	PORT OF R ID DISBURS Other Than An Author	EMENTS	Office	Use Only
1. NAME OF TYPI COMMITTEE (in full)	E OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
UnitedHealth Group Incor	porated PAC (United	Health Group PAC)		
ADDRESS (number and street)	01 Pennsylvania Ave, NW			
Check if different	uite 600			
then providually	/ashington		DC 200	04
2. FEC IDENTIFICATION NUMBE	ER V CITY		STATE 🔺	ZIP CODE
C C00274431	3. IS TH REP	V	AMENDE (A)	D
4. TYPE OF REPORT (t (Choose One)	b) Monthly Report Due On: Mar 20			(Non-Election Year Only)
(a) Quarterly Reports:	Apr 20		Oct 20 (Mis	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2) October 15	PRE -Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31	Election o		YYYYY	in the State of
July 31 Mid-Year Report (Non-election	(d) 30-Day		Duno# (20D)	
Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
(TER)	Election of	n / D D /	Y Y Y Y Y	in the State of
5. Covering Period 12	01 / Y Y Y Y 01 2023	through 12		2023
I certify that I have examined this Re Type or Print Name of Treasurer	eport and to the best of my Iuldoon, Allison, , ,	knowledge and belief it is the	rue, correct and comp	lete.
Signature of Treasurer	Allison, , ,			31 / Y Y Y Y Y 2024
NOTE: Submission of false, erroneous,	or incomplete information m	ay subject the person signing	this Report to the pena	alties of 52 U.S.C. § 30109
Office Use Only			FE	C FORM 3X Rev. 05/2016

01/31/2024 15 : 27

PAGE 1 / 263

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Nrite or Type Committee Name

FEC Form 3X (Rev. 05/2016)

V	Vrite or Type Committee Name		
_	UnitedHealth Group Incorporated	PAC (UnitedHealth Group PAC)	
F	Report Covering the Period: From:	12 / D D / Y Y Y Y 12 01 / 2023 To:	12 / D D / Y Y Y Y 12 31 2023
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2023		422616.69
	(b) Cash on Hand at Beginning of Reporting Period	677192.44	
	(c) Total Receipts (from Line 19)	123811.32	1605291.71
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	801003.76	2027908.40
7.	Total Disbursements (from Line 31)	264300.00	1491204.64
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	536703.76	536703.76
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

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

1	lmaqe#	20240	1131	96077	23046
J	iiiiaue#	20240	וטוע	30011	33340

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) MM D D 01 12 2023 12 31 2023 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 123233.08 1515881.52 (i) Itemized (use Schedule A)..... 578.24 85410.19 (ii) Unitemized (iii) TOTAL (add 1601291.71 123811.32 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 1601291.71 123811.32 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 4000.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 1605291.71 12, 13, 14, 15, 16, 17, and 18(c))...... 123811.32

123811.32

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

1605291.71

Page 3

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-Federal Activity (from Schedule H4)		Calendar Year-to-Date					
(i) Federal Share	0.00	0.00					
(ii) Non-Federal Share	0.00	0.00					
(b) Other Federal Operating	0.00	0.00					
Expenditures (c) Total Operating Expenditures							
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00					
Transfers to Affiliated/Other Party Committees	0.00	0.00					
Contributions to Federal Candidates/Committees							
and Other Political Committees	126000.00	699000.00					
Independent Expenditures (use Schedule E)	0.00	0.00					
. Coordinated Party Expenditures (52 U.S.C. § 30116(d))							
(use Schedule F)	0.00	0.00					
Loan Repayments Made	0.00	0.00					
Loans Made Refunds of Contributions To:	0.00	0.00					
(a) Individuals/Persons Other Than Political Committees	0.00	105.00					
(b) Political Party Committees(c) Other Political Committees	0.00	0.00					
(such as PACs)	0.00	0.00					
(d) Total Contribution Refunds							
(add Lines 28(a), (b), and (c))	0.00	105.00					
Other Disbursements (Including							
Non-Federal Donations)	138300.00	792099.64					
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))						
(i) Federal Share	0.00	0.00					
(ii) "Levin" Share		0.00					
(b) Federal Election Activity Paid	0.00	0.00					
Entirely With Federal Funds	0.00	0.00					
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))							
	0.00	0.00					
Total Disbursements (add Lines 21(c), 22,							
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	264300.00	1491204.64					
Total Federal Disbursements							
(subtract Line 21(a)(ii) and Line 30(a)(ii)							
from Line 31)	264300.00	1491204.64					

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
 Total Contributions (other than loans) (from Line 11(d), page 3) 	123811.32	1601291.71				
 Total Contribution Refunds (from Line 28(d)) 	0.00	105.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	123811.32	1601186.71				
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00				
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00				
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00				

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3XN Transaction ID :

> Regarding the \$100 disbursement to Mellon Bank disclosed on Line 29, on 12/07/2023 the Committee made a nonfederal contribution to Committee to Elect Jefferson Moss in the amount of \$500.00. In January, the Committee discovered said contribution cleared for \$600.00 on 12/22/2024 during its normal bank reconciliation process. The Committee contacted its bank, recouped the erroneously deposited funds on January 23rd, and will disclose the receipt on its next report.

Form/Schedule: Transaction ID:

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

		Detailed Summary Page		11a	\vdash	11b 14		1c 5	12	17			
Any information copied from such Reports ar or for commercial purposes, other than using				or the		pose of	of soli	citing	contribu	tions			
NAME OF COMMITTEE (In Full)													
✓ UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle A Rex, Joan, K., ,	e Initial) or Full C	organization Name		Date of	f Re	eceipt							
Mailing Address 503 Harrington Road				12 18 / Y Y Y Y 12 18 2023									
City Wayzata	State MN	Zip Code 55391-1512		Transaction ID : 49617455									
		00001-1012	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			5000.00									
Name of Employer (for Individual) Unemployed		upation (for Individual) Isewife		Me	emo	tem Item							
Receipt For:	Aggregate	Year-to-Date 🔻											
Primary General Other (specify) ▼		5000.00]										
Full Name of Individual (Last, First, Middle B. STREB, DEBORAH, , ,	e Initial) or Full C	organization Name		Date of	Re	eceipt							
Mailing Address 2201 NORTH STAR ROA	D			м м 12	1	D 31		Y	y y 2023	Y			
City	State OH	Zip Code		Transaction ID : PR1159794169888 Amount of Each Receipt this Period									
UPPER ARLINGTON	UH	43221-3810		Amount	t of	Each F	Recei	ipt this	s Period				
FEC ID number of contributing federal political committee.	С			28.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Capability		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P	/R Ded	ucti	on (\$14	4.00 E	Bi-Wee	ekly)				
Full Name of Individual (Last, First, Middle C. ELLISTON, JAMES, , ,	e Initial) or Full C	organization Name		Date of	Re	eceipt							
Mailing Address 302 S 52ND ST				^M 12	1	D 31		Y	2023 Y	Y			
City OMAHA	State NE	Zip Code 68132-3544				-			0596988	8			
		00102-0044		Amount	tof	Each F	Recei	ipt this	s Period				
FEC ID number of contributing federal political committee.	C					y		9	20.	00			
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir I	upation (for Individual) Fin		M	emo	o Item							
Receipt For:	Aggregate	Year-to-Date 🔻											
Other (specify)		260.00] P	P/R Deduction (\$10.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)								5048.0	00			
TOTAL This Period (last page this line num	ber only)		•			, ,		-	-				

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b		11c	12				
Any information conied from such Denote and	Statomanta	, ,		13 r thou		14	of	15	16	17			
Any information copied from such Reports and or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorporate	ted PAC (JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle Ir FALK, DAVID, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 323 LAWRENCE AVE				12 31 Y Y Y Y Y 12 31 2023									
City	State	Zip Code	Transaction ID : PR1159820269888										
HIGHLAND PARK	NJ	08904-1851	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		28.00										
Name of Employer (for Individual) Optum Services, Inc	Occ Med	upation (for Individual) Dir	- [Me	emo	Iten	n						
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		364.00	P/	R Ded	uctio	on (\$	14.0	0 Bi-W	eekly)				
Full Name of Individual (Last, First, Middle Ir B. MIGLIORI, RICHARD, , ,	Date of Receipt												
Mailing Address 8025 VIA VECCHIA				12 / D D / Y Y Y Y Y 12 31 2023									
City	State	Zip Code		Trans	acti	on ID) : Pl	R11598	32746988	88			
NAPLES	FL	34108-7700	A	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9, Senior Advisor	[Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻	\neg										
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle Ir C. HOCK, CHRISTOPHER, , ,	nitial) or Full C	rganization Name	D	ate of	Re	ceipt	:						
Mailing Address 215 WINDMILL HILL				12 ^M	1		31 ^D		2023				
City WETHERSFIELD	State CT	Zip Code 06109-2746							1289698				
		00109-2740	A	mount	of	Each	n Red	ceipt th	is Perioc	1			
FEC ID number of contributing federal political committee.	С			_		9		9	23	.08			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	lten	n						
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify)		300.04	P/	P/R Deduction (\$11.54 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)	<u> </u>								435.	68			
			- ř	-	-	7		7					

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

				for each category of the Detailed Summary Page	X 11a		12 16 17								
or	y information copied from such Reports and Sta for commercial purposes, other than using the r														
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initia MILLER, KATHERINE, , ,	l) or Full C)rga	nization Name	Date	e of Receipt									
	Mailing Address 2321 HARBOR LAKE DRIVE	01-1-		7. 0.4		2 31 :	2023								
	City ORANGE PARK	State FL		Zip Code 32003-7799	Transaction ID : PR1554324369888 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 Pre:	•	ition (for Individual) twk		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 4999.80	P/R D	Deduction (\$192.30 Bi-Wee	ekly)								
в.	Full Name of Individual (Last, First, Middle Initia ANDERSON, CRAIG, , ,	l) or Full C)rga	nization Name	Date	e of Receipt									
	Mailing Address 47 AMATO CIRCLE					12 / D D / Y Y Y Y 12 31 2023									
	City WETHERSFIELD	State CT		Zip Code 06109-3971		unsaction ID : PR1575957 ount of Each Receipt this									
	FEC ID number of contributing federal political committee.	С	_				384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		•	ation (for Individual) Pres Ntwk Mgmt	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initia KELLY, JOHN, , ,	l) or Full C)rga	nization Name	Date	e of Receipt									
	Mailing Address 4901 HAWTHORNE COURT SUITE 304					2 31 2	2023								
	City EDINA	State MN		Zip Code 55436-5802		ansaction ID : PR1575959 ount of Each Receipt this									
	FEC ID number of contributing federal political committee.	С	_			· · · · · · · ·	384.60								
	Name of Employer (for Individual) United HealthCare Services Inc	Occ SVF	•	ation (for Individual) ax		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•			1153.80								
т	OTAL This Period (last page this line number or	nly)		•											

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

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

		Detailed Summary Page	X 11a 11b 11c 12											
Any information conied from such Reports a	nd Statements ma	av not be sold or used by any n	13 14 15 16 erson for the purpose of soliciting contributions											
			to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorport	rated PAC (I	UnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle JOHNSON, THAD, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 9741 GLACIER BAY			M M / D D / Y Y Y Y 12 31 2023											
City EDEN PRAIRIE	State MN	Zip Code 55347-2615	Transaction ID : PR1596304369888 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group Gen Counsel	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. SCHUMACHER, DANIEL, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 5401 LARADA LANE														
City EDINA	State MN	Zip Code 55436-1024	Transaction ID : PR1596305469888 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) ef Strat & Growth Officer												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle C. THEISEN, SCOTT, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 1950 MEADOWWOODS			12 / D D / Y Y Y Y Y 2023											
City LONG LAKE	State MN	Zip Code 55356-9312	Transaction ID : PR1596305669888 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Unit CEO	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optiona	l)		1153.80											
TOTAL This Period (last page this line num	ber only)													

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

			Detailed Summary Page	≯	(11a		11b	11c	12						
	r information copied from such Reports and State														
<u> </u>	or commercial purposes, other than using the na	me and ac	idress of any political committe	e to sc	olicit cor	ntrib	outions 1	trom such	n commit	ee.					
	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group P	AC)											
/ F	Full Name of Individual (Last, First, Middle Initial) ANDERSON, MICHAEL, , ,		-		Date of	[;] Re	ceipt								
-	Mailing Address 17907 INVERNESS CURVE				12 31 2023										
	City EDEN PRAIRIE	State MN	Zip Code 55347-2155		Transaction ID : PR1596309369888 Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С			384.60										
C	Name of Employer (for Individual) Dptum Services, Inc		pation (for Individual) Clnt Relationship		Me	emo	tem								
Ē	Receipt For: A Primary General Other (specify) ▼	\ggregate `	Year-to-Date ▼ 4999.80] F	₽/R Ded	lucti	on (\$19	2.30 Bi-W	/eekly)						
В	Full Name of Individual (Last, First, Middle Initial) BORCA, TROY, , ,	or Full Or	ganization Name		Date of Receipt										
_	Mailing Address 2112 STROLLING WAY		12 31 / Y Y Y Y 12 31 2023												
	Dity NORTHLAKE	State TX	Zip Code 76226-3369		Transaction ID : PR1596310469888 Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С			76.92										
C	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Gen Mgmt		Me	emo) Item								
Ē	Acceipt For: Primary General Other (specify) ▼	\ggregate `	Year-to-Date ▼ 999.96] P	י∕R Ded	uctio	on (\$38	.46 Bi-We	ekly)						
с	Full Name of Individual (Last, First, Middle Initial) BRODIGAN, STEVEN, , ,	or Full Or	ganization Name		Date of	Re	ceipt								
_	Mailing Address 2159 BRINKER ST	0/ :			12 ^M		31		2023						
	City CHANHASSEN	State MN	Zip Code 55317-9361				-	PR15963 Receipt th		-					
	EC ID number of contributing ederal political committee.	С				_	,	9	28.	_					
ι	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) nderwriting		M	emo	b Item								
Ē	Receipt For: A Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 364.78] f	P/R Deduction (\$14.03 Bi-Weekly)										
su	IBTOTAL of Receipts This Page (optional)			▶		-			489.	58					
	TAL This Period (last page this line number only			- -			-	- T							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

				for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the n														
\setminus	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initia DAVIDSON, TRACY, , ,	l) or Full C)rga	nization Name	Date of Receipt										
	Mailing Address 6058 HARBOUR TOWN CIR				12 31 2023										
	City	State		Zip Code	Transaction ID : PR1596311669888										
	WESTERVILLE	ОН		43082-8144	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		•	tion (for Individual) en Mgmt	Memo Item										
	Receipt For:	Aggregate	Yea	ar-to-Date ▼	1										
	Primary General Other (specify) v		-	4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initia HIGGINS, MARY, , ,	l) or Full C	rga	nization Name	Date of Receipt										
	Mailing Address 54 BELCREST ROAD				12 31 2023										
	City	State		Zip Code	Transaction ID : PR1596313869888										
	WEST HARTFORD	СТ		06107-3304	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.92										
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) n Mgmt	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia TODD, JEFFREY, , ,	l) or Full C	rga	nization Name	Date of Receipt										
	Mailing Address 467 PRAIRIE WAY SOUTH				12 / D D / Y Y Y Y 12 31 2023										
	City BAYPORT	State MN		Zip Code 55003-1607	Transaction ID : PR1596319069888										
			_	55003-1007	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			50.00										
	Name of Employer (for Individual)		•	tion (for Individual)	Memo Item										
	United HealthCare Services Inc Receipt For:	I		erwriting	-										
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date	P/R Deduction (\$25.00 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•	511.52										
т	OTAL This Period (last page this line number or	ıly)		•											

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

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

				or each callegory of the		11a		1	1b		11c		12			
				Detailed Summary Page		13		-	4		15	\square	16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r					for the		ро	se of		oliciting		ntribut	ions		
\backslash	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	Un	itedHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Initia PETERSON, MATTHEW, , ,	l) or Full O	rga	nization Name	Date of Receipt 12 31 2023 Transaction ID : PR1602669969888 Amount of Each Receipt this Period											
	Mailing Address 2260 FOX STREET															
	City ORONO	State MN		Zip Code 55356-8316												
	FEC ID number of contributing federal political committee.	С			384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ncillary		М	emo	o l'	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SEVIGNY, BRIAN, ,						Date of Receipt									
	Mailing Address 137 CREEKVIEW LANE			12 / D D / Y Y Y Y Y 12 31 2023												
	City LORETTO	State MN		Zip Code 55357-2111		Transaction ID : PR1653445769888 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			28.08											
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) ctor Technology		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	P	P/R Deduction (\$14.04 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initia ARCHER, LORI, , ,	l) or Full O	rga	nization Name		Date of	Re	ece	eipt							
	Mailing Address 2781 SADDLE CLUB ROAD			-		^M 12	1	l	D 31		/ Y		23	Ŷ		
	City GREENWOOD	State IN		Zip Code 46143-9211		Trans Amoun					R18067			3		
	FEC ID number of contributing federal political committee.	С						7			g	_	23.0	8		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		М	emc	o I	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	F	P/R Deduction (\$11.54 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)			······	•			7			9	_	435.7	6		
Т	OTAL This Period (last page this line number or	ıly)		••••••	•			,			-					

SCHEDULE A (FEC Form 3X)

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 17								
Any information copied from such Reports and ${\rm S}$ or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	NC)								
Full Name of Individual (Last, First, Middle Init A. ULLOA, SHAUNA, , ,	ial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9 STRATFORD ROAD			12 31 2023								
City	State	Zip Code	Transaction ID : PR1832379169888								
FARMINGTON	СТ	06032-1444	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.08								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
United HealthCare Services Inc		VP Clnt Relationship									
Receipt For:	Angregate	Year-to-Date ▼									
Primary General	riggrogato		P/R Deduction (\$14.04 Bi-Weekly)								
Other (specify) v	L	365.04									
Full Name of Individual (Last, First, Middle Init B. ANDERSON, CATHERINE, , ,	ial) or Full O	rganization Name	Date of Receipt								
Mailing Address 57 SIMMONS LANE			12 31 2023								
City	State	Zip Code	Transaction ID : PR1903550769888								
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) P Health Equity Strategy	Memo Item								
Receipt For:		Year-to-Date V	-								
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle Init C. WEYMOUTH, PAUL, , ,	ial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1185 HOPKINTON RD			12 31 2023								
City	State	Zip Code	Transaction ID : PR1903636969888								
HOPKINTON	NH	03229-2647	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual)		upation (for Individual)	Memo Item								
Optum Services, Inc Receipt For:	1	Grp CIO	_								
Primary General	Aggregate	Year-to-Date V									
Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			797.28								
TOTAL This Period (last page this line number of											

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

			Detailed Summary Page		11a 13		11b	11c	12	17						
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of		contribu							
$\overline{)}$	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group P	AC)												
	Full Name of Individual (Last, First, Middle Initia BEATY, JON, , ,	I) or Full O	rganization Name		Date of	f Re	ceipt									
	Mailing Address 32860 SE DIVERS RD				12 31 2023											
	City ESTACADA	State OR	Zip Code		Transaction ID : PR2119467869888											
-	ESTACADA		97023-7507		Amount	t of	Each R	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	С			20.00											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clin Qlty		M	emo	ttem									
	Receipt For:		Year-to-Date ▼													
	Primary General Other (specify) ▼		260.00] F	י∕R Ded	lucti	on (\$10.	00 Bi-We	eekly)							
	Full Name of Individual (Last, First, Middle Initial CAMPBELL, COLLEEN, , ,	l) or Full O	rganization Name		Date of	f Re	ceipt									
	Mailing Address 15000 CAST PEBBLE CIR			12 / 31 / 2023												
		State	Zip Code		Transaction ID : PR2119469969888											
-	PARKER	CO	80134-4195		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7		30.	00						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) g Adhr Sr Cnslt		M	emo	ttem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00] P	/R Ded	uctio	on (\$15.0	00 Bi-We	eekly)							
с.	Full Name of Individual (Last, First, Middle Initia DEMBROSKI, TODD, , ,	I) or Full O	rganization Name		Date of	f Re	ceipt									
	Mailing Address 1390 FINCH LN				^M 12		D D D 31	L	2023 Y							
	City GREEN BAY	State WI	Zip Code 54313-6400						47286988							
-			J+J1J-0400		Amount	t of	Each R	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	С				_	y	9	30.	00						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs		M	emc	o Item									
		Aggregate	Year-to-Date ▼													
	Other (specify)		390.00] F	P/R Ded	lucti	ion (\$15.	.00 Bi-We	eekly)							
รเ	UBTOTAL of Receipts This Page (optional)			►		T	,		80.	00						
тс	OTAL This Period (last page this line number on	ly)		•		Í	.									

