760769460821								
MORRISTOWN	NJ	07960-4758	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) CInt Svc Acct Mgmt	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		, 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. MASTEN, DALE, , ,	Initial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 9845 BENNINGTON DRIVI	Ξ		01 31 2021								
City	State	Zip Code	Transaction ID : PR2760775860821								
SHARONVILLE	OH	45241-3619	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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			1153.80								
TOTAL This Period (last page this line number	er only)										

FOR LINE NUMBER:

PAGE 92 OF

		Use separate schedule(s)	(check	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	11a 11b 11c 13 14 15 r the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contributions from succession in the purpose of solicitin cit contribution in the purpose of solicitin the purpose of solicitin cit contributing and solicitin cit contr	12								
Any information copied from such Reports and or for commercial purposes, other than using th			erson for t	he pu	rpose of	f soliciting							
NAME OF COMMITTEE (In Full)		active of any pointed committee		001111	5010113	nom suci	· Johnnitt						
UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle In DELMONICO, SUSAN, , ,	nitial) or Full C	rganization Name	Date	Date of Receipt									
Mailing Address 12 MULBERRY CIRCLE													
City JOHNSTON	State RI	Zip Code 02919-2519		Transaction ID : PR2760781760821 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С						230.7	76					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Gen Counsel		Mem	io Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R [Deduc	tion (\$11	5.38 Bi-W	/eekly)						
Full Name of Individual (Last, First, Middle II HARRIS, DAVID, , ,	nitial) or Full C	rganization Name	Date	e of R	eceipt								
Mailing Address 9436 S 47TH PLACE	01-1-	7. 0.4					2021	Y					
City PHOENIX	State AZ	Zip Code 85044-7507											
FEC ID number of contributing federal political committee.	С						232.0	00					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops		Mem	io Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 232.00	P/R D	Deduct	ion (\$11	6.00 Bi-W	′eekly)						
Full Name of Individual (Last, First, Middle In C. CRAWFORD, KEVIN, , ,	nitial) or Full C	rganization Name	Date	e of R	eceipt								
Mailing Address 127 CHUZZLEWIT DOWN)1	31		2021						
City BRENTWOOD	State TN	Zip Code 37027-7627						1					
FEC ID number of contributing federal political committee.	С				y	,	230.7	76					
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Exte	upation (for Individual) ernal Affs Dir		Merr	io Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R [Deduc	tion (\$11	5.38 Bi-W	/eekly)						
SUBTOTAL of Receipts This Page (optional)					, .	. ,	693.5	52					
TOTAL This Period (last page this line number	r only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 93 OF

			Detailed Summary Page	X 11	a		11b		11c		12			
				13			14		15		16	17		
or for commercia	al purposes, other than us		y not be sold or used by any p ddress of any political committee											
	OMMITTEE (In Full) ealth Group Incorp	oorated PAC (l	JnitedHealth Group PA	AC)										
Full Name of VELASCO	Individual (Last, First, Mi	ddle Initial) or Full O	rganization Name	Date	of	Re	ceip	t						
Mailing Addre	ess 6352 31 PLACE NW S	ST .		M C	м 1	/	D	31	/	2	021	Y		
City WASHINGTO	DN	State DC	Zip Code 20015-2358						PR276			1		
FEC ID numb federal politic	per of contributing al committee.	C					,				384.	60		
United Health	bloyer (for Individual) Care Services Inc		ipation (for Individual) Intl Relations		Me	mo	Iter	n						
Receipt For: Primary Other (s	general specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R I	edu	ictic	on (\$	\$192	.30 Bi-'	Weel	kly)			
B. WINN, JO		ddle Initial) or Full O	rganization Name	Date	of	Re	ceip	t						
	ess 4401 GREGG ROAD				01 / D D / Y Y Y Y 2021									
City BROOKEVIL	LE	State MD	Zip Code 20833-1033				-		R2760 ceipt 1			1		
FEC ID numb federal politic	per of contributing al committee.	С					,		-7		269.2	22		
	ployer (for Individual) Care Services Inc		upation (for Individual) ernal Affs Dir		Me	mo	Iter	n						
Receipt For: Primary Other (:	general specify) ▼	Aggregate	Year-to-Date ▼ 269.22	P/R D	edu	ctic	on (\$	5134.	61 Bi-\	Neeł	kly)			
	Individual (Last, First, Mir R, SUSAN, , ,	ddle Initial) or Full O	rganization Name	Date	of	Re	ceip	t						
	SS 301 DEMONBREUN S				1 ^M	/	D	31			021 [°]	Y		
City NASHVILLE		State TN	Zip Code 37201-2248						PR276			1		
FEC ID numb federal politic	per of contributing al committee.	С					y				230.	76		
	bloyer (for Individual) Care Services Inc		ipation (for Individual) Iktg Bus Dev		Me	mo	Ite	m						
Receipt For: Primary Other (:		Aggregate	Year-to-Date ▼ 230.76	P /R [edu	ictio	on (S	\$115	.38 Bi-	Wee	kly)			
		l										_		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 94 OF