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

			Detailed Summary Page		11a		11		11c	12	<u> </u>				
	y information copied from such Reports and Sta							se of s							
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and a	ddress of any political committe	e to so	licit cor	ntrib	outio	ons fro	om such	n committ	ee.				
\rangle	UnitedHealth Group Incorporated	d PAC (UnitedHealth Group P	AC)											
<u> </u>	Full Name of Individual (Last, First, Middle Initia DUNGAN, TARA, , ,	al) or Full C	rganization Name		Date of	f Re	ecei	ipt							
	Mailing Address 619 HIGH COUNTRY RIDGE				M M / D D / Y Y Y Y 12 31 2023										
	City SAN ANTONIO	State TX	Zip Code 78260-1829		Transaction ID : PR2119473269888 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir, Clin Appeals		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00] P	/R Ded	lucti	ion	(\$10.0)0 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Initia GILDERNICK, AMY, , ,	al) or Full C	rganization Name		Date of	f Re	ecei	ipt							
	Mailing Address 2709 WILLIAMS GRANT				12 31 Y Y Y Y Y 2023										
	City DE PERE	State WI	Zip Code 54115-9456							17526988 iis Period	3				
	FEC ID number of contributing federal political committee.	С			40.00										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initia HAYES, PAULINE, , ,	al) or Full C	rganization Name	Date of Receipt											
	Mailing Address 21851 NEWLAND ST SPACE 117 City	State	Zip Code		12 Trans	Ŀ.	L	31		2023 47746988					
	HUNTINGTON BEACH	CA	92646-7629	/						is Period					
	FEC ID number of contributing federal political committee.	С					9		9	20.	00				
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir F	upation (for Individual) Fin		M	emc	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00] P	/R Ded	lucti	ion	(\$10.0	00 Bi-W	eekly)					
s	UBTOTAL of Receipts This Page (optional)						,		9	80.0	00				
т	OTAL This Period (last page this line number or	וy)					-		-						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
				to solicit contributions from such committee.								
	OF COMMITTEE (In Full)											
/ Unit	edHealth Group Incorporated	PAC (l	JnitedHealth Group PA	NC)								
A. KAN	INE, KATHLEEN, , ,											
	Address 4826 PALOMINO COURT			12 / D D / Y Y Y Y 12 31 2023								
City ERIE		State PA	Zip Code 16506-6624	Transaction ID : PR2119479669888								
FEC II	D number of contributing I political committee.	С		Amount of Each Receipt this Period 384.60								
	of Employer (for Individual) HealthCare Services Inc		ipation (for Individual) Comm	Memo Item								
Receip	at For:		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
	ame of Individual (Last, First, Middle Initia ER, TIMOTHY, , ,	l) or Full O	rganization Name	Date of Receipt								
Mailing	Address 3115 S GOTHIC CIRCLE			12 31 2023								
City		State	Zip Code	Transaction ID : PR2119482369888								
	N BAY	WI	54313-4384	Amount of Each Receipt this Period								
	D number of contributing I political committee.	С		16.00								
United	of Employer (for Individual) HealthCare Services Inc		upation (for Individual) Act Svs	Memo Item								
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.00	P/R Deduction (\$8.00 Bi-Weekly)								
	ame of Individual (Last, First, Middle Initia CEMEADOR, HEATHER, , ,	l) or Full O	rganization Name	Date of Receipt								
	Address 13531 CARLTON OAKS	1		12 / D D / Y Y Y Y 2023								
City SAN /	ANTONIO	State TX	Zip Code 78232-4902	Transaction ID : PR2119482569888								
FEC II	D number of contributing I political committee.	С		Amount of Each Receipt this Period								
United	of Employer (for Individual) HealthCare Services Inc		ipation (for Individual) Ied Clin Ops	Memo Item								
	ot For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)								
SUBTO	TAL of Receipts This Page (optional)			440.60								
TOTAL	This Period (last page this line number on	ly)										

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

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

				Detailed Summary Page		11a 13		11		11c		12 16	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		pos	se of a	solicitin		ntribut	ions		
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial MURRAY, CAROLYN, , ,	l) or Full O	Orgar	nization Name		Date of Receipt									
	Mailing Address 834 WOODTACK COVE WAY					12 31 2023									
	City	State		Zip Code		Trans	acti	ion	1D : I	PR2119	4848	69888	3		
	HENDERSON	NV		89002-8294	_ /	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				20.00									
	Name of Employer (for Individual) Health Plan of Nevada		•	ion (for Individual) SIs Acct Mgmt		М	emo	o Ite	em						
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Other (specify) ▼		-	260.00	P	/R Dec	lucti	ion	(\$10.0	00 Bi-W	eekly	y)			
B.	Full Name of Individual (Last, First, Middle Initial NYGARD, KEITH, , ,	l) or Full O	Orgar	ization Name		Date of	f Re	ecei	ipt						
	Mailing Address 8056 CARPENTER CREEK AVE	INUE				^M 12	1	Ľ	D D 31	/ Y		23	Y		
	City LAS VEGAS	State NV		Zip Code 89113-3685						PR2119 eceipt tl			}		
	FEC ID number of contributing federal political committee.	С						-				40.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Adhr		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial	l) or Full O	Orgar	nization Name											
C.	OLLMANNWAGNER, TRACY, , , Mailing Address 2839 TIMBER LANE					Date of	_		ipt 31	/ Y		23	Y		
	City	State		Zip Code		Trans	act	tion	ו ID : I	PR2119	4852	26988	3		
	GREEN BAY	WI		54313-5841		Amoun	t of	Ea	ach Re	eceipt tl	nis P	eriod			
	FEC ID number of contributing federal political committee.	С						y		,		30.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) SIs Ops		М	emc	o It	em						
	Receipt For:	I		r-to-Date ▼											
	Other (specify)		-	390.00	P	/R Dec	lucti	tion	(\$15.	00 Bi-W	/eekly	y)			
s	UBTOTAL of Receipts This Page (optional)			••••••	.			,		.,		90.0	0		
т	OTAL This Period (last page this line number on	ly)		•				-		- 7-					

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

I EIVIIZED RECEIPIS		for each category of the	X 11a 11b 11c 12									
		Detailed Summary Page	13 14 15 16 17									
or for commercial purposes, other than u			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incor	porated PAC (UnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Mi SING, MARTIN, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9407 LLANO VERDE			12 31 / Y Y Y Y 12 31									
City	State	Zip Code	Transaction ID : PR2119490169888									
HELOTES	ТХ	78023-4156	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		20.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Service	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)									
Full Name of Individual (Last, First, Mi 3. STETTLER, RONALD, , ,	ddle Initial) or Full C	Prganization Name	Date of Receipt									
Mailing Address 11527 TRAILS END R	D		12 31 2023									
City	State	Zip Code	Transaction ID : PR2119490469888									
LEANDER	ТХ	78641-5813	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		20.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) HIthcare Econ	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)									
Full Name of Individual (Last, First, Mi WRIGHT, GREGORY, , ,	ddle Initial) or Full C	Prganization Name	Date of Receipt									
Mailing Address 10471 STRAND TER	RACE		12 / D D / Y Y Y Y 12 31 2023									
City	State	Zip Code	Transaction ID : PR2119494169888									
SANTA ANA	CA	92705-1495	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	Aggregate	Year-to-Date ▼										
Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (option	onal)		424.60									
TOTAL This Period (last page this line r	number only)											

FOR LINE NUMBER:

(check only one)

PAGE 20 OF

I EIVIIZED RECEIPIS		for each category of the		11a] 11b	<u>ь</u> Г	11c	12					
		Detailed Summary Page		13	\square	14		15	16	17				
Any information copied from such Reports or for commercial purposes, other than usi						pose		oliciting	g contribu	itions				
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorport	orated PAC (UnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Mide YOUNG, GEORGE, , ,	dle Initial) or Full C	Organization Name		Date of	Re	ceip	ot							
Mailing Address 36296 N 98TH WAY				12 31 Y Y Y Y Y 12 31 2023										
City	State	Zip Code		Transaction ID : PR2119494469888										
SCOTTSDALE	AZ	85262-3138	A	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	lte	m							
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		390.00	P/	/R Ded	uctio	on (\$15.0	0 Bi-We	ekly)					
Full Name of Individual (Last, First, Mide B. CUMMINGS, DANIEL, , ,	dle Initial) or Full C	Organization Name		Date of	Re	eceip	ot							
Mailing Address 1929 FAIRMOUNT AVE				12 31 2023										
City	State	Zip Code		Transaction ID : PR2133132669888										
SAINT PAUL	MN	55105-1539	A	mount	of	Eac	h Rec	ceipt th	is Period	l				
FEC ID number of contributing federal political committee.	C					-		7	30.	.00				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Finance Leader		Memo Item										
Receipt For:	Aggregate	Year-to-Date V	-											
Primary General Other (specify) ▼		, 390.00	P/	P/R Deduction (\$15.00 Bi-Weekly)										
Full Name of Individual (Last, First, Mide C. HULTGREN, BROR, , ,	dle Initial) or Full C	Organization Name		Date of	Re	eceip	ot							
Mailing Address 408 22ND ST				^M 12	/	L	31		ү ү 2023					
City GOLDEN	State CO	Zip Code 80401-2452				-			13326988					
		00401-2432	A	mount	of	Eac	h Rec	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С			_		,		y	384.	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO		M	emo	b Ite	m							
Receipt For:		Year-to-Date ▼												
Primary General Other (specify)		4999.80	P	/R Ded	lucti	ion (\$192.	30 Bi-V	Veekly)					
SUBTOTAL of Receipts This Page (optior	ıal)								444.	60				
TOTAL This Period (last page this line nu	mber only)					-		-						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 21 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Stat for commercial purposes, other than using the na										
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	C)							
A.	Mailing Address 9790 FOXWORTH DRIVE City JOHNS CREEK FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc	State GA C	Zip Code 30022-6259 upation (for Individual) al Markets VP Brkr Svs Year-to-Date ▼ 260.00	Date of Receipt 12 31 2023 Transaction ID : PR2145728369888 Amount of Each Receipt this Period 20.00 Memo Item P/R Deduction (\$10.00 Bi-Weekly)							
В.	Full Name of Individual (Last, First, Middle Initial LEWIS, KURT, , , Mailing Address 961 RIVER FOREST DRIVE City MAINEVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc	State OH C	Zip Code 45039-7720	Date of Receipt 12 31 2023 Transaction ID : PR2203967569888 Amount of Each Receipt this Period 384.60 Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initial BEAULE, JEAN-FRANCOIS, , , Mailing Address 7 STRATFORD RD City FARMINGTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify)	CT CC CC CC CC CC CC CC CC CC CC CC CC	Drganization Name Zip Code 06032-1444 upation (for Individual) P HIth Advancement Year-to-Date ▼ 4990.38	Date of Receipt							
s	UBTOTAL of Receipts This Page (optional)		•••••	794.60							
т	OTAL This Period (last page this line number on	ly)	•••••								

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

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

			Detailed Summary Page		11a		-	1b		1c	12				
•			, and the metal as a 12		13		_	4		5	16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na														
\backslash	NAME OF COMMITTEE (In Full)														
$\Big $	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group P	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial) KANTOLA, KEVIN, , ,) or Full Or	ganization Name		Date of Receipt										
	Mailing Address 7031 HALSTEAD DRIVE			12 ^D ^D ¹ ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y											
	City	State	Zip Code	Transaction ID : PR2247627069888											
	MINNETRISTA	MN	55364-3201	'	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60											
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	pation (for Individual) F		N	lemo	o l'	tem							
	Bossint For:	Aggregate `	lear-to-Date ▼												
	Primary General Other (specify) ▼	. <u></u>	4999.80] F	P/R De	ior	n (\$19	92.30	Bi-W	eekly)					
B.	Full Name of Individual (Last, First, Middle Initial) OBRIEN, DENNIS, , ,) or Full Or	ganization Name		Date c	of Re	ece	eipt							
	Mailing Address 61 LOUGHLIN AVE			12 / D D / Y Y Y Y 12 31 2023											
	City	State	Zip Code								2736988				
	COS COB	CT	06807-2621	·	Amour	nt of	Ea	ach F	Recei	ipt this	s Period				
	FEC ID number of contributing federal political committee.	С				,			- y -	384.	60				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) n CEO		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	P/R Deduction (\$192.30 Bi-Weekly)												
C.	Full Name of Individual (Last, First, Middle Initial) CRONN, CHRISTOPHER, , ,) or Full Or	ganization Name	Date of Receipt											
	Mailing Address 1122 COLORADO STREET				M	/				Y	Y Y	Y			
	SUITE 2399	Ctoto	Zin Codo		12 T ren			31		0705	2023				
	City AUSTIN	State TX	Zip Code 78701-2132	-							2296988				
	FEC ID number of contributing				Amour	nt of	E	ach F	≺ecei	ipt this	s Period	_			
	federal political committee.	С			<u> </u>		y	-		9	115.	აბ			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Affs Dir		N	1emo	o l	tem							
	Receipt For:	Aggregate `	lear-to-Date ▼												
	Primary General Other (specify)		1499.94] F	P/R De	ducti	tior	n (\$57	7.69 I	Bi-We	ekly)				
s	UBTOTAL of Receipts This Page (optional)						,			9	884.	58			
T	OTAL This Period (last page this line number onl	y)		•			-,			-					

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

FOR LINE NUMBER:

(check only one)

PAGE 23 OF

			Detailed Summary Page	×	11a		11b		11c	12				
An	y information copied from such Reports and Stat	ements ma	ay not be sold or used by any ne	erson f	13 for the	puri	14 pose	e of s	15 oliciting	16 contribu	l 17 tions			
or	for commercial purposes, other than using the n													
\setminus	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	4C)										
Α.	Full Name of Individual (Last, First, Middle Initial FRASCINO, MJ, , ,) or Full O	rganization Name		Date of	Re	eceip	ot						
	Mailing Address 4575 SOUTH ATLANTIC AVENU # 6311	JE			м м 12	/		а 31	/ Y	y y 2023	Y			
	City	State	Zip Code		Transaction ID : PR2402316569888									
	PONCE INLET	FL	32127-7096	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					-		-,	28.	00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Comm		Me	emo	o Iter	m						
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		364.00	P	P/R Ded	ucti	ion (\$	\$14.0	0 Bi-We	eekly)				
	Full Name of Individual (Last, First, Middle Initial JACOBS, DONALD, , ,) or Full O	rganization Name		Date of	Re	eceip	t						
	Mailing Address 19495 VINE RIDGE ROAD				12 31 Y Y Y Y Y 12 31 2023									
	City EXCELSIOR	State MN	Zip Code 55331-9173							1736988	8			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgr II		Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼ 260.00	P	/R Ded	uctio	on (\$	\$10.0	0 Bi-We	ekly)				
с.	Full Name of Individual (Last, First, Middle Initial KEPLEYCARRIER, ANGELA, , ,) or Full O	rganization Name		Date of	Re	eceip	ot						
	Mailing Address 3219 PENINSULA DRIVE	1			^M 12	1		31	/ Y	2023 Y	Y			
	City JAMESTOWN	State NC	Zip Code 27282-8717							81776988	8			
	FEC ID number of contributing federal political committee.	C			Amount	. 01	⊨aci	n Ke	ceipt th	is Period 40.	00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emc	o Iter	m						
		1	Year-to-Date ▼											
	Primary General Other (specify)		520.00	F	P/R Ded	lucti	ion (S	\$20.0	00 Bi-We	eekly)				
S	UBTOTAL of Receipts This Page (optional)		••••••	·			y		9	88.	00			
т	OTAL This Period (last page this line number on	ly)					-		-,-					

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

•••			Detailed Summary Page		X 11a		11b		11c	12	ſ										
٨٣	v information conied from such Departs and S		av not be sold or used by envir	nereer	13	<u> </u>	14	of c	15 Oliciting	16 L contri		17									
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)																				
	UnitedHealth Group Incorporate		UnitedHealth Group P																		
/	· ·	```	•	AU)																	
Α.	Full Name of Individual (Last, First, Middle Ini MCGRATH, STACY, , ,	itial) or Full C	Drganization Name		Date of Receipt																
	Mailing Address 5801 CHOWEN AVE S				12 ^M	/	D	D 31	/ Y	2023	Y 1	Γ									
	City	State	Zip Code		a second second	acti			R24023	1. A											
	EDINA	MN	55410-2759		Transaction ID : PR2402318569888 Amount of Each Receipt this Period																
	FEC ID number of contributing federal political committee.	С			40.00																
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Bus Process		Me	emc	lterr	n													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00		P/R Ded	ucti	on (\$	20.0	0 Bi-We	eekly)											
В.	Full Name of Individual (Last, First, Middle Ini MORRISONDAVIS, ANDREA, , ,	itial) or Full C	Drganization Name		Date of	Re	eceipt	:													
	Mailing Address 2 LAKESHIRE COURT				12 / D D / Y Y Y Y 12 31 2023																
	City	State	Zip Code	_					R24023												
	OWINGS MILLS										Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	-		-7	2	20.00)									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) ct Mgt Cons CInt Svc		Memo Item																
	Receipt For: Primary General Other (specify) ▼	Aggregate	• Year-to-Date ▼ 260.00		P/R Deduction (\$10.00 Bi-Weekly)																
с.	Full Name of Individual (Last, First, Middle Ini ROSSI, DAVID, , ,	itial) or Full C	Drganization Name		Date of	Re	eceipt														
	Mailing Address 510 BUFFALO TOM DRIVE				12 ^M	1		31	/ Y	2023											
	City GREENSBORO	State NC	Zip Code 27455-8344	-					R24023												
	FEC ID number of contributing federal political committee.	С			Amount		Each		Jeipt th		28.08	}									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual)		Me	emo	b Item	n													
	Receipt For:	I			-																
	Primary General Other (specify)		Aggregate Year-to-Date ▼ 365.04					P/R Deduction (\$14.04 Bi-Weekly)													
s	UBTOTAL of Receipts This Page (optional)			► _			7		9	٤	38.08	3									
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number				Ŀ.	-	y	-	- J	5	38.08										

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 25 OF

IT.			Use separate schedule(s)	(check only one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	12				
					3		14	15	16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
$\overline{\ }$	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group PA	C)									
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of Receipt								
Α.	HIGA, JOY, , ,			- · · · · · · · · · · · · · · · · · · ·									
	Mailing Address 2208 ELM AVENUE			N	12 31 2023								
	City	State	Zip Code	Т	Transaction ID : PR2402446269888								
	MANHATTAN BEACH	CA	90266-2809	An	nount	of	Each R	eceipt th	nis Perioo	b			
	FEC ID number of contributing federal political committee.	С					,		384	.60			
	Name of Employer (for Individual)	Occi	upation (for Individual)	- E	Me	emo	Item						
	United HealthCare Services Inc		ef Compl Off & SVP Reg Affs	1.5									
	Receipt For:		Year-to-Date ▼	-									
	Primary General	Aggregate			Dod	u otiv	on (¢10)	2 20 Di V	Nookhy)				
	Other (specify) V	L	4999.80		Deut	JCIR	נפו ק) ווכ	2.30 Bi-V	veekiy)				
	Full Name of Individual (Last, First, Middle Initia ALEXANDER, CORY, , ,	al) or Full O	rganization Name		to of	De	opint						
р.	Mailing Address 6412 HIGHLAND DRIVE			_	ite of	Re	· .						
	Maining Address 6412 HIGHLAND DRIVE			N	[™] 12	/	31	/ Y	2023	Y			
	City	State	Zip Code	1 7	ransa	acti	on ID ·	PR2405	4288698	88			
	CHEVY CHASE	MD	20815-6608						nis Period				
	FEC ID number of contributing federal political committee.	С					,		384	.60			
	Name of Employer (for Individual)	000	upation (for Individual)	- E	Me	mo	Item						
	United HealthCare Services Inc		P, Senior Advisor	1.5									
	Receipt For:	Aggregate	Year-to-Date ▼	_									
	Primary General	, iggi oguto		P/P Doduction (\$102.20 Pi Mookhu)									
	Other (specify) v	L	4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia WEE, KATHLYN, , ,	al) or Full O	rganization Name	De	ite of	Re	ceint						
.	Mailing Address 5045 OVERLOOK ROAD NW								Y Y	V			
				N N	12	<i>'</i>	31		2023	. 1			
	City	State	Zip Code		ransa	acti	on ID :	PR2408	5450698	88			
	WASHINGTON	DC	20016-1911	An	nount	of	Each R	eceipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С					,	. ,	384	.60			
	Name of Employer (for Individual)	Occi	upation (for Individual)	- E	Me	emo	Item						
	United HealthCare Services Inc		Plan CEO	1.5									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			P/R	2 Dedi	uctio	on (\$19	2.30 Bi-\	Veekly)				
	Other (specify)	L	4999.80		Dout	uou	οπ (φτο.	2.00 81	(contract)				
s	UBTOTAL of Receipts This Page (optional)		•	Γ		7			1153	.80			
	OTAL This Period (last page this line number or			Ē			1	,		=			
L '	The mist choo (last page this line humber of	···y)	▶			- 1	7	-		12 I.			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 26 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Stat for commercial purposes, other than using the n								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	C)					
Α.	Full Name of Individual (Last, First, Middle Initial BALTHAZOR, PAUL, , , Mailing Address 2002 SUGARWOOD DRIVE) or Full C	Organization Name	Date of Receipt					
	City ORONO	State MN	Zip Code 55356-9339	Transaction ID : PR2437120769888 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) ▼	Bus	upation (for Individual) s Segment COO Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
В.	Full Name of Individual (Last, First, Middle Initial COSGRIFF, JOHN, , , Mailing Address 1875 HUNTER LANE) or Full C	Organization Name	Date of Receipt					
	City MENDOTA HEIGHTS	State MN	Zip Code 55118-4110	12 31 2023 Transaction ID : PR2437121669888 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		s Unit CEO	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
C.	Full Name of Individual (Last, First, Middle Initial EDELSON, BRETT, , ,) or Full C	Organization Name	Date of Receipt					
	Mailing Address 4600 DREXEL AVENUE	1.0.1		12 / D D / Y Y Y Y 12 31 2023					
	City EDINA	State MN	Zip Code 55424-1132	Transaction ID : PR2437127169888 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		384.60					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)		•	1153.80					
Т	OTAL This Period (last page this line number on	ly)							

FOR LINE NUMBER:

(check only one)

PAGE 27 OF

			Detailed Summary Page		11a 13		11b 14	110	;	12	47			
	y information copied from such Reports and State for commercial purposes, other than using the na				for the		pose of							
<u> </u>	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)										
A.	Full Name of Individual (Last, First, Middle Initial) RAINEY, PETER, , ,) or Full Oi	rganization Name		Date o	f Re	eceipt							
	Mailing Address 8850 COUNTY ROAD 26				12 31 Y Y Y Y Y 12 31 2023									
	City	State	Zip Code		Trans	sact	ion ID :	: PR24	37127	756988	8			
	MINNETRISTA	MN	55359-9445		Amoun	t of	Each F	Receipt	this	Period				
	FEC ID number of contributing federal political committee.	С					.	7		384.6				
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Group CFO		М	emc	tem							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼	33. sguið	4999.80] P	P/R Dec	ducti	on (\$1§	92.30 E	8i-Wee	ekly)				
	Full Name of Individual (Last, First, Middle Initial) HEYMAN, STEPHEN, , ,) or Full Oi	rganization Name		Date o	f Re	eceipt							
	Mailing Address 5300 SHERRILL AVENUE				12 31 2023 Transaction ID : PR2444265769888									
	City	State	Zip Code		Trans	acti	ion ID :	: PR24	44265	76988	8			
	CHEVY CHASE	MD	20815-3720		Amoun	t of	Each F	Receipt	this	Period				
	FEC ID number of contributing federal political committee.	С					-	7		384.6	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Strategy & Partnerships		M	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P	/R Dec	lucti	on (\$19	92.30 B	i-Wee	ekly)				
C.	Full Name of Individual (Last, First, Middle Initial) LANGER, DONALD, , ,) or Full Oi	rganization Name		Date o	f Re	eceipt							
	Mailing Address 5110 OAK RAMBLING DRIVE				^M 12		D 31	1	2	2023				
	City KATY	State TX	Zip Code 77494-1971				ion ID				8			
			//434-13/1	/	Amoun	t of	Each F	Receipt	this	Period				
	FEC ID number of contributing federal political committee.	С					, ,			384.6	60			
	Name of Employer (for Individual) United HealthCare Services Inc		ıpation (for Individual) Plan CEO		M	lemo	o Item							
		Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		4999.80] F	P/R Dec	ducti	ion (\$19	92.30 E	3i-We	ekly)				
S	UBTOTAL of Receipts This Page (optional)			•			,	. ,		1153.8	30			
т	OTAL This Period (last page this line number onl	y))	•			-			1.4				

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

FOR LINE NUMBER:

(check only one)

PAGE 28 OF

				(11a		11k		11c	12	<u> </u>				
An	y information copied from such Reports and Stat	ements ma	l ay no	t be sold or used by any pe	erson	13 for the	puri	14 pose	e of s	15 oliciting	contrib	utions		
	for commercial purposes, other than using the na													
\setminus	NAME OF COMMITTEE (In Full)		1.1 14											
/	UnitedHealth Group Incorporated	PAC (l	Unit	edHealth Group PA	AC)									
Δ.	Full Name of Individual (Last, First, Middle Initial SIEGEL, DAVID, , ,) or Full O	Organi	zation Name		Date o	f Re	eceir	ot					
	Mailing Address 264 LAKEWOOD DRIVE				\neg									
				7. 0. 1		12		L	31	ΙL	2023	_		
	City BLOOMFIELD HILLS	State MI		Zip Code 48304-3531							0171698			
					—	Amoun	τot	⊢ac	n Re	ceipt th	is Perio			
	FEC ID number of contributing federal political committee.	С						-9-		-	28	.08		
	Name of Employer (for Individual)	Оссі	upatio	on (for Individual)	_	м	emc	o Ite	m					
	Optum Services, Inc	Med					-							
		Aggregate	Year	-to-Date V										
	Primary General			351.00	F	P/R Dec	ducti	ion (\$14.0	4 Bi-We	eekly)			
	Other (specify) v		-	331.00										
_	Full Name of Individual (Last, First, Middle Initial) or Full O	Organi	zation Name				-						
В.	MCMAHON, DIRK, , ,				_	Date o						14		
	Mailing Address 60 WILDHURST ROAD	1	,			12 31 2023								
	City	State		Zip Code							570698			
	EXCELSIOR	MN		55331-8461	_	Amoun	t of	Eac	h Re	ceipt th	is Perio	d		
	FEC ID number of contributing federal political committee.	С									384	.60		
	-			Memo Item										
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) t UHG & COO		M	emc	o ite	IJ					
	Poppint For:	Aggregate	Year	-to-Date 🔻										
	Primary General	55 5			F	P/R Dec	lucti	ion (\$192.	30 Bi-W	/eeklv)			
	Other (specify) V		,	4999.80		P/R Deduction (\$192.30 Bi-Weekly)								
_	Full Name of Individual (Last, First, Middle Initial) or Full O	Drgani	zation Name										
C.	NATHAN, DONALD, , ,				_	Date o								
	Mailing Address 1643 SPRING CREEK DRIVE					12 ^M	1	D	31	/ Y	2023	Y		
	City	State		Zip Code		Trans	sact	tion	ID : F	R24914	4573698	88		
	SARASOTA	FL		34239-5046	_	Amoun	t of	Eac	h Re	ceipt th	is Perio	d		
	FEC ID number of contributing	С									384	.60		
	federal political committee.	-	-					9		y	_			
	Name of Employer (for Individual)		•	on (for Individual)		M	lemo	o Ite	m					
	United HealthCare Services Inc Receipt For:		,	ior Advisor	_									
	Primary General	Aggregate	Year	-to-⊔ate ▼					M 400	00 D' 14				
	Other (specify)		-	4999.80		-/R Dec	ducti	ion (\$192	.30 Bi-W	veekly)			
						_			_	_				
s	UBTOTAL of Receipts This Page (optional)			••••••		Ľ		9		,	797	.28		
т	OTAL This Period (last page this line number on				-					_				
	UTAL THIS FERIOU (last page this line number on	у)	•••••	•••••••	•	la de la companya de	1	7			4			

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

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

		Detailed Summary Page		11a		11b	11c	12					
Any information copied from such Rep	oorts and Statements ma	y not be sold or used by any n	erson fr	13 or the	<u> </u> יינוס	14	15 solicitina	contribut	17 ions				
or for commercial purposes, other that													
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Inc	orporated PAC (I	UnitedHealth Group P	AC)										
Full Name of Individual (Last, First SMITH, KARA, , ,	, Middle Initial) or Full O	rganization Name	C	Date of	Re	eceipt							
Mailing Address 3917 TERRY PLA	CE			12 31 / Y Y Y Y 2023									
City ALEXANDRIA	State VA	Zip Code 22304-1737				-		7536988	8				
		22304-1737	A	mount	: of	Each Re	eceipt thi	is Period					
FEC ID number of contributing federal political committee.	C		1L	384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	tem							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		4999.80	P/	'R Ded	ucti	on (\$192	2.30 Bi-W	/eekly)					
Full Name of Individual (Last, First, PURDY, PATRICIA, , ,	, Middle Initial) or Full O	rganization Name	C	ate of	Re	eceipt							
Mailing Address 3615 THORNAPPI	LE STREET			^M 12	/	D D 31	/ Y	2023	Y				
City	State	Zip Code						0066988	3				
CHEVY CHASE	MD	20815-4113	A	mount	of	Each Re	eceipt thi	is Period					
FEC ID number of contributing federal political committee.	C			384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Strategy		Me	emo	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/	R Ded	uctio	on (\$192	2.30 Bi-W	'eekly)					
Full Name of Individual (Last, First C. RAMSAY, RICHARD, , ,	, Middle Initial) or Full O	rganization Name		Date of	Re	eceipt							
Mailing Address 543 E LURAY AVE	1			^M 12	/	31	/ Y	2023	Y				
City ALEXANDRIA	State VA	Zip Code 22301-1605	_					54226988	8				
	¥^	22301-1003	A	mount	of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	С			_		y	. y	100.0	00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs		Me	emc	tem							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		1300.00	P	'R Ded	lucti	ion (\$50.	00 Bi-We	eekly)					
SUBTOTAL of Receipts This Page (d	pptional)							869.2	20				
TOTAL This Period (last page this lin	ne number only)	······											

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

FOR LINE NUMBER:

(check only one)

PAGE 30 OF

				Detailed Summary Page		11a 13		11		11c		12 16	17
	v information copied from such Reports and Sta for commercial purposes, other than using the r					for the		pos	se of s	oliciting		ntributi	ons
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	d PAC (I	Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia DAVENPORT, ALLISON, , ,	ll) or Full O)rgar	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 141 PELHAM ROAD					^M 12	/		31	/ Y	¥ 2(023	Y
		State PA		Zip Code						R2552			}
	PHILADELPHIA		_	19119-2661	- 1	Amoun	t of	Ea	ich Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		-			_	384.6	0
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Svc Acct Mgmt		M	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	4999.80	F	P/R Deo	ducti	ion	(\$192	.30 Bi-V	Veek	dy)	
	Full Name of Individual (Last, First, Middle Initia BRYANT, JEREMY, , ,	ll) or Full O	rgar	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 4534 MYSTIQUE WAY					^M 12	/		31	/ Y	ү 20	23	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R25529	9613	69888	;
	ROSWELL	GA		30075-2087	-	Amoun	t of	Ea	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					_	-		-9-	_	76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt NA Accts		M	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	999.96	F	/R Dec	lucti	ion	(\$38.4	6 Bi-W	eekly	/)	
с.	Full Name of Individual (Last, First, Middle Initia	ll) or Full O	rgar	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 842 NAGLE STREET					^M 12	/		31	/ Y)23 [°]	Y
	City HOUSTON	State TX		Zip Code 77003-1266						PR2552			3
			-	11003-1200		Amoun	t of	Ea	ich Re	ceipt th	ıis P	eriod	
	FEC ID number of contributing federal political committee.	С						y		9	_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc	Occi VP (•	ion (for Individual)		N	lemo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify)		- 7 -	999.96	F	P/R De	duct	ion	(\$38.4	46 Bi-W	eekl	y)	
S	JBTOTAL of Receipts This Page (optional)							y		,	-	538.4	4
т	OTAL This Period (last page this line number or	nly)		••••••				-			_	1.40	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group P	AC)
Α.	Full Name of Individual (Last, First, Middle Initia EHLMAN, MICHAEL, , ,		Drganization Name	Date of Receipt
	Mailing Address 10051 VALLEY RIDGE COURT			12 / D D / Y Y Y Y 12 31 2023
	City LAS VEGAS	State NV	Zip Code 89148-7602	Transaction ID : PR2552962269888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Director Technology	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia FLANNERY, SCOTT, , ,	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 8508 TRELADY CT			12 31 2023
	City PLANO	State TX	Zip Code 75024-6827	Transaction ID : PR2552962369888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) h Plan CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia JAMES, GREGORY, , ,	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 2323 KINGS POINT DRIVE			12 / D D / Y Y Y Y 12 31 2023
	City LARGO	State FL	Zip Code 33774-1009	Transaction ID : PR2552963269888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Med Dir	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	999.96	P/R Deduction (\$38.46 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			297.22
т	OTAL This Period (last page this line number or	וy)		· · · · · · · · · · · · · · · · · · ·

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

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

		Detailed Summary Page		11a 13		11b 14	11c	12	17				
Any information copied from such Reports a or for commercial purposes, other than using				or the		pose of	soliciting	g contribu	tions				
NAME OF COMMITTEE (In Full)						-							
UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middl KIDAMBI, NARASIMHAN, , ,	e Initial) or Full C	rganization Name	[Date of	Re	eceipt							
Mailing Address 18477 85TH AVE N				12 31 2023									
	State MN	Zip Code		Trans	acti	ion ID :	PR2552	96386988	8				
MAPLE GROVE	IVIN	55311-1663	/	Amount	of	Each F	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	C				_			40.	00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Anlys		Me	emo	tem							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		520.00	P	/R Ded	ucti	on (\$20	.00 Bi-W	eekly)					
Full Name of Individual (Last, First, Middl B. LOVELADY, JOHN, , ,	e Initial) or Full C	rganization Name		Date of	Re	eceipt							
Mailing Address 5378 BUENA VISTA DR				12 1 D D / Y Y Y Y 12 31 2023									
City	State	Zip Code						96426988	8				
FRISCO	TX	75034-2253	/	Amount	of	Each F	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	C			384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Bus Ops		Me	emo	tem							
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		4999.80	P/	/R Ded	uctio	on (\$19	2.30 Bi-V	Veekly)					
Full Name of Individual (Last, First, Middl C. MORRIS, MICHAEL, , ,	e Initial) or Full C	rganization Name		Date of	Re	eceipt							
Mailing Address 2624 N HARTLAND COL	JRT			^M 12	/	31	D / Y	y y 2023	Y				
City	State IL	Zip Code						96506988	8				
CHICAGO	12	60614-4955	/	Amount	of	Each F	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	C			_	_	y	y	30.	76				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acct Mgmt Natl Acct		M	emc	o Item							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		399.88] P	/R Ded	lucti	ion (\$15	5.38 Bi-W	'eekly)					
SUBTOTAL of Receipts This Page (optiona	l)					, .	. ,	455.	36				
TOTAL This Period (last page this line num	ber only)					-	-						

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 33 OF

				for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (Ur	nitedHealth Group PA	C)					
Α.	Full Name of Individual (Last, First, Middle Initia POTTER, DONALD, , ,)rga	anization Name	Date of Receipt					
	Mailing Address 6131 PELICAN BAY BOULEVA ST THOMAS 9 City	RD		Zip Code	12 31 2023 Transaction ID : PR2552965469888					
	NAPLES	FL		34108-8113	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			69.22					
	Name of Employer (for Individual) United HealthCare Services Inc		•	ation (for Individual) It Svc Acct Mgt	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 899.86	P/R Deduction (\$34.61 Bi-Weekly)					
в.	Full Name of Individual (Last, First, Middle Initia SAMSEL, KRISTINE, , ,	al) or Full C	Drga	anization Name	Date of Receipt					
	Mailing Address 91 WAVERLY RD	1			12 / D D / Y Y Y Y 12 31 2023					
	City HUNTINGTON	State CT		Zip Code 06484-5835	Transaction ID : PR2552965769888 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С	_		28.00					
	Name of Employer (for Individual) United HealthCare Services Inc			ation (for Individual) n Mgmt	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)					
C.	Full Name of Individual (Last, First, Middle Initia TINKER, ANN, , ,	al) or Full C	Drga	anization Name	Date of Receipt					
	Mailing Address 137 AMOHI WAY				12 / D D / Y Y Y Y 12 31 2023					
	City LOUDON	State TN		Zip Code 37774-3009	Transaction ID : PR2552966869888 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С	-		28.00					
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir (•	ation (for Individual) npli	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Ye	ar-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			•••••	125.22					
т	OTAL This Period (last page this line number or	nly)		····· ►						

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

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

		Detailed Summary Page		11a 13		11b 14		11c		12 16	17	
Any information copied from such Reports and or for commercial purposes, other than using				for the		pose c				ntribut	ons	
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorport	ated PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle WACKER, AARON, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Address 4704 CAVAN ROAD				12 31 2023								
City MOUND	State MN	Zip Code 55364-1877		Trans Amount				R25529 ceipt th			3	
FEC ID number of contributing federal political committee.	С					-				28.0	0	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) rincipal Engineer, TLCP		Me	emo	Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P	9/R Ded	ucti	on (\$1	4.0) Bi-We	eekly	y)		
Full Name of Individual (Last, First, Middle PROSKAUER, DANIEL, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Address 240 DERBY STREET				^M 12	/	D 3 [,]		/ Y	ү 20	23	Y	
City NEWTON	State MA	Zip Code 02465-1006		Trans Amount								
FEC ID number of contributing federal political committee.	С					-		-9		38.4	6	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Architecture		Me	emo	Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P	/R Ded	uctio	on (\$1	9.23	3 Bi-We	ekly	/)		
Full Name of Individual (Last, First, Middle C. ZERAFA, DANIEL, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Address 61234 ADMIRAL DRIVE				^M 12	1	D 3		/ Y		23	Y	
City WASHINGTON TOWNSHIP	State MI	Zip Code 48094-1242		Trans Amount				R25534 ceipt th			3	
FEC ID number of contributing federal political committee.	C					,		y		28.0	0	
Name of Employer (for Individual) Optum Services, Inc	Occi VP I	upation (for Individual) T		M	emc	tem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	F	P/R Ded	ucti	on (\$1	4.0	0 Bi-We	eekl	y)		
SUBTOTAL of Receipts This Page (optional)			 		-	5 1		, ,	_	94.4	6	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 35 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n								
\backslash	NAME OF COMMITTEE (In Full)								
/	UnitedHealth Group Incorporated	d PAC (UnitedHealth Group PA	.C)					
Α.	Full Name of Individual (Last, First, Middle Initia REIDY, GREGORY, , ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 1005 BLAKEFIELD DRIVE			12 31 2023					
	City	State TN	Zip Code	Transaction ID : PR2554013369888					
	BRENTWOOD		37027-8479	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		384.60					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item					
	Receipt For:		Year-to-Date ▼	—					
	Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
В.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 5116 NORTH TIOGA WAY			12 31 2023					
	City	State	Zip Code	Transaction ID : PR2560064169888					
	LAS VEGAS	NV	89149-5830	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		28.00					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initia CLUTE, DANIEL, , ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 7756 N 85TH STREET			M M / D D / Y Y Y Y 12 31 2023					
	City	State	Zip Code	Transaction ID : PR2560064469888					
	ОМАНА	NE	68122-1281	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.92					
	Name of Employer (for Individual) Optum Services, Inc	Occi	upation (for Individual) Dir	Memo Item					
	Receipt For:		Year-to-Date ▼	-					
	Primary General Other (specify)		999.96	P/R Deduction (\$38.46 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			489.52					
	OTAL This Period (last page this line number or								

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

FOR LINE NUMBER:

(check only one)

PAGE 36 OF

			Detailed Summary Page		11a	Ц	11b	11c	12					
Any information	ied from such Doparta and	Statemonto mo	ay not be sold or used by any p		13		14	15 f. soliciting	16	17				
			ddress of any political committee											
	, ,													
	th Group Incorporat	ted PAC (l	JnitedHealth Group P/	AC)										
Full Name of Indi A. COY, THOMA	ividual (Last, First, Middle Ir S, , ,	nitial) or Full O	rganization Name	[Date of	Re	ceipt							
	6970 SUZANNE COURT				M M / D D / Y Y Y Y 12 31 2023									
City		State	Zip Code		Trans	acti	ion ID :	: PR2560	06456988	8				
SCHENECTADY		NY	12303-5285		Amount	of	Each F	Receipt th	is Period					
FEC ID number of federal political co	0	С						-7	20.	00				
Name of Employe	. ,		upation (for Individual) Gen Mgmt		Me	emo	Item							
Receipt For:			Year-to-Date ▼											
Primary Other (spec	General cify) ▼		260.00] Р	/R Ded	uctio	on (\$10	0.00 Bi-We	eekly)					
Full Name of Indi GAZELEY, PA	ividual (Last, First, Middle Ir AULA, , ,	nitial) or Full O	rganization Name		Date of	Re	ceipt							
-	36 MAYFAIR ROAD				12 ¹									
City WYNANTSKILL		State NY	Zip Code 12198-8018					PR25600		8				
	of contributing		12100-0010		Amount of Each Receipt this Period									
FEC ID number of federal political of	0	С												
Name of Employe United HealthCare	, ,		upation (for Individual) CInt Svc Acct Mgt		Me	emo	Item							
Receipt For: Primary Other (spec	General cify) ▼	Aggregate	Year-to-Date ▼ 364.00	P	/R Ded	uctio	on (\$14	4.00 Bi-We	eekly)					
Full Name of Indi	ividual (Last, First, Middle Ir	hitial) or Full O	rganization Name	_										
C. GIANCURSI	O, DONALD, , ,			[Date of	Re	ceipt							
	72 MIDNIGHT RIDGE DR				^M 12	/	D 31		2023					
City LAS VEGAS		State NV	Zip Code 89135-1680					PR2560		8				
FEC ID number of federal political co	0	С			-mount	OT		Receipt th	iis Period 384.	60				
							ltem							
Name of Employe Health Plan of Ne	, ,		upation (for Individual) Plan CEO			51110								
Receipt For:	General	Aggregate	Year-to-Date ▼	_										
Other (spec			4999.80	P	P/R Ded	ucti	on (\$19	92.30 Bi-V	Veekly)					
SUBTOTAL of Rec	eipts This Page (optional)			•			,	. ,	432.	60				
TOTAL This Period	I (last page this line number	r only)					,	, , , , , , , , , , , , , , , , , , ,						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 37 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check o	nly o	ne)	Ľ		-				
	EMIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a		11b	1	1c 5	12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r						of solid	citing	contribut	ions			
$\overline{)}$	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia LOBERG, ANGELA, , ,	l) or Full O	rganization Name	Date	of Re	eceipt							
	Mailing Address 2837 EAST PARK PLACE			M 12		D 31		Y	y y 2023	Y			
	City MILWAUKEE	State WI	Zip Code 53211-3845						6556988 s Period	3			
	FEC ID number of contributing federal political committee.	С				-y			276.9	94			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		Memo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.01	P/R D	educt	ion (\$5 ⁻	7.69 E	3i-We	ekly)				
B.	Full Name of Individual (Last, First, Middle Initia MILICH, DAVID, , ,	l) or Full O	rganization Name	Date	of Re	eceipt							
	Mailing Address 2702 BIRCHMERE COURT			M 12	2	D 31	D /	Y	y y 2023	Y			
	City KATY	State TX	Zip Code 77450-1303	Transaction ID : PR2560066069888 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) Jn CEO		Memo	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		4999.80	P/R De	educti	on (\$19	92.30	Bi-W	eekly)				
с.	Full Name of Individual (Last, First, Middle Initia VAIL, DENISE, , ,	l) or Full O	rganization Name	Date	of Re	eceipt							
	Mailing Address 35 CLEVELAND AVENUE	State	Zip Code	12	2	31	1	Ý	2023				
	City SAYVILLE	NY	11782-1322						6686988 s Period	0			
	FEC ID number of contributing federal political committee.	С				y .		g	28.0	00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cint Svc Acct Mgt		Memo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R D	educt	ion (\$1	4.00 E	3i-We	ekly)				
s	UBTOTAL of Receipts This Page (optional)					, ,		,	689.5	4			
т	OTAL This Period (last page this line number or	nly)											

FOR LINE NUMBER:

(check only one)

PAGE 38 OF

			Detailed Summary Page	×	11a		11b	11c	12						
	information copied from such Reports and Stat														
	or commercial purposes, other than using the na	ame and a	ddress of any political committe	e to so	licit cor	ntrib	outions fi	rom such	n commit	tee.					
$\langle \rangle$	JAME OF COMMITTEE (In Full)		Inited Health Oracia D												
/	UnitedHealth Group Incorporated			4C)											
	ull Name of Individual (Last, First, Middle Initial DICKMAN, KRISTA, , ,) or Full O	rganization Name		Date of	Re	eceipt								
N	Aailing Address 2533 ONYX DRIVE				12 ^M	1	D D D 31	/ Y	y y 2023	Y					
	City	State	Zip Code	Transaction ID : PR2560398169888											
_	SHAKOPEE	MN	55379-2770	Amount of Each Receipt this Period											
	EC ID number of contributing ederal political committee.	С		28.00											
	lame of Employer (for Individual) Jnited HealthCare Services Inc		ipation (for Individual) Sen Mgmt		M	emc	ltem								
F	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		364.00] F	P/R Ded	lucti	on (\$14.	00 Bi-We	eekly)						
	Full Name of Individual (Last, First, Middle Initial NOEL, TIMOTHY, , ,) or Full O	rganization Name		Date of	Re	eceipt								
Ν	Nailing Address 4316 FREMONT AVENUE SOUT	ГН			м м 12	1	D D 31	/ Y	y y 2023	Y					
	Dity	State	Zip Code					PR25603							
-	MINNEAPOLIS	MN	55409-1721		Amount	t of	Each R	eceipt th	is Period	ł					
	EC ID number of contributing ederal political committee.	С				_	-		384	.60					
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Segment CEO		M	emc	ltem								
F	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		, 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initial WULF, ROBERT, , ,) or Full O	rganization Name		Date of	Re	eceipt								
_	Aailing Address 622 N 11TH ST				^M 12	/	31	/ Y	2023 Y	Y					
	City	State	Zip Code		Trans	act	ion ID :	PR2560	3989698	88					
-	WAUSAU	WI	54403-5004	<u> </u>	Amount	t of	Each R	eceipt th	is Period	ł					
	EC ID number of contributing ederal political committee.	С					,	, y	28	.08					
	lame of Employer (for Individual) Jnited HealthCare Services Inc		ipation (for Individual) Sen Mgmt		M	emo	tem								
F	Receipt For:	I	Year-to-Date ▼	—											
	Primary General Other (specify)		308.88] F	P/R Ded	lucti	ion (\$14.	.04 Bi-Wo	eekly)						
su	BTOTAL of Receipts This Page (optional)			 ▶					440	.68					
то	TAL This Period (last page this line number on	ly)	· · · · · · · · · · · · · · · · · · ·	•			_	· · ·							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 39 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	C)
A.	Full Name of Individual (Last, First, Middle Initia OBRIEN, PATRICK, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 33 BARRINGTON DRIVE	Ototo	Zin Oode	12 / D D / Y Y Y Y 12 31 2023
	City BEDFORD	State NH	Zip Code 03110-5601	Transaction ID : PR2560821469888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Ops	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 11471 NORTH SHORE DRIVE	1		12 31 2023
	City GRANTSBURG	State WI	Zip Code 54840-8059	Transaction ID : PR2561457669888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Tax	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia WILLSON, JOSH, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 201 ADAMS CT			12 / D D / Y Y Y Y 12 31 2023
	City COLLEYVILLE	State TX	Zip Code 76034-6811	Transaction ID : PR2564802569888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) VP SIs AM Ins SIs	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		>	182.92
т	OTAL This Period (last page this line number or	nly)	•	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 40 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)
A.	Full Name of Individual (Last, First, Middle Initial CARLSON, CHRISTOPHER, , , Mailing Address 10618 WEST RIVER ROAD) or Full C	Organization Name	Date of Receipt
	City BROOKLYN PARK	State MN	Zip Code 55443-1233	Transaction ID : PR2564802669888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	VP	Prd Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial HANSEN, PAUL, , , Mailing Address 4960 SHADY ISLAND CIRCLE) or Full C	Organization Name	Date of Receipt
	City MOUND	State MN	Zip Code 55364-9218	Transaction ID : PR2564802769888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) s Segment CFO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4994.00	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial GOODWIN, MARYELLEN, , ,) or Full C	Organization Name	Date of Receipt
	Mailing Address 3216 PLAYERS VIEW CIRCLE	0	7.0.4	12 / 31 / 2023
	City LONGWOOD	State FL	Zip Code 32779-3154	Transaction ID : PR2564802969888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	620.30
т	OTAL This Period (last page this line number onl	ly)		