	WIZED RECEIPTS		Detailed Summary Page	×	-		-	1b		11c		12		
Any	information copied from such Reports and Stat	ements ma	ay not be sold or used by any pe	erson	13 for the	pur	_	4 ose o	of s	15 oliciting	cor	16 htribut	17 ions	
	or commercial purposes, other than using the n													
	IAME OF COMMITTEE (In Full) JnitedHealth Group Incorporated	PAC (I	JnitedHealth Group PA	C)					_					
	ull Name of Individual (Last, First, Middle Initial WHITLOW, JENNIFER, , ,) or Full C	organization Name		Date of Receipt									
N	failing Address 1903 MOUNT CURVE AVE			01 / Y Y Y Y Y 01 31 2021										
	Sity	State	Zip Code		Transaction ID : PR2762750960821									
1	MINNEAPOLIS	MN	55403-1021	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		384.60										
	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) D Untd Advc HIth Eqty & SVP	Memo Item										
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	 P	9/R Dee	ducti	ion	n (\$19	92.:	30 Bi-W	/eekl	y)		
	ull Name of Individual (Last, First, Middle Initial TARVESTAD, KATHERINE, , ,) or Full C	rganization Name		Date o	of Re	ece	eipt						
	failing Address 5095 KELSEY TERR				M 01	/		D 31		/ Y	Y 202	ү 21	Y	
	Sity	State	Zip Code							R27629				
E	EDINA	MN	55436-2717	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С			384.60								0	
N U	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) Compli		N	lemo	οI	tem						
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P	/R Dec	ductio	ion	ı (\$19	92.3	30 Bi-W	eekl	y)		
	ull Name of Individual (Last, First, Middle Initial GUNDBERG, CORY, , ,) or Full C	rganization Name		Date o	of Re	ece	eipt						
N	Aailing Address 6609 DOVRE DR				^M 01	/		D 3 [,]		/ Y	Y 20	21 [°]	Y	
	City EDINA	State MN	Zip Code 55436-1711							R27630			1	
F	EDINA EC ID number of contributing ederal political committee.	C			Amour	nt of	E,	ach	Re	ceipt th	is P	eriod 384.6	0	
	lame of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Innovation		N	/lemo	οI	ltem						
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly						ly)				
SU	BTOTAL of Receipts This Page (optional)						ļ				1	153.8	0	
то	TAL This Period (last page this line number on	ly)				ï							. 1	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 95 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12											
	y information copied from such Reports and Stat for commercial purposes, other than using the n															
<u>)</u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated															
A.	Full Name of Individual (Last, First, Middle Initial SIMMONS, CHRISTOPHER, , ,) or Full O	Drgai	nization Name	C	Date of Receipt										
	Mailing Address 18505 6TH AVENUE N															
	City PLYMOUTH	State MN		Zip Code 55447-3318	Transaction ID : PR2763179960821											
			_		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		cupat M A	ion (for Individual)	Memo Item											
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-y	384.60	P/	R Ded	uctio	on (\$	\$192.3	80 Bi-W	'eekly)					
В.	Full Name of Individual (Last, First, Middle Initial LEFF, ERIN, , ,) or Full O	Drgar	nization Name		Date of	Re	ceip	ot							
	Mailing Address 2633 WEST VIEWMONT WAY V	VEST			01 / Y Y Y Y 01 2021											
	City	State		Zip Code		Trans	acti	on I	D : PF	27673	6686082	1				
	SEATTLE	WA		98199-3018	A	mount	of	eipt th	is Period							
	FEC ID number of contributing federal political committee.	С		384.60												
	Name of Employer (for Individual) Optum Services, Inc	Occ SVF		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 384.60	 P/I	R Dedi	uctic	on (\$	\$192.3	0 Bi-W	eekly)					
С.	Full Name of Individual (Last, First, Middle Initial RICHARDSON, GENEVRA, , ,) or Full O	Drgai	nization Name		Date of	Re	ceip	ot							
	Mailing Address 3618 N 51ST PLACE					^M 01	/	D	31	/ Y	y y 2021	Y				
	City	State		Zip Code		Trans	acti	ion	ID : P	R27783	35756082	:1				
	PHOENIX	AZ		85018-6158	A	mount	of	Eac	h Rec	eipt th	is Period					
	FEC ID number of contributing federal political committee.	С				_		,		y	384.	60				
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) Affs		M	emo	b Ite	m							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 384.60	P/	R Ded	uctio	on (S	\$192.3	30 Bi-W	/eekly)					
s	UBTOTAL of Receipts This Page (optional)										1153.	30				
т	OTAL This Period (last page this line number on	ly)			Ī			-								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 96 OF