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

FOR LINE NUMBER:

(check only one)

PAGE 41 OF

				Detailed Summary Page	X	11a		11b		11c		12				
						13		14		15		16	17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and a	ay no addre	ot be sold or used by any person of any political committee	erson f to so	or the icit cor	purp ntrib	oose o utions	ofs frc	oliciting) cor h co	ntribut	ions ee.			
\backslash	NAME OF COMMITTEE (In Full)															
$\Big)$	UnitedHealth Group Incorporated	BAC (Uni	tedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia MARDEN, PAUL, , ,	l) or Full O	Orgar	nization Name		Date of	Re	ceipt								
	Mailing Address 9 VAN MULEN STREET					^M 12	/	D 3		/ Y	ү 2(ү 023	Y			
	City	State		Zip Code	Transaction ID : PR2564803369888											
	МАНWAH	NJ		07430-2977	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		•	ion (for Individual) n CEO		Me	emo	Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-	4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
В.	Full Name of Individual (Last, First, Middle Initia MOQUIST, DARREN, , ,	l) or Full O	Orgar	nization Name		Date of	Re	ceipt								
	Mailing Address 5313 MINNEHAHA BLVD					м м 12	/	3		/ Y	ү 20)23	Y			
	City	State		Zip Code		Trans	acti	on ID	: P	R25648	3034	69888	3			
	EDINA	MN		55424-1406	A	Amount	of	Each	Re	ceipt th	is P	Period				
	FEC ID number of contributing federal political committee.	С						-		-9-	_	384.6	60			
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) gnl Pres	Memo Item											
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		,	4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia BELLMAN, MARK, , ,	l) or Full O	Drgar	nization Name		Date of	Re	ceipt								
	Mailing Address 9120 BRANCH HOLLOW DR					^M 12	/	D 3	D 1	/ Y)23 [°]	Y			
	City	State		Zip Code		Trans	acti	ion ID	: P	R2564	8035	56988	8			
	DALLAS	TX		75243-7510	/	Amount	of	Each	Re	ceipt th	is P	Period				
	FEC ID number of contributing federal political committee.	С				_	_	,		y	_	28.0	00			
	Name of Employer (for Individual) United HealthCare Services Inc	Occi SB F	•	ion (for Individual)		M	emo	Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼	-											
	Primary General Other (specify)		- -	364.00	P	/R Ded	ucti	on (\$1	4.0	00 Bi-W	eekl	у)				
	UBTOTAL of Receipts This Page (optional)					-		,		9	-	797.2	20			
Т	OTAL This Period (last page this line number on	ıly)		••••••				-	_		_	1				

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

FOR LINE NUMBER:

(check only one)

PAGE 42 OF

		Detailed Summary Page		11a	<u> </u>	11b	11c	12	1 47					
Any information copied from such Reports or for commercial purposes, other than usi				or the										
NAME OF COMMITTEE (In Full)		set of any pointour commute					2 000							
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Mid A. CARTER, WILLIAM, , ,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt								
Mailing Address 1363 CHIPPENDALE R	D			^M 12	/	D D 31	/ Y	2023	Y					
City HOUSTON	State TX	Zip Code 77018-5257	Transaction ID : PR2565448769888											
		//016-525/	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		76.92											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		999.96	P	/R Ded	ucti	on (\$38.	46 Bi-We	eekly)						
Full Name of Individual (Last, First, Mid B. KUNST, THOMAS, , ,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt								
Mailing Address 4872 103RD STREET				м м 12	/	D D D 31	/ Y	y y 2023	Y					
City PLEASANT PRAIRIE	State WI	Zip Code 53158-6516						30216988 nis Period	8					
FEC ID number of contributing federal political committee.	С				_			153.	84					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	P/R Deduction (\$76.92 Bi-Weekly)											
Full Name of Individual (Last, First, Mid C. STEARNS, MATTHEW, , ,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt								
Mailing Address 5118 FAIRGLEN LANE				^M 12	/	D D D 31	/ Y	2023	Y					
City CHEVY CHASE	State MD	Zip Code 20815-6517						77796988	8					
FEC ID number of contributing federal political committee.	С		/	Amount	of	Each R	eceipt th	nis Period 384.	60					
Name of Employer (for Individual)		upation (for Individual)	_	Me	emc	tem								
United HealthCare Services Inc Receipt For:		P, Assistant to the OCEO	_											
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80] F	P/R Ded	ucti	ion (\$19:	2.30 Bi-V	Veekly)						
SUBTOTAL of Receipts This Page (option	nal)					, .	. ,	615.	36					
TOTAL This Period (last page this line nu	mber only)					-								

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

FOR LINE NUMBER:

(check only one)

PAGE 43 OF

				Detailed Summary Page		< 11a			11 14	- H	_	11c		12 16	47	
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for th			005	se of	soli					
	NAME OF COMMITTEE (In Full)										-				-	
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Initia PARRILLO, CHRISTOPHER, , ,	l) or Full O	rgai	nization Name		Date	of	Re	cei	ipt						
	Mailing Address 12 WOODSUM DRIVE					[™] 12		/	ľ	D D 31	1	/ Y	ү 20)23	Y	
	City NEWBURY	State NH		Zip Code 03255-6232	Transaction ID : PR2571778269888 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			154.00											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) k Contrctng			Me	mo) Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2002.00	P/R Deduction (\$77.00 Bi-Weekly)											
B.	Full Name of Individual (Last, First, Middle Initia HINTON, DUSTIN, , ,	l) or Full O	rga	nization Name		Date	of	Re	cei	ipt						
	Mailing Address W132N6475 MARACH RD					[™] 1:		/	Ľ	^{D D} 31	1	Y	ү 20	23 [°]	Y	
	City MENOMONEE FALLS	State WI		Zip Code 53051-6085								2 5719 ipt thi			;	
	FEC ID number of contributing federal political committee.	С				Ē			,			- y		384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) In CEO	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
C.	Full Name of Individual (Last, First, Middle Initial GRAY, BRIAN, , ,	l) or Full O	rgai	nization Name		Date	of	Re	cei	ipt						
	Mailing Address 6098 CLOPTON DRIVE					[™] 1:	2	/	L	31	J.	/ Y	20	23		
	City GREENSBORO	State NC		Zip Code 27455-8373	-							25725 eipt thi			3	
	FEC ID number of contributing federal political committee.	С						U	La 1			, pt th	31	79.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Pricing			Me	emo) Ite	em						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 1000.00		P/R D	edu	ucti	on	(\$38.	46	Bi-We	ekly	()		
s	UBTOTAL of Receipts This Page (optional)			•••••	•				,			,		618.2	0	
т	OTAL This Period (last page this line number on			•				7			-					

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										
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle ROBINSON, MARCUS, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 590 SPENDER TRACE	Charles	Zin Oode	12 / 31 / 2023 Transaction ID - PP2572588060888										
City DUNWOODY	State GA	Zip Code 30350-5018	Transaction ID : PR2572588969888 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, IFP	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 898.90	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle JACQUET, SHAUN, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 61040 E SHALE ROAD			12 31 2023										
City ORACLE	State AZ	Zip Code 85623-7481	Transaction ID : PR2572589369888 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		28.00										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle CARLSON, KEVIN, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 4511 BROWNDALE AVEN			12 / D D / Y Y Y Y 12 31 2023										
City EDINA	State MN	Zip Code 55424-1142	Transaction ID : PR2572590069888 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		392.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4996.15	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			804.60										
TOTAL This Period (last page this line numb	per only)	•	· · · · · · · · · · · · · · · · · · ·										

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

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

ITEIWIZED RECEIPTS		Detailed Summary Page		11a		11b		11c		12				
		Detailed Summary Page		13		14		15		16	17			
Any information copied from such Reports ar or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middle BECK, JOANNE, , ,	e Initial) or Full C	rganization Name		Date of	Re	eceipt								
Mailing Address 117 GLORIA LANE			12 / 31 / 2023 Transaction ID : PR2572590369888											
City	State	Zip Code		Trans	acti	ion ID) : P	R2572	5903(69888	6			
CADIZ	KY	42211-8824	A	mount	of	Each	Re	ceipt th	is Pe	eriod				
FEC ID number of contributing federal political committee.	C					-		-		28.0	8			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		365.04	P/	'R Ded	ucti	on (\$1	14.0	4 Bi-We	eekly	')				
Full Name of Individual (Last, First, Middle B. OBRIEN, CHRISTINE, , ,	e Initial) or Full C	rganization Name		Date of	Re	eceipt								
Mailing Address 931 FRENCH ST				™ 12	/	D 3	D 51	/ Y	202	23 [°]	Y			
City	State	Zip Code		Trans	acti	on ID	: P	R25725	5906f	69888				
NEW ORLEANS	LA	70124-3806	A	mount	of	Each	Re	ceipt th	is Pe	eriod				
FEC ID number of contributing federal political committee.	С			_		-		-9	_	28.0	0			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		364.00	P/	R Ded	uctio	on (\$1	4.0	0 Bi-We	ekly))				
Full Name of Individual (Last, First, Middle C. MILLER, KIMBERLEY, , ,	e Initial) or Full C	rganization Name		Date of	Re	eceipt								
Mailing Address 16 CELONOVA PLACE				^M 12	/	D 3	D 81	/ Y	202	23 [°]	Y			
City	State	Zip Code		Trans	acti	ion ID) : P	R2572	5912	69888	3			
FOOTHILL RANCH	CA	92610-1942	A	mount	of	Each	Re	ceipt th	is Pe	eriod				
FEC ID number of contributing federal political committee.	С					y		y	_	28.0	0			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Jnderwriting		Me	emo) Item								
Receipt For:	I	-	_											
Primary General	Aggregate	Year-to-Date ▼								A				
Other (specify)		364.00		R Ded	ucti	ion (\$*	14.0	0 Bi-W	eekiy	()				
SUBTOTAL of Receipts This Page (optional)		[,		y		84.0	8			
TOTAL This Period (last page this line num	ber only)					-		-						

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

FOR LINE NUMBER:

(check only one)

PAGE 46 OF

			Detailed Summar	ry Page		11a		11b		11c	12		_
						13		14	<u> </u>	15	16		17
or	y information copied from such Reports and State for commercial purposes, other than using the na												
\setminus	NAME OF COMMITTEE (In Full)			_									
\sum	UnitedHealth Group Incorporated			Group PA	NC)								
Α.	Full Name of Individual (Last, First, Middle Initial) WIFFLER, THOMAS, , ,) or Full Or	ganization Name			Date of	f Re	ceipt	-			-	
	Mailing Address 3680 GRANDE BAY COURT					^M 12	1		31 D	/ Y	2023]
	City	State	Zip Code			Trans	acti	ion IE) : P	R25729	992769	888	
	MELBOURNE BEACH	FL	32951-3155		_ /	Amouni	t of	Each	Re	ceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С						-		-	38	34.60	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individua Unit CEO	al)		M	emo	ltem	1				
	Bassint For:		Year-to-Date ▼		\neg								
	Primary General Other (specify) ▼	ુન. ગ્યુવાર		4999.80	F	י∕R Dec	luctio	on (\$	192.	.30 Bi-W	Veekly)		
	Full Name of Individual (Last, First, Middle Initial) BENSON, MICHAEL, , ,) or Full Or	ganization Name			Date of	f Re	ceipt					
	Mailing Address 2206 EAGLE VALLEY LN					^M 12	1		^р 31	/ Y	2023]
	City	State	Zip Code			Trans	acti	on ID):P	R25735	18969	888	
	WAUSAU	WI	54403-8154		/					ceipt th			
	FEC ID number of contributing federal political committee.	С						-			2	28.84	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individua Dir SIs Ops	al)		M	emo	ltem	ı				
		Aggregate \	Year-to-Date V										
	Primary General Other (specify) ▼		374.92	P	∀R Ded	luctio	on (\$ [,]	14.4	2 Bi-We	∋ekly)		
с.	Full Name of Individual (Last, First, Middle Initial) MCGONIGLE, JENNIFER, , ,) or Full Or	ganization Name			Date of	f Re	ceipt					
	Mailing Address 19010 VALLEY DRIVE					^M 12		D	31 ^D	/ Y	2023]
		State	Zip Code			Trans	sacti	ion II	D : F	PR25749	973169	888	
	MINNETONKA	MN	55345-6148		- '	Amouni	t of	Each	Re	ceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С					_	9			ç	90.90	
	Name of Employer (for Individual) Optum Services, Inc	Occu VP P	pation (for Individua rd	al)		М	emo	o Item	n				
	Receipt For:	Aggregate N	Year-to-Date V										
	Primary General Other (specify)	-	y- 1 - y- 1	499.95	F	י/R Dec	Jucti	ion (\$	19.2	23 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)						-				50)4.34	
	OTAL This Period (last page this line number only				-							-	

FOR LINE NUMBER:

(check only one)

PAGE 47 OF

				Detailed Summary Page		11a 13] 11 14	1b	_	11c 15	12 16	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		pos	se of	sol	liciting	contribu	tions		
\backslash	NAME OF COMMITTEE (In Full)														
$\Big/$	UnitedHealth Group Incorporated	PAC (Uni	tedHealth Group PA	NC)										
Α.	Full Name of Individual (Last, First, Middle Initial HARE, LESLIE, , ,) or Full C	Orgar	nization Name	ı	Date of	Re	ece	ipt						
	Mailing Address 9029 SHEEP RANCH CT	1 -			12 31 2023 Transaction ID : PR2574979469888										
	City LAS VEGAS	State NV		Zip Code 89143-5432									8		
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 364.00	P	/R Ded	uctio	on	(\$14.	.00	Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initial MASTERS, SCOTT, , ,) or Full C	Orgar	nization Name		Date of	Re	ece	ipt						
	Mailing Address 1894 VILLAGE GLEN DRIVE	1-		I		12 ^M	/	I	D D D		/ Y	2023	Y		
	City SAINT JOHNS	State FL		Zip Code 32259-9215								7966988 s Period	8		
	FEC ID number of contributing federal political committee.	С						7			-	77.	00		
	Name of Employer (for Individual) Optum Services, Inc		cupat P Op	ion (for Individual) s		Me	emo) It	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1001.00	P/R Deduction (\$38.50 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initial WOHNOUTKA, CHRISTOPHER, , ,) or Full C	Drgar	nization Name		Date of	Re	ece	ipt						
	Mailing Address 17597 HIBISCUS AVE	1				12 ^M	/	L	D D D	1		2023 Y			
	City LAKEVILLE	State MN		Zip Code 55044-3906								8196988 s Period	8		
	FEC ID number of contributing federal political committee.	С				anount	0	1			J.	76.	92		
	Name of Employer (for Individual) United HealthCare Services Inc		upat Dir Ta	ion (for Individual) ax		M	emo	b lt	em						
		Aggregate	Yea	r-to-Date ▼											
	Other (specify)		-7-	999.96	F	P/R Ded	ucti	on	(\$38.	.46	Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)			•				7		1	9	181.	92		
т	OTAL This Period (last page this line number on	ly)		•				-			-				

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

FOR LINE NUMBER:

(check only one)

PAGE 48 OF

				Detailed Summary Page		11a		11		11c		12 16	17			
	y information copied from such Reports and Stat					for the		rpos	se of s	soliciting		ntribut	ions			
<u> </u>	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	anie and a	audre	iss of any political committee	: 10 SC	MCIL CO		JULIC	UNS TR	un sucr	CO		ee.			
\rangle	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial CIANFROCCO, HEATHER, , ,) or Full Oi	Organ	ization Name		Date o	f Re	ecei	ipt							
	Mailing Address 913 CHAMPLAIN PLACE					^M 12	/	/	31	/ Y	Y 20	023	Y			
	City GIBSONIA	State PA		Zip Code 15044-8079	Transaction ID : PR2574986269888 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		•	on (for Individual) nt, Optum	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initial BURNETT, JAMIE, , ,) or Full Oi	Drgar	ization Name		Date o	f Re	ecei	ipt							
	Mailing Address 4816 PENN AVENUE SOUTH				12 / D D / Y Y Y Y 2023											
	City MINNEAPOLIS	State MN		Zip Code 55419-5259						PR25749 eceipt th			3			
	FEC ID number of contributing federal political committee.	С						-7-				78.0	00			
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) n Infrast Engineering		M	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial STRAIT, DENISE, , ,) or Full Oi	Drgar	ization Name		Date o	f Re	ecei	ipt							
	Mailing Address 4362 SPORTSMAN CLUB RD	1				^M 12	1	/	D D 31	/ Y)23	Y			
	City JOHNSTOWN	State OH		Zip Code 43031-9461						PR25749 eceipt th			8			
	FEC ID number of contributing federal political committee.	С						9		, <u>,</u>		28.0)6			
	Name of Employer (for Individual) Optum Services, Inc	Occu VP G	Memo Item													
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 364.78		P/R Dec	duct	tion	(\$14.0	03 Bi-We	eekl	y)				
s	JBTOTAL of Receipts This Page (optional)			••••••				,				490.6	6			
т	OTAL This Period (last page this line number on	ly)			-			-		-						

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

FOR LINE NUMBER:

(check only one)

PAGE 49 OF

		Detailed Summary Page				11b	11c	12			
Any information copied from such Reports	and Statements ma	av not be sold or used by any n		13 r the r		14 Dose of s	15 solicitina	16 contribut	17 tions		
or for commercial purposes, other than usin											
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorpo	prated PAC (UnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Mide LANG, HEATHER, , ,	dle Initial) or Full O	rganization Name	Da	ate of	Re	ceipt					
Mailing Address 1210 RIVER TERRACE	DRIVE		Γ	м м 12	/	D D D 31	/ Y	2023	Y		
City BLOOMINGTON	State MN	Zip Code 55431-4230						9146988 is Period	8		
FEC ID number of contributing federal political committee.	С				01	7		76.9			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr		Me	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/F	R Dedu	uctio	on (\$38.4	46 Bi-We	ekly)			
Full Name of Individual (Last, First, Mide NEWKIRK, MEGHAN, , ,	dle Initial) or Full O	rganization Name	Da	ate of	Re	ceipt					
Mailing Address 10162 BEAVER CIR				12	/	D D D 31	/ Y	2023	Y		
City CYPRESS	State CA	Zip Code 90630-4113						0876988 is Period	8		
FEC ID number of contributing federal political committee.	С						- 15-	28.0	08		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Growth Strat		Me	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R	R Dedu	uctio	on (\$14.0)4 Bi-We	ekly)			
Full Name of Individual (Last, First, Mide C. SJOBLAD, BETHANY, , ,	dle Initial) or Full O	rganization Name	Da	ate of	Re	ceipt					
Mailing Address 100 2ND STREET NE #			4 L	12 ^M	/	D D D 31		2023			
City MINNEAPOLIS	State MN	Zip Code 55413-2541				-		00916988 is Period	8		
FEC ID number of contributing federal political committee.	C					y 1	,	384.0	60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	tem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/F	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option				, ,		489.6	50				
TOTAL This Period (last page this line nu	mber only)	•••••	Ē			.	-				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 50 OF

				se separate schedule(s)	(cł	neck onl	y or	1e)			-		
	EMIZED RECEIPTS			or each category of the etailed Summary Page		✓ 11a 13		11b		11c 15		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the na					for the		pose o		liciting	con	tributi	ons
$\overline{)}$	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	I PAC (I	Unit	tedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial FLOWER, MARTIN, , ,) or Full O	rgani	ization Name		Date o	f Re	eceipt					
	Mailing Address N54W20825 CARTERS CROSS	ING CIR				12 ^M	/	D 31	D	/ Y	ү 20	23 23	Y
	City MENOMONEE FALLS	State WI		Zip Code 53051-6281		Trans Amoun		ion ID Each					
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		- -		30.7	6
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) cct Mgmt		М	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 399.88		P/R Dec	ducti	on (\$1	5.38	Bi-We	eekly)	
B.	Full Name of Individual (Last, First, Middle Initial FORKER, JUDITH, , ,) or Full O	rgani	ization Name		Date of	f Re	eceipt					
	Mailing Address 5109 WEST 56TH STREET					^M 12	/	31	D 1	/ Y	202	23	Y
	City EDINA	State MN		Zip Code 55436-2427				on ID					
	FEC ID number of contributing	С	-	55450-2427		Amoun	t of	Each	Rece	eipt th		eriod 434.0	0
	federal political committee. Name of Employer (for Individual)		unatio	on (for Individual)		М	emc) Item		7	_	- 485	
	Optum Services, Inc			ble Team									
	Receipt For:	Aggregate	Year	r-to-Date ▼									
	Primary General Other (specify) ▼		,	4991.00		P/R Ded	lucti	on (\$19	92.3	0 Bi-W	/eekl	y)	
С.	Full Name of Individual (Last, First, Middle Initial KEMMER, HEIDI, , ,) or Full O	rgani	ization Name		Date of	f Re	eceipt					
	Mailing Address 2211 WEST ROCKROSE PLAC	1				^M 12	J.	3	1	/ Y	202	1. Ale	
	City CHANDLER	State AZ		Zip Code 85248-4208		Trans Amoun		ion ID Each					}
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .		y		28.2	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) th Plan Operations		M	emo) Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 367.64		P/R Dec	ducti	ion (\$1	4.14	Bi-We	eekly	')	
	UBTOTAL of Receipts This Page (optional)			· · ·				, . , .		5		493.04	4

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

FOR LINE NUMBER:

(check only one)

PAGE 51 OF

				Detailed Summary Page		11a		1	1b	11c		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		ро	se of s			ntribut	ions
$\overline{\}$	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initia MADDOX, JEFFREY, , ,	l) or Full Oi	rgar	nization Name		Date o	f Re	ece	eipt				
	Mailing Address 7810 HANOVER ST					^M 12	/	I	D D D	1	Y Y 2	, 023	Ŷ
	City DALLAS	State TX		Zip Code 75225-8220	_				n ID : F ach Re				3
	FEC ID number of contributing federal political committee.	С						,				384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		M	emo	o li	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	F	P/R Dec	ducti	ion	n (\$192	.30 Bi-	Wee	kly)	
в.	Full Name of Individual (Last, First, Middle Initial HEATH, SEAN, , ,	l) or Full Oi	rgar	nization Name		Date o	f Re	ece	eipt				
	Mailing Address 1292 CASTLE CT					^M 12	1	l	^D 31	1	2()23	Ŷ
	City GOLDEN VALLEY	State MN		Zip Code 55427-4453					n ID : P ach Re				}
	FEC ID number of contributing federal political committee.	С				<u> </u>		,				28.0	8
	Name of Employer (for Individual) Optum Services, Inc	Occu Dir (•	ion (for Individual) npli		M	emc	o li	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 365.04	F	P/R Dec	lucti	ion	n (\$14.0	94 Bi-V	Veekl	у)	
C.	Full Name of Individual (Last, First, Middle Initia FITZPATRICK, JOSEPH, , ,	l) or Full Oi	rgar	nization Name		Date o	f Re	ece	eipt				
	Mailing Address 3936 CAMPELLO CURVE					^M 12	J.	I	D D D 31		20	023 [°]	
	City CHASKA	State MN		Zip Code 55318-4639					n ID : F ach Re				8
	FEC ID number of contributing federal political committee.	С						1		, j		384.6	60
	Name of Employer (for Individual) Optum Services, Inc	Occu VP B	•	ion (for Individual) Dvlp		N	emo	o l	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 4999.80	F	P/R De	ducti	ior	า (\$192	.30 Bi	-Wee	kly)	
s	UBTOTAL of Receipts This Page (optional)			••••••	<u> </u>			1				797.2	8
т	OTAL This Period (last page this line number on	ly)			-			,					

FOR LINE NUMBER:

(check only one)

PAGE 52 OF

			Detailed Summary Page		〈 11a		111		11c		12			
			, , ,		13		14		15		16	17		
or fo	nformation copied from such Reports and r commercial purposes, other than using th													
\backslash	AME OF COMMITTEE (In Full)													
, 	InitedHealth Group Incorporat		•	AC)										
۱	III Name of Individual (Last, First, Middle Ir LINDSAY, VIVIAN, , ,	nitial) or Full (Drganization Name		Date of	Re	ceip	ot						
_	ailing Address 14930 SW 39 ST				^M 12	/	D	31	1	Y Z		Y		
Ci	ty AVIE	State FL	Zip Code 33331-2767									8		
			33331-2701		Amount	of	Ead	ch Re	eceipt	this	Period			
	EC ID number of contributing deral political committee.	C			Ľ.		,				384.	60		
	ame of Employer (for Individual) otum Services, Inc		cupation (for Individual) Med Clin Ops		Me	emo	Ite	m						
R	eceipt For:	Aggregate	Year-to-Date ▼											
-	Primary General Other (specify)		4999.80] F	P/R Ded	ucti	on (\$192	.30 Bi	-Wee	ekly)			
	III Name of Individual (Last, First, Middle Ir	itial) or Full (Drganization Name		Date of	Re	ceip	ot						
M	ailing Address 11359 ENTREVAUX DRIVE				^M 12	/	D	31	1	2		Y		
Ci	ty	State	Zip Code		Transa	acti	on	ID : F	PR257	5060	26988	8		
E	DEN PRAIRIE	MN	55347-2862		Amount	of	Ead	h Re	eceipt	this	Period			
	EC ID number of contributing deral political committee.	С					,		-,		153.	34		
	ame of Employer (for Individual) ptum Services, Inc		cupation (for Individual) A VP		Me	emo	Ite	m						
R	eceipt For:	Aggregate	e Year-to-Date ▼											
	Primary General Other (specify) ▼		, 1999.92] F	P/R Dedu	uctio	on (\$76.9	92 Bi-\	Veek	ly)			
Fi	II Name of Individual (Last, First, Middle Ir ZAETTA, CHRISTOPHER, , ,	nitial) or Full (Drganization Name		Date of	Re	ceip	ot						
M	ailing Address 214 PRINCE STREET				12 ^M	/		31	/			Y		
Ci		State	Zip Code		Trans	acti	ion	ID : I	PR257	5068	836988	8		
A	LEXANDRIA	VA	22314-3314		Amount	of	Ead	h Re	eceipt	this	Period			
	EC ID number of contributing deral political committee.	С					,		,		384.	60		
Na	ame of Employer (for Individual)	Oco	cupation (for Individual)	_	Me	emo) Ite	m						
	ptum Services, Inc	Mkt	Group Gen Counsel		_									
R	eceipt For:	Aggregate	e Year-to-Date ▼											
-	Primary General Other (specify)		4999.80] F	P/R Ded	ucti	on (\$192	om such committee. / Y 2023 PR2575054969888 aceipt this Period 384.60 .30 Bi-Weekly) / Y 2023 PR2575060269888 aceipt this Period 153.84 02 Bi-Weekly) / Y 2023 PR257506369888 aceipt this Period 384.60 .30 Bi-Weekly) / Y 2023 PR257506369888 aceipt this Period 384.60 .30 Bi-Weekly)					
		1			-			-	-	-	-			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 53 OF

			Use separate for each cate		1 N	neck only	one) _	_			
			Detailed Sum			X 11a		11b	11c	12	Г	
	y information copied from such Reports and Stat						purpc					
or	for commercial purposes, other than using the na	ame and a	ddress of any po	Diltical committee	e to s	Solicit Cor	Itribui	tions ti	rom suc	n comm	littee	•
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated		JnitedHealt	n Group PA	4C)							
Α.	Full Name of Individual (Last, First, Middle Initial VERCHICK, TAMI, , ,	l) or Full O	rganization Nam	e		Date of	Rece	eipt				
	Mailing Address 9916 DUSTY WINDS AVE					^M 12	/	D D 31	/ Y	y y 2023		1
	City	State	Zip Code			Trans	actio	n ID :	PR2575	0689698	888	
	LAS VEGAS	NV	89117-598	36		Amount	of E	ach R	eceipt tl	nis Perio	bd	
	FEC ID number of contributing federal political committee.	С								7	6.92	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Indiv ctor Technology	idual)		Me	emo I	ltem				
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General			999.96	11.	P/R Ded	uctior	n (\$38.	46 Bi-W	eekly)		
	Other (specify) v			999.90	ч.							
B	Full Name of Individual (Last, First, Middle Initial ISMERT, JENNY, , ,	l) or Full O	rganization Nam	e		Date of	Bece	eint				
	Mailing Address 8494 E HAWAII LN					12 ^M	1	D D D 31	/ Y	2023	Y	1
	City	State	Zip Code			Trans	actio	n ID : I	PR2575	0700698	388	<u></u>
	DENVER	CO	80231-273	2		Amount	of E	ach R	eceipt tl	nis Perio	bd	
	FEC ID number of contributing federal political committee.	С							-	7	6.92	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Indiv Planning & Strate	,		Me	emo I	ltem				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3			цĿ,	P/R Ded	uction	ר (\$38 -	46 Bi-W	eekly)		
	Other (specify) v		, ,	999.96	4		uotioi	r (\$00.		oonly)		
с.	Full Name of Individual (Last, First, Middle Initial ENLOW, MARGARET, , ,	l) or Full O	rganization Nam	е		Date of	Rece	eipt				
	Mailing Address 196 SOMERSLY PL					^M 12	/	D D D	/ Y	2023	Y	1
	City	State	Zip Code	-		Trans	actio	n ID :	PR2575	071069	888	
	LEXINGTON	KY	40515-571	/	_	Amount	of E	ach R	eceipt tl	nis Perio	bd	
	FEC ID number of contributing federal political committee.	С				<u> </u>	9		9	2	8.08	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Indiv Itwk Contrctng	idual)		Me	emo	ltem				
		Aggregate	Year-to-Date 🔻									
	Other (specify)			365.04		P/R Ded	uction	n (\$14.	.04 Bi-W	(eekly)		
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number on				• -				, , , , , , , , , , , , , , , , , , ,	18	1.92	

FOR LINE NUMBER:

(check only one)

PAGE 54 OF

		Detailed Summary Page		11a		11	- H	11c	12		
Any information copied from such Reports	and Statements ma	y not be sold or used by any n	erson f	13 for the	<u> </u> חוות	14 1905		15 soliciting	16 a contribu	17 tions	
or for commercial purposes, other than usir											
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorport	orated PAC (I	UnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Mide NICHOLS, SANDRA, , ,	le Initial) or Full O	rganization Name	[Date of	Re	ecei	pt				
Mailing Address 16900 CROWN BRIDGE	E DRIVE			^M ^M 12	/		31	/ Y	y y 2023	Y	
City	State	Zip Code		Trans	acti	ion	ID : I	PR2575	07456988	8	
DELRAY BEACH	FL	33446-2407	^	Amount	of	Ea	ch Re	eceipt th	nis Period		
FEC ID number of contributing federal political committee.	C					-		-9	384.	60	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P CMO		Me	emo	o Ite	əm				
Receipt For:	Aggregate	Year-to-Date ▼			R Deduction (\$192.30 Bi-Weekly)						
Other (specify) ▼		4999.80] P	/R Ded	ucti	ion	(\$192	2.30 Bi-V	Veekly)		
Full Name of Individual (Last, First, Mide B. BECK, RALPH, , ,	le Initial) or Full O	rganization Name		Date of	Re	ecei	pt				
Mailing Address W155 N5314 SHARPTA				^M ^M 12	1		31	/ Y	2023	Y	
City	State	Zip Code							07496988	8	
MENOMONEE FALLS	WI	53051-6771	/	۹mount	of	Ea	ch Re	eceipt th	nis Period		
FEC ID number of contributing federal political committee.	С					-			28.	08	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations		Me	emo	o Ite	əm				
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		365.04] P,	/R Ded	uctio	ion ((\$14.0	04 Bi-We	eekly)		
Full Name of Individual (Last, First, Mide C. ONEILL, AUDREY, , ,	lle Initial) or Full O	rganization Name		Date of	Re	ecei	pt				
Mailing Address 71 CHESTNUT RIDGE	I			^M 12	/	L	31	JL	2023 Y		
City QUEENSBURY	State NY	Zip Code 12804-7317							08946988	8	
		12001011	/	4mount	of	Ea	ch Re	eceipt th	nis Period		
FEC ID number of contributing federal political committee.	C				_	y		,	38.	46	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		M	emc	o Ite	əm				
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify)		499.98] P	⁰/R Ded	lucti	ion	(\$19.	23 Bi-W	'eekly)		
SUBTOTAL of Receipts This Page (option	al)		►			1		<u> </u>	451.	14	
TOTAL This Period (last page this line nur	mber only)		•			-					

FOR LINE NUMBER:

(check only one)

PAGE 55 OF

	MIZED RECEIPTS			Detailed Summary Page		11a		-	1b		11c	12	
	information copied from such Reports and State or commercial purposes, other than using the na								se of				
<u> </u>	JAME OF COMMITTEE (In Full)	anie aliu a			10 50			ull		101	ii such	Commit	
	UnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	NC)								
Α.	Full Name of Individual (Last, First, Middle Initial) VIESTA, RICHARD, , ,) or Full C	Orgar	nization Name		Date of	Re	ece	ipt				
_	Nailing Address 1 COMPASS COURT					^M 12	/	E	D D 31		/ Y	y y 2023	Y
	City OYSTER BAY	State NY		Zip Code 11771-1602				-				9856988 s Perioc	
	EC ID number of contributing ederal political committee.	С						7			-	396	.00
ι	Name of Employer (for Individual) Jnited HealthCare Services Inc		upat Actu	ion (for Individual) ary		Me	emo	b It	em				
F	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 4988.46	P	/R Ded	uctio	on	(\$192	2.3	30 Bi-W	/eekly)	
B	Full Name of Individual (Last, First, Middle Initial)) or Full C	Drgar	nization Name		Date of	Re	ece	ipt				
_	Aailing Address 127 TAPATIO ST	1				^M 12	1	E	D D 31		/ Y	y y 2023	Ŷ
	City HENDERSON	State NV		Zip Code 89074-1934								0836988 s Perioc	
	EC ID number of contributing ederal political committee.	С						-			-7	50	.00
	Name of Employer (for Individual) Jnited HealthCare Services Inc		•	tion (for Individual) t Service		Me	emo	o It	em				
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 650.00	P	/R Ded	uctio	on	(\$25.	.00) Bi-We	ekly)	
Г. С.	ull Name of Individual (Last, First, Middle Initial)) or Full C	Drgar	nization Name		Date of	Re	ece	ipt				
-	Aailing Address 6109 BANEY COURT	Otata				12 -	/	L	31	J		2023	
	City MINNETONKA	State MN		Zip Code 55345-6301								103698 s Perioc	
	EC ID number of contributing ederal political committee.	С						y			7	76	92
I	Name of Employer (for Individual) Jnited HealthCare Services Inc		upat Strat	ion (for Individual) egy		M	emo	o It	em				
F	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 999.96	F	/R Ded	lucti	ion	(\$38	.46	8 Bi-We	ekly)	
su	BTOTAL of Receipts This Page (optional)									ļ		522.	92
тс	TAL This Period (last page this line number onl	y)		······				,			,		

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

FOR LINE NUMBER:

(check only one)

PAGE 56 OF

			for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				berson for the purpose of soliciting contributions to solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)			
$\overline{)}$	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	AC)
۹.	Full Name of Individual (Last, First, Middle Init MADDIGAN, DANIEL, , ,	tial) or Full Or	rganization Name	Date of Receipt
	Mailing Address 845 FAITH COURT			M M / D D / Y Y Y Y 12 31 2023
	City	State CO	Zip Code	Transaction ID : PR2575114869888
	LONGMONT	00	80501-4712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) ir Product	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Init DOERFLER, JAMES, , ,	tial) or Full Or	rganization Name	Date of Receipt
	Mailing Address 9163 WASSERMANN CT			12 31 2023
	City	State	Zip Code	Transaction ID : PR2575131569888
	VICTORIA	MN	55386-4592	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.46
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) vir Tax	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		, 499.98	P/R Deduction (\$19.23 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Init HUNT, ZOE, , ,	tial) or Full Or	rganization Name	Date of Receipt
	Mailing Address 4030 SERANGO COURT			12 / D D / Y Y Y Y 12 31 2023
	City	State	Zip Code	Transaction ID : PR2575136269888
	WEST LINN	OR	97068-2840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	United HealthCare Services Inc		led Clin Ops	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify)		364.00	P/R Deduction (\$14.00 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional)			94.54
Т	OTAL This Period (last page this line number	only)		

FOR LINE NUMBER:

(check only one)

PAGE 57 OF

				led Summary Page		11a 13		11 14		11c		12 16	17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma ame and a	ay not be ddress c	e sold or used by any pe of any political committee	erson for to sol	or the	purp	pos	se of s	oliciting	, con	ntributio	ns
\setminus	NAME OF COMMITTEE (In Full)												
$\Big)$	UnitedHealth Group Incorporated	PAC (l	Jnited	Health Group PA	NC)								
Α.	Full Name of Individual (Last, First, Middle Initial DEWALL, PATRICK, , ,) or Full O	rganizati	on Name		Date of	Re	cei	pt				
	Mailing Address 7662 RIDGEVIEW WAY					^M 12	1		31	/ Y	ү 20	23	
	City CHANHASSEN	State MN		Code 5317-4507	A					R25751 ceipt th			
	FEC ID number of contributing federal political committee.	С						7		-7-	_	76.92	2
	Name of Employer (for Individual) Optum Services, Inc		•	for Individual) Counsel Mgr		Me	emo	lte	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 999.96	P	/R Ded	uctio	on	(\$38.4	6 Bi-We	ekly	<i>י</i>)	
B.	Full Name of Individual (Last, First, Middle Initial MCGANN, JEAN, , ,) or Full O	rganizati	on Name		Date of	Re	cei	pt				
	Mailing Address 4 VILLAGE ROAD					^M 12	/		31	/ Y	202	23	
	City FLORHAM PARK	State NJ	· · ·	Code 932-2415	A					R25751 ceipt th			
	FEC ID number of contributing federal political committee.	С				_		-		-7	_	28.08	3
	Name of Employer (for Individual) United HealthCare Services Inc			for Individual) nt SB KA		Me	emo) Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 365.04	P/	ſR Dedu	uctio	on ((\$14.0	4 Bi-We	∍ekly)	
с.	Full Name of Individual (Last, First, Middle Initial PETERSOHN, PATRICK, , ,) or Full O	rganizati	on Name		Date of	Re	cei	pt				
	Mailing Address 16413 BIRCH STREET	1				^M 12	/		31	/ Y	Y 202	23	
	City OVERLAND PARK	State KS	· · ·	Code 085-7842	A					R25751 ceipt th			
	FEC ID number of contributing federal political committee.	С					_	9		<u>y</u>	_	384.60)
	Name of Employer (for Individual) United HealthCare Services Inc		upation(Reg VP d	for Individual) of SIs		Me	∋mo) Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-	Date ▼ 4999.80	P	/R Ded	ucti	on	(\$192.	30 Bi-V	Veek	ly)	
s	UBTOTAL of Receipts This Page (optional)			••••••				,		g		489.60	
т	OTAL This Period (last page this line number onl	ly)						-		-9-			

FOR LINE NUMBER:

(check only one)

PAGE 58 OF

I EIVIZED RECEIPIS		for each category of the		11a		11b	5	11c	12						
		Detailed Summary Page		13		14	-	15	16	17					
Any information copied from such Reports and or for commercial purposes, other than using t				or the p		oose		oliciting	contribu	tions					
NAME OF COMMITTEE (In Full)															
UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group PA	AC)												
Full Name of Individual (Last, First, Middle A. THOMAS, DIANE, , ,	Initial) or Full C	Organization Name	D	ate of	Red	ceip	ot								
Mailing Address 2701 KING JAMES AVE				^M 12	/	D	31	/ Y	2023	Y					
City	State	Zip Code		Transa	acti	on l	ID : P	R25751	5646988	8					
SAINT CHARLES	IL	60174-7827	A	mount	of I	Eac	h Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					,		-7-	153.	84					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Pres		Me	emo	Ite	m								
Receipt For:	Aggregate	Year-to-Date V													
Primary General Other (specify) ▼		1999.92	P/I	R Dedu	uctio	on (\$76.9	2 Bi-We	eekly)						
Full Name of Individual (Last, First, Middle B. RAZVI, NIGHET, , ,	Initial) or Full C	Organization Name	D	ate of	Ree	ceip	ot								
Mailing Address 1015 S CLINTON AVENUE				^M 12	/	D	31	/ Y	y y 2023	Y					
City	State	Zip Code		Transa	actio	on I	ID : P	R25751	6866988	8					
OAK PARK	IL	60304-1823	A	mount	of I	Eac	h Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С			_		7		-	28.	46					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir		Me	emo	Ite	m								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.98	P/f	R Dedu	uctic	on (S	\$14.2	3 Bi-We	eekly)						
Full Name of Individual (Last, First, Middle C. HAMANN, CHAD, , ,	Initial) or Full C	organization Name	D	ate of	Ree	ceip	ot								
Mailing Address 7638 RIDGEVIEW WAY				^M 12	/	D	31	/ Y	y y 2023	Y					
City CHANHASSEN	State MN	Zip Code 55317-4507								8					
		00017-4007	A	mount	of I	Eac	h Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	C			_		9	_	y	192.	30					
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Tax		Me	emo	lte	m								
Receipt For:	Aggregate	Year-to-Date V													
Primary General Other (specify)		2499.90	P/	R Dedi	uctio	on ((\$196.	15 Bi-V	Veekly)						
SUBTOTAL of Receipts This Page (optional).				Date of Receipt 12 31 2023 Transaction ID : PR2575170169888 Amount of Each Receipt this Period 192.30 Memo Item P/R Deduction (\$196.15 Bi-Weekly) 374.60											
TOTAL This Period (last page this line number	er only)	•				,		-							

FOR LINE NUMBER:

(check only one)

PAGE 59 OF

		Detailed Summary Page	X 11a	11b	11c	12			
			13	14	15	16	17		
Any information copied from such Reports a or for commercial purposes, other than usin									
NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group P/	4C)						
Full Name of Individual (Last, First, Middle), MELLO, STEPHANIE, , ,	le Initial) or Full C	Organization Name	Date of	Receipt					
Mailing Address 179 HILTON LANE			^M 12	/ D D 31	/ Y	y y 2023	Y		
City	State	Zip Code	Transa	action ID : P	R25751	9136988	8		
SWANSEA	MA	02777-3809	Amount	of Each Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.	C				-9	28.	08		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Me	emo Item					
Receipt For:	Aggregate	Year-to-Date V							
Primary General	55 - 5 - 4		P/R Dedu	uction (\$14.0)4 Bi-We	eklv)			
Other (specify)		365.04				Jony)			
Full Name of Individual (Last, First, Midd) 3. DEMARIS, PETER, , ,	le Initial) or Full C	Organization Name	Date of	Receipt					
Mailing Address 2301 OLIVER AVE S			M M 12	/ D D 31	/ Y	y 2023	Y		
City	State	Zip Code	Transa	action ID : P	R25751	9186988	8		
MINNEAPOLIS	MN	55405-2448	Amount	of Each Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.	C			- 7 -	-9	384.	60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg eComm	Me	emo Item					
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		4999.80	P/R Dedu	uction (\$192.	30 Bi-W	/eekly)			
Full Name of Individual (Last, First, Midd	le Initial) or Full C	Organization Name	Date of	Receipt					
Mailing Address 380 4TH AVE SOUTH			^M 12	/ D D 31	/ Y	y y 2023	Y		
City	State	Zip Code	Trans	action ID : P	PR2575	9226988	8		
NAPLES	FL	34102-6383	Amount	of Each Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.	C			5	y	28.	08		
Name of Employer (for Individual)	000	upation (for Individual)	Me	emo Item					
United HealthCare Services Inc		Clms							
Receipt For:	Addregate	Year-to-Date ▼							
Primary General			P/R Dod	uction (\$14 C)4 Ri-\\//	eklv)			
Other (specify)		365.04		ασαστη (φ14.0		15 16 liciting contributions n such committee. / 2023 2575191369888 eipt this Period 28.08 Bi-Weekly) / 2023 2575191369888 eipt this Period 384.60 0 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional	al)			, , ,	9	440.	76		
TOTAL This Period (last page this line nun	nber only)								

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

FOR LINE NUMBER:

(check only one)