т			Use separate schedule(s)	(check	conly	one)			-	-				
			for each category of the Detailed Summary Page		1a 3	11		11c 15		r	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for	the p	urpos	se of s	oliciting	contr	ributic	ons			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P/	AC)										
A.	Full Name of Individual (Last, First, Middle Initia HAUSMAN, ERIC, , ,	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1617 WEST 25TH STREET				M M / D D / Y Y Y Y 01 31 2021									
	City MINNEAPOLIS	State MN	Zip Code 55405-2466		Transaction ID : PR2778612760821 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			_	-9-		-	3	84.60)			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Mer	mo Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R	Dedu	ction	(\$192.:	30 Bi-W	/eekly))				
в.	Full Name of Individual (Last, First, Middle Initia BAKER, OMAR, , ,	al) or Full O	rganization Name	Da	ite of	Recei	ipt							
	Mailing Address 505 WEST 19TH STREET MANHATTAN	Otata	Zin Oode		01 / 01 / 2021 Transaction ID : PR2778986660821									
	City NEW YORK	State NY	Zip Code 10011-2883					R27789 ceipt th						
	FEC ID number of contributing federal political committee.	С								84.60)			
	Name of Employer (for Individual) Optum Services, Inc	Occu SVF		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R	Deduo	ction	(\$192.:	30 Bi-W	'eekly)	1				
C.	Full Name of Individual (Last, First, Middle Initia DOCIMO, ANNE, , ,	al) or Full O	rganization Name	Da	ite of	Recei	ipt							
	Mailing Address 338 S 4TH STREET				01 ^M	L	31		2021	1				
	City PHILADELPHIA	State PA	Zip Code 19106-4217					ceipt th						
	FEC ID number of contributing federal political committee.	С			_	y		y	3	84.60)			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Chief Med Off		Me	mo It	em							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R	Dedu	ction	(\$192.	30 Bi-W	/eekly))				
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o				=	7		3	11:	53.80				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 97 OF

		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mathematic he name and a	I ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle LEWIS, PATRICIA, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 10823 ROCK RUN DRIVE			M M / D D / Y Y Y Y Y 01 31 2021										
City POTOMAC	State MD	Zip Code 20854-1749	Transaction ID : PR2782439360821 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 Human Capital	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. PERRA, MATTHEW, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name PERRA, MATTHEW, , ,												
Mailing Address 3708 WASHINGTON STRE	ET		01 31 2021										
City KENSINGTON	State MD	Zip Code 20895-3443	Transaction ID : PR2783257260821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. OWEN, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 29 CHAMPIONS LANE													
City SAN ANTONIO	State TX	Zip Code 78257-1292	Transaction ID : PR2786908660821 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60 Memo Item										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg											
Receipt For: Primary General Other (specify)	P/R Deduction (\$192.30 Bi-Weekly)												
SUBTOTAL of Receipts This Page (optional).			1153.80										
TOTAL This Period (last page this line number	er only)												