PAGE 60 OF

			Detailed Summary Page		1 1a		11b	11c		12	
					13		14	15		16	17
or for comme	ion copied from such Reports and Sta ercial purposes, other than using the										
\ \	F COMMITTEE (In Full)										
/ United	Health Group Incorporate	d PAC (l	JnitedHealth Group	PAC)							
	e of Individual (Last, First, Middle Initia ON, CRAIG, , ,	al) or Full O	rganization Name		Date	of Re	eceipt				
Mailing Ad	ddress 268 OAK LANDING WAY				[™] 12	M	31			023	Y
City		State	Zip Code		Tran	sact	tion ID	: PR257	5203 ¹	169888	3
SEVERN		MD	21146-3116		Amou	nt of	Each	Receipt	this F	Period	
	umber of contributing plitical committee.	С			Ē				_	384.6	
	Employer (for Individual) althCare Services Inc		upation (for Individual) Unit CEO		N	Nem	o Item				
Receipt F	or:	Aggregate	Year-to-Date ▼								
Prin Othe	nary General er (specify) ▼		4999.80]	P/R De	educt	tion (\$1	92.30 Bi	Weel	kly)	
	e of Individual (Last, First, Middle Initia DND, GRETA, , ,	al) or Full O	rganization Name		Date	of Re	eceipt				
Mailing Ad	ddress 350 N MAIN STREET #444				^м 12		31)23	Ŷ
City		State	Zip Code		Tran	sact	tion ID	: PR257	52113	369888	
STILLWA	TER	MN	55082-6758		Amou	nt of	Each	Receipt	this F	Period	
	umber of contributing litical committee.	С						7		474.0	0
	Employer (for Individual) althCare Services Inc		upation (for Individual) ef Underwriting Officer		N	Nem	o Item				
Receipt F		Aggregate	Year-to-Date ▼ 4996.20	F	P/R De	duct	ion (\$1	92.30 Bi-	Week	<ly)< td=""><td></td></ly)<>	
Full Name	e of Individual (Last, First, Middle Initia IN, PETER, , ,	al) or Full O	rganization Name		Date	of Re	eceipt				
Mailing Ad	ddress 7091 HIGHOVER DRIVE				[™] 12		3			023	Ŷ
City CHANHA	SSEN	State MN	Zip Code 55317-7572					: PR257			3
	umber of contributing		333111312		Amou	nt of	Each	Receipt	this F		_
	plitical committee.	С			Ļ.		y I	y	_	30.0	0
	Employer (for Individual) ervices, Inc		upation (for Individual) Bus Group Fin Leader			Nem	o Item				
Receipt F	or:	Aggregate	Year-to-Date ▼								
Prin Othe	nary General er (specify)		390.00		P/R De	educt	tion (\$1	5.00 Bi-\	Veekl	ly)	
SUBTOTAL	of Receipts This Page (optional)			▶			y .	. ,	-	888.6	0
TOTAL This	s Period (last page this line number o	nly)		🕨	L.		_		_		

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

FOR LINE NUMBER:

(check only one)

PAGE 61 OF

			ן נ	Detailed Summary Page		11a		-	11b		11c	12	<u> </u>				
	y information copied from such Reports and Stat for commercial purposes, other than using the n							rpo									
\ \	NAME OF COMMITTEE (In Full)		aure	bee of any pointed committee	.0 30	non o	JIIII				5001	. oominit					
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)												
۹.	Full Name of Individual (Last, First, Middle Initia MEYERHOFER, JEFFREY, , ,	l) or Full O	rgai	nization Name		Date	of Re	ec	eipt								
	Mailing Address 6624 IROQUOIS TRAIL					12 31 / Y Y Y Y Y 12 31											
	City EDINA	State MN		Zip Code 55439-1065		Transaction ID : PR2575214669888 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			115.38												
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) en Mgmt		ľ	/lem	0	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1499.94] F	/R De	duct	tio	n (\$57	7.69	9 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Initial WILSON, ADAM, , ,	l) or Full O	rgar	nization Name		Date	of Re	ec	eipt								
	Mailing Address 336 SALEM CHURCH ROAD	1			12 / D D / Y Y Y Y Y 12 31 2023												
	City SUNFISH LAKE	State MN		Zip Code 55118-4719		Transaction ID : PR2575218669888 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			115.38												
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) Mgmt			/lem	0	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1499.94] P	/R De	duct	tio	n (\$57	7.69	9 Bi-We	eekly)					
с.	Full Name of Individual (Last, First, Middle Initia GOODMAN, CYNTHIA, , ,	l) or Full O	rgai	nization Name		Date	of Re	ec	eipt								
	Mailing Address 3717 BUCKEYE DRIVE	1				[™] 12		/	D 31		/ Y	2023 Y	Y				
	City MCKINNEY	State TX		Zip Code 75071-8453								22016988 is Period					
	FEC ID number of contributing federal political committee.	С				_		,	, .		g	28.	84				
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) /P SIs			Vem	10	Item								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 374.92] F	P/R De	duct	tio	on (\$14	4.4	2 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)			••••••	•				,		,	259.	60				
т	OTAL This Period (last page this line number on	ly)			-						-						

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

FOR LINE NUMBER:

(check only one)

PAGE 62 OF

		Detailed Summary Page	X 11a 11b 11c 12												
			13 14 15 16 17 berson for the purpose of soliciting contributions to solicit contributions from such committee.												
NAME OF COMMITTEE (In Full)		duress of any political committee													
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)												
Full Name of Individual (Last, First, Mic A. SHORS, MATTHEW, , ,	ddle Initial) or Full C	organization Name	Date of Receipt												
Mailing Address 4649 EWING AVENUE	SOUTH		M M / D D / Y Y Y Y 12 31 2023												
City	State	Zip Code	Transaction ID : PR2575222369888												
MINNEAPOLIS	MN	55410-1745	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:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)												
Full Name of Individual (Last, First, Mic SANTORO, MICHAEL, , ,	ddle Initial) or Full C	organization Name	Date of Receipt												
Mailing Address 18 OLD FIRE ROAD			M M / D D / Y Y Y Y 12 31 2023												
City	State	Zip Code	Transaction ID : PR2575222669888 Amount of Each Receipt this Period												
TRUMBULL	СТ	06611-1431													
FEC ID number of contributing federal political committee.	C		384.60												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)												
E.U. Name of Individual (Last First Mi			-												
Full Name of Individual (Last, First, Mic GRUNDHOEFER, BRYAN, , ,		rganization Name	Date of Receipt												
Mailing Address 317 SIDNEY BAKER S	STREET SOUTH		12 31 Y Y Y Y Y Y Y Y												
SUITE 400 PMB 519 City	State	Zip Code	Transaction ID : PR2575232769888												
KERRVILLE	TX	78028-6150	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		384.00												
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Non Physn	Memo Item												
Receipt For:	I	Year-to-Date ▼													
Primary General Other (specify)		4992.00	P/R Deduction (\$192.00 Bi-Weekly)												
SUBTOTAL of Receipts This Page (optio	nal)		1153.20												
TOTAL This Period (last page this line n	umber only)														

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 63 OF

		Detailed Summary Page		11a	Ш	11b		11c	12						
				13		14		15	16	17					
Any information copied from such Reports a or for commercial purposes, other than usin															
NAME OF COMMITTEE (In Full)			_												
/ UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group P	AC)												
Full Name of Individual (Last, First, Midd SHUEY, JOANNE, , ,	le Initial) or Full O	rganization Name		Date of	Re	ceip	ot								
Mailing Address 2694 WEST CREEK DR	IVE			^м М 12	/		31 D	/ Y	2023	Y					
City	State	Zip Code		Trans	acti	ion I	D : P	R25752	241669888	3					
FRISCO	TX	75033-4759		Amount	of	Eac	h Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С			20.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) C SIs RVP KA		Memo Item											
Receipt For:			_												
Primary General	Aggregate	Year-to-Date ▼				/6	* 40.0								
Other (specify) V		260.00		P/R Ded	uctio	on (S	\$10.0	0 BI-W	eekiy)						
Full Name of Individual (Last, First, Midd DIMARTINO, TIMOTHY, , ,	le Initial) or Full O	rganization Name		Date of	Re	ceip	ot								
Mailing Address 49605 KEYCOVE ST			12 31 2023												
City	State	Zip Code	Transaction ID : PR2575248169888												
CHESTERFIELD	MI	48047-2361	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С														
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		Me	emo	lter	m								
Receipt For:	Aggregate	Year-to-Date V													
Primary General			Р	/R Ded	uctio	on (9	\$38.4	6 Bi-Wa	ekly)						
Other (specify) v		999.96	1.		uone	011 (4	<i>p</i> 00.4	o Di Wi	Jony						
Full Name of Individual (Last, First, Midd BRANT, PAUL, , ,	le Initial) or Full O	rganization Name		Date of	Re	ceip	ot								
Mailing Address 17 ROCKY BROOK ROA	AD			^M 12	/		31	/ Y	y 2023	Y					
City	State	Zip Code		Trans	acti	ion I	ID : P	R2575	25026988	3					
WILTON	СТ	06897-1919		Amount	of	Eac	h Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					y		y	76.9	2					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		Me	emo) Iter	m								
Receipt For:		Year-to-Date ▼													
Primary General	Aggregate				uoti	on (9	¢ 2 0 1	C D; M	ookhy)						
Other (specify)		999.96	ן ו	P/R Ded	ucii		ψ30.4		CGRIY)						
SUBTOTAL of Receipts This Page (optional	al)		•			7		9	173.8	4					
TOTAL This Period (last page this line num	nber only)		•			,		, 							

FOR LINE NUMBER:

(check only one)

PAGE 64 OF

••			Detailed Summary Page		K 11a		11b	11c	12							
_					13		14	15	10	-	17					
	ny information copied from such Reports and S for commercial purposes, other than using the															
$\left \right\rangle$	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporate	,	•	AC)												
	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	Organization Name													
Α.				_	Date of	f Re	eceipt									
	Mailing Address 1500 WINGATE DRIVE				12 ^M	1	D D 31	/ Y	y 202	3	Y					
	City	State	Zip Code		Transaction ID : PR2575255869888 Amount of Each Receipt this Period											
	DELAWARE	OH	43015-9200	_	Amount	t of	Each R	eceipt th	is Per	iod						
	FEC ID number of contributing federal political committee.	С		384.60												
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emc	Item									
	United HealthCare Services Inc		s Segment CEO													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General					lucti	on (\$10'	2.30 Bi-V		`						
	Other (specify) ▼	<u> </u>	4999.80			luci	011 (\$1.52	2.50 DI-1	VEERIY)						
в.	Full Name of Individual (Last, First, Middle Ini BACHMANN, ANITA, , ,	Organization Name	Date of Receipt													
	Mailing Address 815 NORTHERN SHORES PO	DINT		12 31 2023												
	City	State	Zip Code		Transaction ID : PR2575258469888											
	GREENSBORO	NC	27455-3459					eceipt th								
	FEC ID number of contributing federal political committee.	С		384.60												
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) h Plan CEO		M	emo	Item									
	Receipt For:	Aggregate	Year-to-Date V	-												
	Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)												
— с.	Full Name of Individual (Last, First, Middle Ini BROOMFIELD, ROBERT, , ,	tial) or Full C	Organization Name		Date of	f Re	eceipt									
	Mailing Address 12501 WEST 156TH STREET	Г			12	1	D D D 31	/ Y	2023		Y					
	City	State	Zip Code		Trans	act	ion ID :	PR25752	260469	9888	}					
	OVERLAND PARK	KS	66221-2662	_	Amount	t of	Each R	eceipt th	is Per	iod						
	FEC ID number of contributing federal political committee.	С					,	, y		92.3	0					
	Name of Employer (for Individual)	Occ	upation (for Individual)	_	M	emo	tem									
	United HealthCare Services Inc		Plan CEO	_												
	Receipt For:	Anareaate	Year-to-Date ▼													
	Primary General	, iggi oguto		P/R Deduction (\$46.15 Bi-Weekly)												
	Other (specify)		1199.90		F/R Dec	lucu	ωπ (φ40.	.15 DI-999	CENIY)							
	UBTOTAL of Receipts This Page (optional)					-	5	y	8	61.50	0					
1	OTAL This Period (last page this line number	only)	••••••	•	L	1	_			-						

FOR LINE NUMBER:

(check only one)

PAGE 65 OF

			Detailed Summary Page	X	11a		11	b	1	11c	12						
				, ,		13		14			15	16	17				
	rmation copied from such Reports and State																
	E OF COMMITTEE (In Full)																
/	tedHealth Group Incorporated			-	NC)												
A. ZA	Name of Individual (Last, First, Middle Initial) RN, MARY, , ,	or Full C	Drgar	ization Name		Date of	Re	cei	pt								
	ng Address 11192 BLUESTEM LANE					м м 12	/		31	1	Y	ү ү 2023	Y				
City		State		Zip Code		Trans	acti	ion	ID :	PR	25752	6916988	8				
EDE	N PRAIRIE	MN		55347-4731	Amount of Each Receipt this Period												
	ID number of contributing al political committee.	С			315.00												
	e of Employer (for Individual) d HealthCare Services Inc		•	ion (for Individual) CEO		Me	emo) Ite	əm								
Rece		Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼		-	2482.30	P/	/R Ded	uctio	on	(\$160	0.00) Bi-W	eekly)					
	Name of Individual (Last, First, Middle Initial) FFIRIS, NICHOLAS, , ,	or Full C	Drgar	ization Name		Date of	Re	ecei	pt								
	ng Address 1241 LAUREL CT				12 / D / Y Y Y Y 12 31 2023												
City		State		Zip Code	Transaction ID : PR2575270669888 Amount of Each Receipt this Period												
MAR	COISLAND	FL		34145-2351													
	ID number of contributing al political committee.	С			28.08												
	e of Employer (for Individual) d HealthCare Services Inc		•	ion (for Individual) n CEO		Me	emo) Ite	em								
	ipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)												
	Name of Individual (Last, First, Middle Initial)	or Full C	Drgar	ization Name		Date of	Re	ecei	pt								
	ng Address 3103 BEACON GROVE ST					^M 12	1	L	31	1	Y	2023 Y					
City		State TX		Zip Code								9036988	8				
SPR				77389-4348	A	mount	of	Ea	ch Re	ece	ipt thi	s Period					
	ID number of contributing al political committee.	С						,			y	76.	92				
	e of Employer (for Individual)		•	ion (for Individual)		Me	emo	o Ite	əm								
	d HealthCare Services Inc	Dir (Gen	Mgmt													
Rece		Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify)		-	999.96	P.	/R Ded	ucti	on	(\$38.	.46	Bi-We	ekly)					
SUBTO	TAL of Receipts This Page (optional)			••••••				,			9	420.0	00				
TOTAL	This Period (last page this line number onl	y)		••••••				,			-						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 66 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
	y information copied from such Reports and Sta for commercial purposes, other than using the n														
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC ((UnitedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initia MUELLER, STEVEN, , ,		Organization Name	Date of Receipt											
	Mailing Address 6895 LAKE HARRISON CIRCLE	State	Zip Code	12 / 31 / 2023 Transaction ID : PR2575294569888											
	CHANHASSEN	MN	55317-4589	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		76.92											
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) 9 Ops	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)											
В.	Full Name of Individual (Last, First, Middle Initia HEWITT, SCOTT, , ,	l) or Full C	Organization Name	Date of Receipt											
	Mailing Address 1443 RAYMOND AVE			12 31 2023											
	City SAINT PAUL	State MN	Zip Code 55108-1430	Transaction ID : PR2575296769888 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		153.84											
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) 9 Ntwk Prgms	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1999.92	P/R Deduction (\$76.92 Bi-Weekly)											
C.	Full Name of Individual (Last, First, Middle Initia WEBER, ERIN, , ,	l) or Full C	Organization Name	Date of Receipt											
	Mailing Address 1791 RESTHAVEN LANE	1-		12 / D D / Y Y Y Y 12 31 2023											
	City MOUND	State MN	Zip Code 55364-1308	Transaction ID : PR2575298669888 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		416.00											
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) s Segment Gen Counsel	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 4992.00	P/R Deduction (\$192.30 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)		•	646.76											
т	OTAL This Period (last page this line number or	ıly)	•												

FOR LINE NUMBER:

(check only one)

PAGE 67 OF

				Detailed Summary Page	×	11a		11	-		11c	12					
An	y information copied from such Reports and State	ements ma	l av n	ot be sold or used by any pe	erson f	13 or the	Durr	14		so	15 licitina	16 contribut	17 ions				
	for commercial purposes, other than using the na																
\backslash	NAME OF COMMITTEE (In Full)																
/	UnitedHealth Group Incorporated	PAC (I	Un	itedHealth Group PA	AC)												
Α.	Full Name of Individual (Last, First, Middle Initial) PEEL, CHAD, , ,	or Full O)rgar	nization Name	1	Date of	Re	cei	ipt								
	Mailing Address 7185 GUNFLINT TRAIL					^M 12	1	Γ	31	1	/ Y	y 2023	Y				
	City	State		Zip Code		Trans	acti	ion	ID :	PR	R25753	2986988	3				
	CHANHASSEN	MN		55317-4743	_ /	Amount	of	Ea	ch Re	ec	eipt thi	s Period					
	FEC ID number of contributing federal political committee.	С			153.84												
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) care Econ		Me	emo) Ite	em								
	Receipt For:	Aggregate	Yea	ur-to-Date ▼	_												
	Primary General Other (specify) ▼		-	1999.92	P	/R Ded	uctio	on	(\$76.	92	Bi-We	ekly)					
B.	Full Name of Individual (Last, First, Middle Initial) VANHAM, COLLEEN, , ,	or Full O)rgar	nization Name		Date of	Re	cei	ipt								
	Mailing Address 727 N EVERGREEN AVE				12 31 Y Y Y Y Y 2023												
	City	State		Zip Code	Transaction ID : PR2575341969888 Amount of Each Receipt this Period												
	ARLINGTON HEIGHTS	IL		60004-5566	_	Amount	of	Ea	ch Re	ec	eipt thi	s Period					
	FEC ID number of contributing federal political committee.	С			384.6								0				
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) n CEO	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 576,90	P/R Deduction (\$192.30 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initial) WHITE, WAYNE, , ,	or Full O)rgai	nization Name	1	Date of	Re	cei	ipt								
	Mailing Address 8727 W BUCKHORN TRL					M M 12	1	E	31]	/ Y	2023 Y	Ŷ				
	City PEORIA	State AZ		Zip Code 85383-4852				-				4236988	3				
		,,,	-	00000-4002	-	Amount	of	Ea	ich Re	ec	eipt thi	s Period					
	FEC ID number of contributing federal political committee.	С					_	y	_		y	384.6	0				
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP (•	tion (for Individual) : Svs	Memo Item												
		Aggregate	Yea	ar-to-Date ▼													
	Other (specify)		-	4999.80	P/R Deduction (\$192.30 Bi-Weekly)												
s	UBTOTAL of Receipts This Page (optional)			••••••	.			,		Ì	,	923.0	4				
т	OTAL This Period (last page this line number only	/)						7		Ì	- J -						

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

FOR LINE NUMBER:

(check only one)

PAGE 68 OF

			Detailed Summary Page		11a 13		11b 14	11	1c	12 16	17					
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose c	of solic	citing (contribu						
$\overline{\}$	NAME OF COMMITTEE (In Full)		.,													
\rangle	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group P	AC)												
Α.	Full Name of Individual (Last, First, Middle Initial) HUYSMAN, JAMES, , ,	or Full Or	ganization Name		Date of	Re	ceipt									
	Mailing Address 411 NORTH NEW RIVER DRIVE # 904	E			M M / D D / Y Y Y Y 12 31 2023											
	City	State	Zip Code		Trans	acti	ion ID	: PR2	57534	1266988	8					
	FORT LAUDERDALE	FL	33301-3179	A	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			19.24											
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Sen Mgmt		M	emo	Item									
	Receipt For:	agregate '	Year-to-Date 🔻													
	Primary General Other (specify) ▼		250.12] P	/R Ded	ucti	on (\$9	.62 Bi-	Week	dy)						
В.	Full Name of Individual (Last, First, Middle Initial) IMDIEKE, PATRICK, , ,	or Full Or	ganization Name		Date of	Re	ceipt									
	Mailing Address 15900 WHITE PINE DRIVE															
	City	State	Zip Code		Transaction ID : PR2575347969888											
	WAYZATA	MN	55391-2125	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		28.08												
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) us Anlys Cnslt		M	emo	Item									
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365.04	P /	′R Ded	uctio	on (\$1	4.04 B	i-Wee	γkly)						
с.	Full Name of Individual (Last, First, Middle Initial) TELESKY, MICHAEL, , ,	or Full Or	ganization Name		Date of	Re	ceipt									
	Mailing Address 2602 PENNINGTON PLACE				^M 12	/	۵ ع		Y	2023 Y	Y					
		State IN	Zip Code 46383-9163							5096988	8					
	VALPARAISO	11 1	40303-9103	A	Mount	of	Each	Receip	ot this	Period						
	FEC ID number of contributing federal political committee.	C				_	,		,	78.	00					
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) A VP SIs		M	emo	ltem									
	Receipt For:	ggregate	Year-to-Date 🔻													
	Primary General Other (specify)		1014.00] P	/R Ded	lucti	on (\$3	9.00 E	3i-Wee	∍kly)						
	UBTOTAL of Receipts This Page (optional)						9 I		,	125.:	32					
T	OTAL This Period (last page this line number only	/)	······)	<u>ا</u> ۱			-		7							

FOR LINE NUMBER:

(check only one)

PAGE 69 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page				11b		11c	12							
Any information copied from such Reports and S		erson for													
or for commercial purposes, other than using the	name and a	ddress of any political committee	e to solic	cit con	trib	utions	fro	om such	n commit	tee.					
NAME OF COMMITTEE (In Full)															
/ UnitedHealth Group Incorporate	ed PAC (JnitedHealth Group PA	AC)												
Full Name of Individual (Last, First, Middle Init A. PHILLIPS, CHRISTINE, , ,	tial) or Full C	rganization Name	Da	ate of	Re	ceipt									
Mailing Address 63 HERITAGE TRAIL				12 ^M	/	D 3		/ Y	ү ү 2023	Y					
City	State	Zip Code		Transa	acti	on ID	: P	R25753	35406988	8					
SUFFIELD	СТ	06078-2376	An	nount	of	Each	Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С		28.08												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	1 [Me	emo	Item									
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		365.04	P/F	R Dedu	uctio	on (\$1	4.0	94 Bi-We	eekly)						
Full Name of Individual (Last, First, Middle Init B. GUSTIN, TODD, , ,	tial) or Full C	rganization Name	Da	ate of	Re	ceipt									
Mailing Address 5717 AYRSHIRE BLVD				12 31 2023											
City	State	Zip Code	Transaction ID : PR2575357769888												
EDINA	MN	55436-2059	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		393.80												
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt	70	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		4999.42	P/R	R Dedu	uctio	on (\$1	92.	30 Bi-W	/eekly)						
Full Name of Individual (Last, First, Middle Init C. NIELSEN, MICHELE, , ,	tial) or Full C	rganization Name	Date of Receipt												
Mailing Address 101 W 11TH STREET			_ L	12 ^M	/	D 3	1		2023 Y						
	State NJ	Zip Code							36176988						
SHIP BOTTOM		08008-6303	An	nount	of	Each	Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С			_		y .		y	76.						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) < Regn Pres	10	Me	emo	Item									
Receipt For:	I	Year-to-Date ▼													
Primary General Other (specify)		999.96	P/F	R Dedi	ucti	on (\$3	38.4	l6 Bi-W	eekly)						
SUBTOTAL of Receipts This Page (optional)		\			_				498.	80					
TOTAL This Period (last page this line number		r	Ē			, .		,							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 70 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial COOK, JORDANA, , , Mailing Address 46 PALMETTO COVE COURT) or Full O	Organization Name	Date of Receipt									
	City BLUFFTON	State SC	Zip Code 29910-9580	Transaction ID : PR2575371669888 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		230.76									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Mktg	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial PIETROSIMONE, RALPH A, , ,) or Full O	Organization Name	Date of Receipt									
	Mailing Address 44 ROSES FARM ROAD	State CT	Zip Code	12 1 12 1 2023 Transaction ID : PR2575373869888									
	EAST HAVEN FEC ID number of contributing federal political committee.	C	06512-4665	Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Ntwk Prgm Mgr	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 247,52	P/R Deduction (\$9.52 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial CIAVARELLA, TRACY, , ,) or Full O	Organization Name	Date of Receipt									
	Mailing Address 20 LORRAINE DRIVE	Ctoto	Zin Code	12 31 2023									
	City BEACON FALLS	State CT	Zip Code 06403-1256	Transaction ID : PR2575377969888 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		28.08									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•	277.88									
т	OTAL This Period (last page this line number on	ly)	••••••										

FOR LINE NUMBER:

(check only one)

PAGE 71 OF

		for each category of the	X 11a 11b 11c 12											
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$											
Any information copied from such Reports and s or for commercial purposes, other than using the			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorporat	,	•	NC)											
Full Name of Individual (Last, First, Middle In FENLON, STEVEN, , ,	iitial) or Full C	Organization Name	Date of Receipt											
Mailing Address 4925 DREW AVE S			12 / D D / Y Y Y Y 2023											
City MINNEAPOLIS	State MN	Zip Code 55410-1743	Transaction ID : PR2575392069888											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.16	P/R Deduction (\$9.16 Bi-Weekly)											
Full Name of Individual (Last, First, Middle In BRATTEBO, CRAIG, , ,	iitial) or Full C	Organization Name	Date of Receipt											
Mailing Address 10202 HARMONY CIRCLE			12 / D D / Y Y Y Y Y 2023											
City EDEN PRAIRIE	State MN	Zip Code 55347-5019	Transaction ID : PR2575397269888 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) puty Gen Counsel	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle In C. FELLER, WILLIAM, , ,	iitial) or Full C	Organization Name	Date of Receipt											
Mailing Address 3715 HUNTINGTON AVE			12 / D D / Y Y Y Y 12 31 2023											
City ST LOUIS PARK	State MN	Zip Code 55416-4917	Transaction ID : PR2575400369888											
FEC ID number of contributing	C	55410-4917	Amount of Each Receipt this Period											
federal political committee. 		upation (for Individual)	Memo Item											
Optum Services, Inc Receipt For:	VP ·	Technology	_											
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			479.84											
TOTAL This Period (last page this line number	only)	•••••												

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

FOR LINE NUMBER:

(check only one)

PAGE 72 OF

				Detailed Summary Page		11a 13		11k 14		11c 15		12 16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the na													
\backslash	NAME OF COMMITTEE (In Full)													
$\Big/$	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	NC)									
Α.	Full Name of Individual (Last, First, Middle Initial ANDERSON, BRADLEY, , ,) or Full O	Orgar	ization Name		Date of	Re	eceip	pt					
	Mailing Address 4613 W 56TH ST					^M 12	1	D	31	/ Y	ү 20)23	Y	
	City EDINA	State MN		Zip Code						R25754			}	
				55424-1558	- 4	Amount	of	Ead	ch Red	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С			76.92									
	Name of Employer (for Individual) United HealthCare Services Inc		upat Strat	on (for Individual) egy		M	emo) Ite	em					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		-	999.96	F	P/R Ded	ucti	ion ((\$38.4	6 Bi-We	ekly	/)		
В.	Full Name of Individual (Last, First, Middle Initial VENKATESAN, CHANDRAMOULEESWA			ization Name		Date of	Re	eceip	pt					
	Mailing Address 17698 62ND COURT NORTH					^M ^M 12	/	D	31	/ Y	ү 20	23 23	Y	
	City	State		Zip Code		Trans	acti	ion	ID : PI	R25754	101	69888		
	MAPLE GROVE	MN		55311-4619	<u> </u>	Amount	of	Ead	ch Red	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С	3							384.6	0			
	Name of Employer (for Individual) Optum Services, Inc			ion (for Individual) g CIO		M	emo	b Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P	/R Ded	uctio	on ((\$192.:	30 Bi-W	/eek	ly)		
с.	Full Name of Individual (Last, First, Middle Initial MILLER, ALLISON, , ,) or Full O	rgar	ization Name		Date of	Re	eceip	pt					
	Mailing Address 11671 45TH PLACE NE					^M 12	/	D	31	/ Y		23	Y	
	City SAINT MICHAEL	State MN		Zip Code 55376-4536		Trans	acti	ion	ID : P	R25754	1181	69888	3	
				55576-4556		Amount	of	Ead	ch Red	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					_	9			_	192.3	0	
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Security		M	emo	o Ite	em					
	Receipt For:	Aaareaate	Yea	r-to-Date ▼										
	Primary General Other (specify)		-	2499.90	F	P/R Ded	ucti	ion ((\$96.1	5 Bi-We	ekly	y)		
s	UBTOTAL of Receipts This Page (optional)			•••••				7		y	Ξ	653.8	2	
т	OTAL This Period (last page this line number on	y)						-		-	_			

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

FOR LINE NUMBER:

(check only one)

PAGE 73 OF

			Detailed Summary Page		11a		111	b	11c	12	
					13		14		15	16	17
or	y information copied from such Reports and State for commercial purposes, other than using the na										
\backslash	NAME OF COMMITTEE (In Full)										
/	UnitedHealth Group Incorporated	`	•	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) GOTHARD, CAROL, , ,		rganization Name		Date of	Re	eceip	pt			
	Mailing Address 16492 BROOKLANE BOULEVAF	RD			^M 12	/		31	/ Y	y y 2023	Y
	City NORTHVILLE	State MI	Zip Code 48168-8417				-			41916988	8
		'v''	-+0100-0417	A	Amount	of	Ead	ch Re	ceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			_		-			76.	36
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir f	upation (for Individual) Fin		Me	emo	o Ite	em			
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		992.68	P.	/R Ded	ucti	ion ((\$38.1	18 Bi-W	eekly)	
В.	Full Name of Individual (Last, First, Middle Initial) ARMSTRONG, LORI, , ,) or Full O	rganization Name		Date of	Re	eceip	pt			
	Mailing Address 808 CAREN DRIVE				м м 12	/		31	/ Y	y y 2023	Y
	City	State	Zip Code							42796988	8
	ELDERSBURG	MD	21784-8569	A	Amount	of	Ead	ch Re	ceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					-		-	30.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt		Me	emo	o Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P	/R Dedu	uctio	on (\$15.0	00 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) OHARA, KARIN, , ,) or Full O	rganization Name		Date of	Re	eceip	pt			
	Mailing Address 1431 HENRY COURT				^M 12	1		31	/ Y	y y 2023	Y
	City CHANHASSEN	State MN	Zip Code 55317-2200	⊨,						42876988 his Period	8
	FEC ID number of contributing federal political committee.	C			Anount	U	⊏a(iceipt (f	392.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Controller		Me	emo	o Ite	em			
	Pagaint For:	I	Year-to-Date ▼	\neg							
	Primary General Other (specify)		4996.15	P	/R Ded	ucti	ion	(\$192	.30 Bi-V	Veekly)	
S	JBTOTAL of Receipts This Page (optional)			.			,			498.:	36
т	OTAL This Period (last page this line number onl	y)					-		-		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 74 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than u		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incor	porated PAC (UnitedHealth Group	PAC)
A. MURLEY, MARY, , ,	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2775 COUNTRYSIDE	E DRIVE WEST State Zip Code	12 31 2023 Transaction ID : PR2575443669888
ORONO	MN 55356-9675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Bus Segment CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, M B. SPILKER, TIMOTHY, , ,	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 32 FITCH LANE		12 31 2023
City NEW CANAAN	StateZip CodeCT06840-5051	Transaction ID : PR2575446369888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Division CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, M RUNICE, PAUL, , ,	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 4622 BRUCE AVENU	· · · · ·	12 / D D / Y Y Y Y 12 31 2023
City EDINA	State Zip Code MN 55424-1123	Transaction ID : PR2575451569888 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	Occupation (for Individual) VP Treasury	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4797.00	P/R Deduction (\$184.50 Bi-Weekly)
SUBTOTAL of Receipts This Page (opt	ional)	1138.20
TOTAL This Period (last page this line	number only)	

FOR LINE NUMBER:

(check only one)

PAGE 75 OF

ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c	12	
				13		14		15	16	17
Any information copied from such Reports and or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full)	_									
/ UnitedHealth Group Incorporation	ted PAC (UnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle Ir A. PEGG, JACK, , ,	nitial) or Full C	Organization Name		ate of	Re	ceipt				
Mailing Address 4917 KAMA LANE NE				^M 12	1	31		/ Y	y y 2023	Y
City ALBERTVILLE	State MN	Zip Code 55301-3536				-			15606988	-
		55501-5550	A	mount	of	Each	Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С			_		-		-	28.	08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Underwriting		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		365.04	P/	'R Ded	uctio	on (\$1	4.0	4 Bi-We	eekly)	
Full Name of Individual (Last, First, Middle Ir B. GLATT, CHRISTOPHER, , ,	nitial) or Full C	organization Name		ate of	Re	ceipt				
Mailing Address 631 GOODRICH AVE				^M 12	/	D 34		/ Y	y y 2023	Y
City	State	Zip Code							6496988	
SAINT PAUL	MN	55105-3522	A	mount	of	Each	Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С			_		,		- J	38.	46
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Aviation Corp Pilots		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		499.98	P/	R Dedu	uctio	on (\$0	.00	Bi-Wee	ekly)	
Full Name of Individual (Last, First, Middle Ir C. PHINNEY, ASHLEY, , ,	hitial) or Full C	Prganization Name		ate of	Re	ceipt				
Mailing Address 5 GATEHOUSE ROAD		- 1		^M 12	/	3		/ Y	2023 Y	Y
City	State CT	Zip Code							46846988	
GRANBY		06035-1922	A	mount	of	Each	Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С			_		,		y	28.	08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Director Technology		Me	emo	ltem				
Receipt For:		Year-to-Date ▼								
Primary General	, .99.09410			R Dod	ucti	on (\$1	40	4 Bi-We	ookly)	
Other (specify)		365.04				οι (φ1	- .0	- 0-000		
SUBTOTAL of Receipts This Page (optional)			. [, .		,	94.	62
TOTAL This Period (last page this line number	r only)	•••••	Ī			-		-		

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

FOR LINE NUMBER:

(check only one)

PAGE 76 OF

				Detailed Summary Page		11:	a] 11 1∠	1b 4		11c 15	\vdash	12 16	17
	y information copied from such Reports and Star for commercial purposes, other than using the n					for t			pos	se of	sol	liciting	cor	ntributi	ions
$\overline{\}$	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	I PAC (I	Un	itedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia SADUSKE, NANETTE, , ,	l) or Full O)rgai	nization Name		Date	of	Re	ece	eipt					
	Mailing Address 4276 NICOLET DRIVE			1		[™]		/	l	D D D]	/ Y	ү 20)23	Y
	City GREEN BAY	State WI		Zip Code 54311-9798								25754 eipt thi			3
	FEC ID number of contributing federal political committee.	С							-			-7-		76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP (•	tion (for Individual) npli			Me	emo	b lt	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 999.96	F	9/R [)ed	ucti	on	(\$38.	.46	Bi-We	ekly	/)	
В.	Full Name of Individual (Last, First, Middle Initia HENSEL, KRISTA, , ,	l) or Full O	rga	nization Name		Date	of	Re	ece	eipt					
	Mailing Address 2211 HOMEWOOD DRIVE			1		[™]		/	l	D D 31	1	/ Y	Y 202	23 23	Y
	City ANCHORAGE	State KY		Zip Code 40223-1326								25754 eipt thi			}
	FEC ID number of contributing federal political committee.	С							,			-		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) an CEO		Ц	Me	emo	b lt	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 4999.80	P	/R [edu	uctio	on	(\$192	2.30) Bi-W	eek	ly)	
с.	Full Name of Individual (Last, First, Middle Initia BARTHEL, THOMAS, , ,	l) or Full O)rgai	nization Name		Date	of	Re	ece	eipt					
	Mailing Address 20525 HARTFORD WAY	1				_	2	/	l	D D D	J.	/ Y	20	1. A.	
	City LAKEVILLE	State MN		Zip Code 55044-4452			_		-			25754 eipt thi			3
	FEC ID number of contributing federal political committee.	С				<u></u>			,			9		28.0	8
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) oftware Engineering			Me	emo	o It	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 365.04	F	P/R [Ded	ucti	ion	ı (\$14.	.04	Bi-We	ekly	/)	
s	UBTOTAL of Receipts This Page (optional)			••••••										489.6	0
т	OTAL This Period (last page this line number on	ly)			•				,		l	-			

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

FOR LINE NUMBER:

(check only one)

PAGE 77 OF

			Detailed Summary Page	×	11a		11	1b	11c	12	2	
					13		14		15	16		17
or	y information copied from such Reports and State for commercial purposes, other than using the na											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big/$	UnitedHealth Group Incorporated	-	-	AC)								
Α.	Full Name of Individual (Last, First, Middle Initial) MACLAUCHLAN, DANIEL, , ,) or Full O	Organization Name		Date of	f Re	ece	ipt				
	Mailing Address 730 WYNDALE RD				^м М 12	/	Γ	D D 31	/ Y	, 2023	у ү 3	
	City	State	Zip Code		Trans	acti	ior	ו ID :	PR2575	492769	9888	
	JENKINTOWN	PA	19046-1552	/	Amount	t of	Ea	ach R	eceipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С					,			2	28.08	3
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	o It	em				
	Receipt For:	Anareaate	Year-to-Date ▼									
	Primary General Other (specify) ▼	June	365.04	P	/R Ded	lucti	ion	(\$14	.04 Bi-W	/eekly)		
в.	Full Name of Individual (Last, First, Middle Initial) VESLEDAHL, MATTHEW, , ,) or Full O	Organization Name		Date of	f Re	ece	ipt				
	Mailing Address 15598 MICHELE LANE				^M 12	/	Γ	D D D 31	/ Y	2023		1
	City	State	Zip Code		Trans	acti	ion	ID :	PR2575	499269	888	
	EDEN PRAIRIE	MN	55346-2548	/	Amount	t of	Ea	ach R	eceipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С					,		т. т.	38	84.60)
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Affordability Officer		M	emo	o It	em				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		4999.80	P	/R Ded	luctio	ion	(\$192	2.30 Bi-V	Veekly))	
с.	Full Name of Individual (Last, First, Middle Initial)) or Full O	Organization Name		Date of	f Re	ece	ipt				
	Mailing Address 122 WILLOW CREEK LANE				12 ^M	/		D D 31	/ Y	2023		
		State IL	Zip Code 60480-1274		Trans	sact	tior	ו ID :	PR2575	507769	9888	_
	WILLOW SPRINGS		00480-1274		Amount	t of	Ea	ach R	eceipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С					,		9	2	28.08	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Reg Market Growth Dir		М	emc	o It	em				
		Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		365.04	F	P/R Dec	ducti	ion	(\$14	.04 Bi-W	/eekly)		
s	UBTOTAL of Receipts This Page (optional)						į			44	40.76	
	OTAL This Period (last page this line number onl						T		, ,		-	

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

FOR LINE NUMBER:

(check only one)

PAGE 78 OF

	~	Detailed Summary Page		11a 13	11		11c 15	12	47
		l ay not be sold or used by any p ddress of any political committed	erson for	the p	urpos	se of se	oliciting		
NAME OF COMMITTEE (Ir	-		20.01				- 201		-
	,	UnitedHealth Group P	AC)						
Full Name of Individual (La A. MUNSON, RICHARD, ,	st, First, Middle Initial) or Full O	rganization Name	Da	ite of F	Recei	ipt			
Mailing Address 4707 HAZ	ELTINE LANE			12 ^M	/	D D D 31	/ Y	2023	Y
City EAGAN	State MN	Zip Code 55123-2172						1246988	8
FEC ID number of contributive federal political committee.			Am			ion Red	Jeipt thi	is Period 192.	
Name of Employer (for Ind	,	upation (for Individual) Compli		Mer	mo Ite	em			
Receipt For: Primary Ger Other (specify) ▼	heral Aggregate	Year-to-Date ▼ 2499.90	P/R	Dedu	ction	(\$96.1	5 Bi-We	eekly)	
B. HUNTER, ROBERT, ,		rganization Name	Da	ite of F	Recei	ipt			
Mailing Address 5420 COU				12 ^M	/	31	/ Y	2023	Y
City EDINA	State MN	Zip Code 55436-2524						2836988 is Period	8
FEC ID number of contribution federal political committee.	ting				-		-9	384.	60
Name of Employer (for Ind United HealthCare Services	,	upation (for Individual) P Prd		Mer	mo Ite	em			
Receipt For: Primary Ger Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R	Deduc	ction ((\$192.3	30 Bi-W	'eekly)	
Full Name of Individual (La C. HERNANDEZ, MAYF	st, First, Middle Initial) or Full O RENE, , ,	rganization Name	Da	ite of F	Recei	ipt			
Mailing Address 850 SW 1				12	- L	31		2023	
City PEMBROKE PINES	State FL	Zip Code 33029-6047						2926988 is Period	8
FEC ID number of contribu federal political committee.	ting				1		,	76.	92
Name of Employer (for Ind United HealthCare Services	,	upation (for Individual) Ied Dir		Mer	mo Ite	em			
Receipt For: Primary Ger Other (specify)	heral Aggregate	Year-to-Date ▼ 999.96	P/R	R Dedu	iction	(\$38.4	6 Bi-We	eekly)	
SUBTOTAL of Receipts This	Page (optional)				,		9	653.	32
TOTAL This Period (last pag	e this line number only)	•					-		

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

FOR LINE NUMBER:

(check only one)

PAGE 79 OF

				etailed Summary Page		11a 13		11k		11c 15		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the na					for the		pose	e of s	oliciting		ntributi	ons
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	Unit	edHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initial HOLOVNIA, KRISTEN, , ,) or Full O	Drganiz	zation Name		Date of	Re	eceip	pt				
	Mailing Address 4610 LAKEVIEW DRIVE					12 ^M	1	D	31	/ Y	ү 20)23	Y
	City EDINA	State MN	Z	Zip Code 55424-1518						R25755 ceipt th			}
	FEC ID number of contributing federal political committee.	С						-9-		-	_	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) / Gen Counsel		M	emc	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 4999.80		P/R Ded	ucti	ion ((\$192.:	30 Bi-W	leek	ly)	
B.	Full Name of Individual (Last, First, Middle Initial HAMLIN, THOMAS, , ,) or Full O	Drganiz	zation Name		Date of	Re	eceip	pt				
	Mailing Address 2800 NEWMAN					^M 12	/	D	31	/ Y	ү 20	23 [°]	Y
	City HOUSTON	State TX	Z	Zip Code 77098-1408						R25755 ceipt th			
	FEC ID number of contributing federal political committee.	С						-9-		-	_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Med Dir		M	emc	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 999.96	P	/R Ded	ucti	on ((\$38.46	6 Bi-We	èekly	/)	
C.	Full Name of Individual (Last, First, Middle Initial SULLIVAN, EILEEN, , ,) or Full O	Organiz	zation Name		Date of	Re	eceip	pt				
	Mailing Address 9675 WATERWAY PASSAGE D	RIVE				12 ^M	1	D	31	/ Y		23	Y
	City WINTER GARDEN	State FL	Z	Zip Code 34787-4957				-		R2575			3
	FEC ID number of contributing federal political committee.	С						y		9	_	28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) en Counsel		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 365.04		P/R Ded	lucti	ion ((\$14.0	4 Bi-We	əekly	y)	
s	UBTOTAL of Receipts This Page (optional)											489.6	0
т	OTAL This Period (last page this line number on	ly)		·····	-			-		, ,			

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

FOR LINE NUMBER:

(check only one)

PAGE 80 OF

			Detailed Summary Page	×	11a		11		11c		2	
۸	v information conied from such Departs and Otat	monto	, not be cold as used by any		13 for the		14		15		6 ributi	17
	y information copied from such Reports and State for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full)											
\sum	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group P/	AC)								
A.	Full Name of Individual (Last, First, Middle Initial) HAUF, NADINE, , ,	or Full Or	ganization Name		Date o	f Re	ecei	ipt				
	Mailing Address 1008 WIMBERLY COURT				^M 12	1		31	/ Y	y 202	23	ſ
	City ALLEN	State TX	Zip Code 75013-1195						PR2575 eceipt tl			
	FEC ID number of contributing federal political committee.	С					1				20.00)
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Sen Mgmt		М	emo	o Ite	em				
	Receipt For: A Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 260.00] P	P/R Dec	ducti	ion	(\$10.	00 Bi-W	/eekly)		
	Full Name of Individual (Last, First, Middle Initial)	or Full Or	ganization Name		Date o	f Re	ecei	ipt				
	Mailing Address 8408 ENSLEY PLACE				^M 12	/		31	/ Y	y 202		
	City LEAWOOD	State KS	Zip Code 66206-1402						PR2575 eceipt tl			
	FEC ID number of contributing federal political committee.	С					-				76.92	2
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) /led Dir/CMO		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ , 999.96	P	/R Ded	luctio	on	(\$38.4	46 Bi-W	'eekly)		
С.	Full Name of Individual (Last, First, Middle Initial)	or Full Or	ganization Name		Date o	f Re	ecei	ipt				
	Mailing Address 6350 SUMMIT CIRCLE				^M 12	J.	L	31	/ Y	202	3	
	City CHANHASSEN	State MN	Zip Code 55317-9138						PR2575 eceipt tl			
	FEC ID number of contributing federal political committee.	С					y				98.00)
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Jnit CEO		М	emc	o Ite	em				
	Receipt For: A Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 2489.04] F	P/R Dec	ducti	ion	(\$96.	15 Bi-W	/eekly)		
s	UBTOTAL of Receipts This Page (optional)			- -		-	y		. ,	2	294.92	2
Т	OTAL This Period (last page this line number only	/)	••••••				-	_	-	_	-	

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

FOR LINE NUMBER:

(check only one)