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

PAGE 98 OF

			Use separate schedule(s)	(check only one)												
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a 11b 11c 11c 13 14 15					<i>4 →</i>						
			y not be sold or used by any pe dress of any political committee		for the	purp	ose of									
	IMITTEE (In Full)															
	Ith Group Incorporate	d PAC (L	InitedHealth Group PA	AC)												
Full Name of Inc. A. CONWAY, PA	dividual (Last, First, Middle Initi ATRICK, , ,	al) or Full Or	ganization Name		Date of	Rec	ceipt									
Mailing Address	190 WINDING RIVER RD				01 31 2021											
City WELLESLEY		State MA	Zip Code 02482-7320	Transaction ID : PR2787875560821 Amount of Each Receipt this Period												
FEC ID number federal political of	0	C														
Optum Services,	yer (for Individual) Inc		pation (for Individual) m Exec		Memo Item											
Receipt For: Primary Other (spe					P/R Deduction (\$192.30 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SARGENT, PATRICK, , ,					Rec	ceipt									
	8493 SILVERVIEW CT	04-4-	7.0.1		01 / D / Y Y Y Y 01 31 2021											
City LORTON		State VA	Zip Code 22079-4404						7306082	1						
FEC ID number federal political	0	С			Amount of Each Receipt this Period 384.60											
Name of Employ Optum Services,	yer (for Individual) Inc		pation (for Individual) f of Staff		Me	emo	Item									
Receipt For: Primary Other (spe	General ecify) ▼	Year-to-Date ▼ 384.60	F	P/R Deduction (\$192.30 Bi-Weekly)												
Full Name of Inc. SMITH, TA	dividual (Last, First, Middle Initi MEEKA, , ,	al) or Full Or	ganization Name		Date of	Rec	ceipt									
	1605 PARK AVE					01 / D D / Y Y Y Y 01 31 2021										
United HealthCare Services Inc Hi			Zip Code 23220-2908	_	Transaction ID : PR2791832960821 Amount of Each Receipt this Period											
					384.60											
			pation (for Individual) Plan CEO		Me	emo	Item									
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60				P/R Deduction (\$192.30 Bi-Weekly)												
SUBTOTAL of Re	ceipts This Page (optional)			•					1153.	30						
TOTAL This Perio	d (last page this line number o	nly)		- •												

SCHEDULE A (FEC Form 3X) - DEAEIDTA

FOR LINE NUMBER:

PAGE 99 OF

	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	I ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	UnitedHealth Group P	4C)										
Full Name of Individual (Last, First, Middle MORSE, SARA, , ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 6398 VALE STREET			M M / D D / Y Y Y Y 01 31 2021										
City ALEXANDRIA	State VA	Zip Code 22312-1435	Transaction ID : PR2794473460821 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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name												
Mailing Address	Date of Receipt												
City	State	Zip Code	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]										
Full Name of Individual (Last, First, Middle	Date of Receipt												
Mailing Address	Mailing Address												
City	State	Zip Code	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]										
SUBTOTAL of Receipts This Page (optional)			384.60										
TOTAL This Period (last page this line numb	per only)		106057.12										

SCHEDULE B (FEC Form 3X)		FOR LINE I										
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only										
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b									
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam		by any perso	on for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
angle UnitedHealth Group Incorporated F	PAC (UnitedHealth G	roup PAC)									
Full Name (Last, First, Middle Initial) Friends of Marcus McEntire 2020	Date of Disbursement											
Mailing Address 1101 Crescent Dr			FEC Identification Number									
Duncan	State Zip Code OK 73533											
Purpose of Disbursement Void - Friends of Marcus McEntire 2020 - check da	ted 9/4/2020	011										
Candidate Name McEntire, Marcus, L., OK Rep.,		Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		- 1000.00 Void - Friends of Marcus McErr									
State: District:			Memo Item 2020 - check dated 9/4/2020									
Full Name (Last, First, Middle Initial) Friends of Greg McCortney 2020			Date of Disbursement									
Mailing Address 1816 E. 15th			01 31 2021									
City : Ada	State Zip Code OK 74820		FEC Identification Number									
Purpose of Disbursement Void - Friends of Greg McCortney 2020 - check dat	red 9/4/2020	011	C Transaction ID : 45609810									
Candidate Name McCortney, Greg, , OK Sen.,		Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)		- 1000.00 Void - Friends of Greg McCort 2020 - check dated 9/4/2020 Memo Item									
Full Name (Last, First, Middle Initial)			Date of Disbursement									
Mailing Address 1255 Kensington Drive			01 / D D / Y Y Y Y 01 31 2021									
Ann Arbor	State Zip Code MI 48104		FEC Identification Number									
Purpose of Disbursement Void - Committee to Elect Yousef Rabhi - check dat Candidate Name	ted 7/17/2020	011 Category/	Transaction ID : 45609811 Amount of Each Disbursement this Period									
Rabhi, Yousef, D, MI Rep., Office Sought: House Disburser Senate Image: Colspan="2">Image: Colspan="2">Colspan="2" Colspan="2">Colspan="2" Colspan="2">Colspan="2">Colspan="2" Colspan="2">Colspan="2" Colspan="2">Colspan="2" Colspan="2">Colspan="2">Colspan="2" Colspan="2">Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" <td>Primary General</td> <td>Туре</td> <td>- 500.00 Void - Committee to Elect You</td>	Primary General	Туре	- 500.00 Void - Committee to Elect You									
State: District:	Other (specify) ▼		Memo Item Rabhi - check dated 7/17/202									
SUBTOTAL of Disbursements This Page (optional)			- 2500.00									
TOTAL This Period (last page this line number only)		····· ►	, ,									

	HEDULE B (FEC Form 3X)		arate schedule(s)				UMBER	:			PAC	ЭΕ	101 ()F 1	01		
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(cł		only o 21b	22		23	20			27 20b				
	y information copied from such Reports and State for commercial purposes, other than using the na				any						iting						
\backslash	NAME OF COMMITTEE (In Full)																
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	рР	PAC)											
	Full Name (Last, First, Middle Initial) Liberty and Justice for All						Date o	f Di			V	Y	Y	V			
	Mailing Address 1604 Whittier Rd						01 31 2021										
	City Ypsilanti	State MI	Zip Code 48197				FEC Identification Number										
	Purpose of Disbursement Void - Liberty and Justice for All - check dated 12/	3/2020		0	11												
	Candidate Name				egory/ ype	<i>y</i> /	Amoun							Period	ł		
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼					amo	Itom	Void - I check d	Libe	erty a	000.0 and Ju 2/3/202	stice	for A		
	State: District:							1110	nem								
B.	Full Name (Last, First, Middle Initial)						Date of Disbursement										
	Mailing Address																
	City	State	Zip Code				FEC Identification Number										
	Purpose of Disbursement						C										
	Candidate Name					//	Amount of Each Disbursement this Period										
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General				<u></u> _		<u> </u>		<u> </u>	_					
	State: District:		ony)				Me	emo	Item								
C.	Full Name (Last, First, Middle Initial)						Date c	f Di		ement							
	Mailing Address						M M	/	D	D /	Y	Y	Y	Y			
	City	State	Zip Code				FEC lo	lenti	ficatio	n Num	ber						
	Purpose of Disbursement					٦	С										
	Candidate Name					<i>y1</i>	Amount of Each Disbursement this Period										
	Senate	ement For: Primary	General				<u> </u>	- 4	y			-	1 40				
	State: District:	Other (spe	city) 🔻				Me	emo	Item								
\vdash	UBTOTAL of Disbursements This Page (optional).						[.				7	÷	1000.0 3500.0]		

_