PAGE 81 OF

				or each category of the		(11a		1	1b	1	l1c		12	
				Detailed Summary Page		13		1	H	_	15	\vdash	16	17
	r information copied from such Reports and Stat or commercial purposes, other than using the na					for the		po	se of	soli	citing		ntribut	ions
1	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)									
A	Full Name of Individual (Last, First, Middle Initial ZMUDA, JENNIFER, , ,	l) or Full O	rgai	nization Name		Date o	f Re	ece	eipt					
-	Mailing Address 656 SUMMIT AVE	1				^M 12	/	[D D 31	/	Y)23	Y
	City SAINT PAUL	State MN		Zip Code 55105-3435					n ID :					3
-			_		— ;	Amoun	t of	Ea	ach R	ecei	ıpt thi	s P	eriod	
	FEC ID number of contributing rederal political committee.	С						-			-		400.0	00
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) g CIO		M	emo	o l'	tem					
Ī		Aggregate	Yea	r-to-Date ▼										
	Other (specify) ▼		7	5000.00		P/R Dec	ducti	ior	n (\$192	2.30) Bi-W	'eek	ly)	
		l) or Full O	rgai	nization Name		Date o	f Re	ece	eipt					
ſ	Mailing Address 3516 FRANCISCO BAY					^M 12	1	ſ	D D D 31	/	Y	ү 20	23 [°]	Ŷ
	City	State		Zip Code		Trans	acti	ior	ו ID : I	PR2	25755	445	69888	3
	KERENS	ТХ		75144-6197		Amoun	t of	Ea	ach R	ece	ipt thi	s P	eriod	
	EEC ID number of contributing rederal political committee.	С						,					384.6	60
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) Is Dev		M	emo	o l'	tem					
_	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		,	4999.80	F	/R Dec	luctio	ion	ı (\$192	2.30	Bi-W	eek	ly)	
	Full Name of Individual (Last, First, Middle Initial BALCK, AMY, , ,	l) or Full O	rgai	nization Name		Date o	f Re	ece	eipt					
_	Mailing Address N3681 VINE RD	1				^M 12	1		D D D 31	1	Y	20	23	Ŷ
		State WI		Zip Code					n ID :					8
-	FREEDOM		_	54913-6928		Amoun	t of	Ea	ach R	ece	ipt thi	s P	eriod	
	FEC ID number of contributing rederal political committee.	С						,			y		28.0	00
1	Name of Employer (for Individual)	Occu	upat	ion (for Individual)		Μ	emc	o I	tem					
	United HealthCare Services Inc	KA E	Dir A	Acct Mgmt										
ł	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Other (specify)		-	364.00	I F	P/R Dec	ducti	ior	n (\$14.	.00	Bi-We	ekly	y)	
รเ	JBTOTAL of Receipts This Page (optional)			••••••	•			,					812.6	0
тс	TAL This Period (last page this line number on	ly)			•			,			- y			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 82 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (UnitedHealth Group PA	\C)
Full Name of Individual (Last, First, Middle CARLSON, ROBERT, , ,		Organization Name	Date of Receipt
Mailing Address 695 FOUNTAINHEAD WAY	State	Zip Code	12 31 2023 Transaction ID : PR2575573769888
NAPLES	FL	34103-2736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		434.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Exe Search & Mkt Intlgnc	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4774.00	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle I BANSAL, SACHIN, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 3920 BLACK OAKS LANE N			12 / D D / Y Y Y Y 2023
City PLYMOUTH	State MN	Zip Code 55446-2609	Transaction ID : PR2575579469888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		833.32
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Group Fin Leader	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.96	P/R Deduction (\$0.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle I MILLER, MAXIMILLIAN, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 5328 CHOWEN AVENUE S		7. 0.1	12 / 31 / 2023
City MINNEAPOLIS	State MN	Zip Code 55410-2122	Transaction ID : PR2575579569888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc	Occ M A	upation (for Individual) VP	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		•	1344.24
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:

(check only one)

PAGE 83 OF

TEIVIIZED RECEIPTS		Detailed Summary Page		11a		11b	1	1c	12	
		Detailed Summary Page		13		14		15	16	17
Any information copied from such Report or for commercial purposes, other than u										
NAME OF COMMITTEE (In Full)										
VinitedHealth Group Incorplete	porated PAC (UnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Mi	ddle Initial) or Full C	organization Name	Da	ate of	Re	ceipt				
Mailing Address 2069 CIRCLE DRIVE			N	12	/	D 31		Y	2023	Y
City	State	Zip Code	1	Fransa	acti	on ID	: PR2	25755	8596988	8
KRONENWETTER	WI	54455-9062	An	nount	of	Each	Recei	ipt thi	s Period	
FEC ID number of contributing federal political committee.	С					,		-	28.	08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	7 0	Me	emo	Item				
Receipt For:	Anareaste	Year-to-Date ▼	-							
Primary General Other (specify) ▼		365.04	P/R	R Dedu	uctio	on (\$1	4.04 E	3i-We	ekly)	
Full Name of Individual (Last, First, Mi FINCH, ANNE, , ,	ddle Initial) or Full C	Prganization Name	Da	ate of	Re	ceipt				
Mailing Address 208 STATION CIR NC)		N	12	/	D 31		Y	y 2023	Y
City	State	Zip Code	Т	ransa	actio	on ID	: PR2	25755	8666988	8
HUDSON	WI	54016-9555	An	nount	of	Each	Recei	ipt thi	s Period	
FEC ID number of contributing federal political committee.	C					,		-	76.9	92
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		999.96	P/R	l Dedu	uctio	on (\$38	3.46 E	3i-We	ekly)	
Full Name of Individual (Last, First, Mi SOLLER, BRIAN, , ,	ddle Initial) or Full C	organization Name	Da	ate of	Re	ceipt				
Mailing Address 1120 S 2ND STREET			N	12	/	D 31		Y	y y 2023	Y
City	State	Zip Code	٦	Fransa	acti	on ID	: PR2	25755	8676988	8
MINNEAPOLIS	MN	55415-1375	An	nount	of	Each	Recei	ipt thi	s Period	
FEC ID number of contributing federal political committee.	C					y .		9	384.	60
Name of Employer (for Individual)	000	upation (for Individual)	-	Me	emo	Item				
Optum Services, Inc		Seg CIO	1							
Receipt For:		Year-to-Date ▼	_							
Primary General	Aggregate				uoti	on (¢1	02.20		(ookhy)	
Other (specify)		4999.80		C Deui	ucii	υπ (φτ	92.30	DI-VV	/eekly)	
SUBTOTAL of Receipts This Page (option	onal)					, .		9	489.6	60
TOTAL This Period (last page this line r	number only)	••••••	. [, ,		- -		

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

FOR LINE NUMBER:

(check only one)

PAGE 84 OF

		Detailed Summary Page		11a 13		11b	11c	12	17
Any information copied from such or for commercial purposes, othe				or the		pose of a	soliciting	g contribu	utions
NAME OF COMMITTEE (In F	ull)								
UnitedHealth Group	Incorporated PAC (I	UnitedHealth Group P	AC)						
Full Name of Individual (Last, GISCH, SHAWNA, , ,	First, Middle Initial) or Full O	rganization Name	[Date of	Re	ceipt			
Mailing Address 320 PRESER	RVE COURT			м м 12	/	D D 31	/ Y	y y 2023	Y
City	State	Zip Code		Trans	acti	ion ID : I	PR2575	5921698	88
CHANHASSEN	MN	55317-8717	A	Amount	of	Each Re	eceipt th	is Period	ł
FEC ID number of contributing federal political committee.	C			_			-	384	.60
Name of Employer (for Individ Optum Services, Inc		upation (for Individual) Unit CEO		Me	emo	Item			
Receipt For:		Year-to-Date ▼							
Primary Generation Other (specify) ▼	al	4999.80	P.	/R Ded	ucti	on (\$192	2.30 Bi-V	Veekly)	
Full Name of Individual (Last, MILLER, MICHAEL, , ,	First, Middle Initial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 656 OCEAN / 1016	AVENUE			м м 12	1	D D D 31	/ Y	y y 2023	Y
City	State MA	Zip Code 02151-6201						59566988	
REVERE		02131-0201	A	Amount	: of	Each Re	eceipt th	iis Perioo	1
FEC ID number of contributing federal political committee.	C				_		-	384	.60
Name of Employer (for Individ Optum Services, Inc	,	upation (for Individual) Business Development Exe		Me	emo	ltem			
Receipt For:		Year-to-Date ▼							
Primary General Other (specify) ▼		4999.80	P/	'R Ded	uctio	on (\$192	.30 Bi-W	/eekly)	
Full Name of Individual (Last, C. IVERSON, LISA, , ,	First, Middle Initial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 1330 EDGCL	JMBE RD			^M 12	/	D D 31	/ Y	2023	Y
City SAINT PAUL	State MN	Zip Code 55116-1780		Trans	act	ion ID : l	PR2575	6032698	88
		55116-1760	A	Mount	of	Each Re	eceipt th	is Period	ł
FEC ID number of contributing federal political committee.	C			_	_	, . ,	- J	384	.60
Name of Employer (for Individ United HealthCare Services Ind	,	upation (for Individual) Strat Initiv		Me	emc	tem			
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)	al	4999.80	P.	/R Ded	lucti	on (\$192	2.30 Bi-V	Veekly)	
SUBTOTAL of Receipts This Pa	age (optional)					,	.,	1153	.80
TOTAL This Period (last page the	his line number only)					-			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 85 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial GOODMAN, BENJAMIN, , , Mailing Address 13828 EVERGREEN COURT	l) or Full C	Organization Name	Date of Receipt
	City APPLE VALLEY	State MN	Zip Code 55124-9257	Transaction ID : PR2575603869888 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) V	Bus	upation (for Individual) s Segment CFO Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initial KING, SARAH, , , Mailing Address 247 MONTIBELLO DRIVE	l) or Full C	Organization Name	Date of Receipt
	City MOORESVILLE FEC ID number of contributing federal political committee.	State NC	Zip Code 28117-9139	12 31 2023 Transaction ID : PR2575612869888 Amount of Each Receipt this Period 384.60 384.60
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) s Segment CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.50	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial WAULTERS, SCOTT, , , Mailing Address 3344 SHOAL WAY	l) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	12 31 2023 Transaction ID : PR2575622169888
	POWELL	ОН	43065-0501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Hlth	upation (for Individual) Plan CEO Year-to-Date ▼	Memo Item
	Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			1153.80
т	OTAL This Period (last page this line number on	ly)	•••••	

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

FOR LINE NUMBER:

(check only one)

PAGE 86 OF

		Detailed Summary Page		11a		11b	11c	12	
				13		14	15	16	17
Any information copied from such Reports and so for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
⁷ UnitedHealth Group Incorporat	ed PAC (JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle In THOMPSON, BRIAN, , ,	iitial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 17829 63RD AVE N				^M 12	/	D 31		Y Y Y 2023	Y
City	State	Zip Code		Trans	acti	on ID :	PR257	563466988	8
MAPLE GROVE	MN	55311-4650	/	Amount	t of	Each F	Receipt	this Period	
FEC ID number of contributing federal political committee.	С							384.	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 UHC CEO		M	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		4999.80] P	/R Ded	luctio	on (\$19	92.30 Bi	-Weekly)	
Full Name of Individual (Last, First, Middle In WILSON, STEPHEN, , ,	iitial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 2420 DURHAM MANOR DRI	VE			^M 12	1	D 31		2023	Y
City	State	Zip Code		Trans	acti	on ID :	PR257	563616988	8
FRANKLIN	TN	37064-5266	/	Amount	t of	Each F	Receipt	this Period	
FEC ID number of contributing federal political committee.	С						7	384.	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) V		4992.00	P.	/R Ded	uctio	on (\$19	92.00 Bi	-Weekly)	
Full Name of Individual (Last, First, Middle In CLARK, TERRENCE, , ,	iitial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 8 COOPER AVENUE				^M 12	/	31		2023	Y
City EDINA	State MN	Zip Code		Trans	acti	ion ID :	: PR257	7563696988	8
	IVIIN	55436-1315	/	Amount	t of	Each F	Receipt	this Period	
FEC ID number of contributing federal political committee.	С					y	y	384.	60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) , Chief Cust Mktg Officer		M	emo	Item			
Receipt For:		Year-to-Date ▼	-						
Primary General	, .99.094.0				lucti	on (¢10	22 20 P	i-Weekly)	
Other (specify)		4999.80] [, 11 Deu	aou	ση (ψις	2.00 D	, woonly)	
SUBTOTAL of Receipts This Page (optional)			,					1153.2	20
TOTAL This Period (last page this line number	only)								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 87 OF

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12
or for commercial purposes, other than using			13 14 15 16 17 verson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle ACABANILLAS, MARIA, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2411 WORDSWORTH ST			12 31 Y Y Y Y Y 12 31 2023
City HOUSTON	State TX	Zip Code 77030-1833	Transaction ID : PR2575637369888 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 ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. COLLINS, NEIL, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8465 MISSION HILLS LAN			12 12 1 2023
City CHANHASSEN	State MN	Zip Code 55317-7712	Transaction ID : PR2575637669888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	-
Primary General Other (specify) ▼		364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle HAYHURST, JENNY, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 23A MOUNT HYGEIA RO			12 31 2023
City FOSTER	State RI	Zip Code 02825-1434	Transaction ID : PR2575651869888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		440.60
TOTAL This Period (last page this line numl	per only)		

FOR LINE NUMBER:

(check only one)

PAGE 88 OF

	EMIZED RECEIPTS		for each category Detailed Summary		X	11a		11b		11c	12	
			Lettariou Summary	. ~		13		14		15	16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the na											
\backslash	NAME OF COMMITTEE (In Full)											
/	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth G	iroup PA	C)							
A.	Full Name of Individual (Last, First, Middle Initial MULLIGAN, DANIEL, , ,) or Full O	rganization Name			ate of	Re	ceipt				
	Mailing Address 28 WHETTEN ROAD	1				^M 12	1	D 31		/ Y	y y 2023	Y
	City	State CT	Zip Code			Trans	acti	on ID	: Pl	R25756	568698	38
	WEST HARTFORD		06117-2856		_ A	mount	of	Each I	Rec	eipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С							_	-9	416	.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual Segment Gen Counse	,	[Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼		-							
	Primary General Other (specify) ▼			992.00	P/	R Ded	uctio	on (\$19	92.3	30 Bi-W	/eekly)	
В.	Full Name of Individual (Last, First, Middle Initial KANE, HEATHER, , ,) or Full O	rganization Name			ate of	Re	ceipt				
	Mailing Address 6650 N 39TH WAY					^M 12	1	D 31		/ Y	y 2023	Y
	City	State	Zip Code			Transa	acti	on ID :	: PF	25756	5746988	38
	PARADISE VALLEY	AZ	85253-3222		_ A	mount	of	Each I	Rec	eipt thi	is Period	ł
	FEC ID number of contributing federal political committee.	С			ļ					Ŧ	384	.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual Plan CEO)		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4	999.80	P/	R Dedi	uctio	on (\$19	92.3	80 Bi-W	'eekly)	
	Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name									
C.	WARSHAW, ROBERT, , , Mailing Address 94 CARLSON DRIVE					ate of	Re	ceipt 31		/ Y	2023	Y
	City	State	Zip Code		-		acti	the second se	-	R25756	655698	88
	PORTLAND	CT	06480-1699		A						is Period	
	FEC ID number of contributing federal political committee.	С						,				.08
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP (upation (for Individual Ops)		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify)			365.04	P/	'R Ded	ucti	on (\$14	4.04	4 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)			>	[,	l	5	828	.68
т	OTAL This Period (last page this line number on	ly)		····· ►						-		

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

FOR LINE NUMBER:

(check only one)

PAGE 89 OF

				Detailed Summary Page		< 11 13			11	1b 4		1c 15		12 16	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma	ay n addre	ot be sold or used by any pe ess of any political committee	erson t to so	for	the	purp ntrib	pos	se of s	soli	citing	cor coi	ntributi	ions
	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (I	Un	itedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia EVERETT, RICARDO, , ,	l) or Full O	rgar	nization Name		Dat	e of	Re	ece	eipt					
	Mailing Address 10507 WALPOLE LANE						12 ^M	/	l	D D 31	/	Y	ү 20	23	Y
	City AUSTIN	State TX		Zip Code 78739-1554						n ID : F ach Re					3
	FEC ID number of contributing federal political committee.	С							-					28.0	8
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) < Prgms			Me	emo	b It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 365.04	F	P/R	Ded	ucti	on	(\$14.0	04 E	Bi-We	ekly	/)	
B.	Full Name of Individual (Last, First, Middle Initia ALLEN, CARL, , ,	l) or Full O	rgar	nization Name		Dat	e of	Re	ece	eipt					
	Mailing Address 8675 AZURE SKY DRIVE						™ 12	1	l	D D 31	/	Y	ү 20	23	Y
	City LAS VEGAS	State NV		Zip Code 89129-2227						ID:F ach Re					}
	FEC ID number of contributing federal political committee.	С							7			ajn.		78.0	0
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) I Dir/CMO		Ц	Me	emo	o It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1014.00	P	?/R∣	Ded	uctio	on	(\$39.0)0 E	Bi-We	ekly	')	
c.	Full Name of Individual (Last, First, Middle Initia BOGATYRENKO, VICTORIA, , ,	l) or Full O	rgar	nization Name		Dat	e of	Re	ece	eipt					
	Mailing Address 98 FIVE MILE RIVER ROAD	-					12	1	L	D D D 31	1	Y	20		
	City DARIEN	State CT		Zip Code 06820-6234						n ID : F ach Re					3
	FEC ID number of contributing federal political committee.	С					_		y			,		115.1	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Contrctng			Me	emo	o It	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	F	P/R	Ded	ucti	ion	ı (\$57.	59 I	Bi-We	ekly	()		
s	UBTOTAL of Receipts This Page (optional)								1			,		221.2	6
т	OTAL This Period (last page this line number or	ıly)							-			-			

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

FOR LINE NUMBER:

(check only one)

PAGE 90 OF

		Detailed Summary Page		11a		11b	11c		12	
		Detailed Summary Faye		13		14	15		16	17
Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorport	ated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle MITCHELL , JILL, , ,	Initial) or Full C	rganization Name	D	ate of	Re	ceipt				
Mailing Address 11499 ASHLEY COURT				^M 12	/	D 31			023	Y
City INVER GROVE HEIGHTS	State MN	Zip Code 55077-5251				-	PR257			8
		55017-5251	Ai	mount	of	Each F	Receipt	this F	Period	
FEC ID number of contributing federal political committee.	С			_					396.0	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In Pres Ntwk Mgmt		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		4988.46	P/f	R Dedi	uctio	on (\$19	92.30 Bi	-Wee	kly)	
Full Name of Individual (Last, First, Middle B. SIMONSON, KELLY, , ,	Initial) or Full C	rganization Name	D	ate of	Re	ceipt				
Mailing Address 10982 SANCTUARY COV	E COURT			^M 12	/	31			023	Y
City	State	Zip Code		Transa	acti	on ID :	PR257	5682:	369888	3
LAS VEGAS	NV	89135-9126	Ai	mount	of	Each F	Receipt	this F	Period	
FEC ID number of contributing federal political committee.	С					y			92.3	30
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Gen Mgmt		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		, 1199.90	P/F	R Dedu	uctio	on (\$46	5.15 Bi-V	Veekl	ly)	
Full Name of Individual (Last, First, Middle C. STIDMAN, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	D	ate of	Re	ceipt				
Mailing Address 6504 CHEROKEE TRAIL				^M 12	/	31			023	Y
City	State	Zip Code		Trans	acti	ion ID :	: PR257	5683	86988	8
EDINA	MN	55439-1109	Ai	mount	of	Each F	Receipt	this F	Period	
FEC ID number of contributing federal political committee.	С			_		,	. ,		384.6	50
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Gen Mgmt	1	Me	emo	Item				
Receipt For:		-	_							
Primary General	Aggregate	Year-to-Date ▼				(0.4				
Other (specify)		4999.80		K Ded	ucti	on (\$19	92.30 Bi	-wee	ekly)	
SUBTOTAL of Receipts This Page (optional))					, .			872.9	90
TOTAL This Period (last page this line numb	per only)	•				,	. ,			

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

FOR LINE NUMBER:

(check only one)

PAGE 91 OF

		Detailed Summary Page		11a]11b		11c	12	
				13		14		15	16	17
Any information copied from such Report or for commercial purposes, other than u										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorplete	porated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mi OCHIPINTI, JOSEPH, , ,	ddle Initial) or Full C	rganization Name	C	Date of	Re	eceipt	t			
Mailing Address 26 SOUTH STREET				^M 12	1		31	/ Y	y y 2023	Y
City ANNAPOLIS	State MD	Zip Code 21401-2652				-			68576988	8
		21401-2052	A	mount	t of	Each	h Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					-		-11-	384.6	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	b Iten	n			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		4999.80	P	/R Ded	lucti	ion (\$	\$192.3	30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Mi B. KALBACHER, JEAN, , ,	ddle Initial) or Full C	rganization Name		Date of	Re	eceipt	t			
Mailing Address 4952 EAST DARTMO	UTH STREET			м м 12	/		31	/ Y	2023	Y
City	State	Zip Code		Trans	acti	ion II	D : Pl	R25756	8836988	3
MESA	AZ	85205-6458	A	mount	t of	Each	h Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					- j -		-7	176.9	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	b Iten	n			
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		, 2299.96	P/	R Ded	uctio	on (\$	688.40	6 Bi-We	eekly)	
Full Name of Individual (Last, First, Mi C. KOENIG, TIMOTHY, , ,	ddle Initial) or Full C	rganization Name		Date of	Re	eceipt	t			
Mailing Address 509 ORLANDO AVE				^M 12	/		31	/ Y	2023 Y	Y
City ORELAND	State PA	Zip Code 19075-1223							70226988	8
	FA	19075-1223	A	mount	t of	Each	h Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				_	9	_	9	400.0	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emc	o Iter	n			
Receipt For:		Year-to-Date ▼								
Primary General	1.99.094.0		Р	/R Ded	lucti	ion (§	\$192	30 Bi-V	Veekly)	
Other (specify)		5000.00	<u> </u>				φ i UZ.			
SUBTOTAL of Receipts This Page (optic	onal)		. [y		y	961.5	52
TOTAL This Period (last page this line r	number only)		. [-		-		

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

FOR LINE NUMBER:

(check only one)

PAGE 92 OF

				Detailed Summary Page		11a		-	1b	11	ł		12 16	1 17	
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for the		po	se of s		iting	con	ntributi	ons	
	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia THIERY, LINDA, , ,	l) or Full O	rgar	nization Name		Date o	f Re	ece	eipt						
	Mailing Address 999 LABEAUX AVE NE					^M 12	/		D D 31	/	Y	ү 20)23	Y	
	City HANOVER	State MN		Zip Code 55341-9292					n ID : F ach Re					}	
	FEC ID number of contributing federal political committee.	С						,			7	-	457.8	6	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Group Fin Leader		N	emo	o l	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.83	F	P/R Dee	ducti	ior	า (\$192	2.30 I	Bi-W	eek	ly)		
B.	Full Name of Individual (Last, First, Middle Initia VOLLRATH, MICHELLE, , ,	l) or Full O	rgar	nization Name		Date c	f Re	ece	eipt						
	Mailing Address 7647 MARKER ROAD					[™] 12	/	[D D 31	/	Y	ү 202	23	Y	
	City SAN DIEGO	State CA		Zip Code 92130-5616					n ID : F ach Re						
	FEC ID number of contributing federal political committee.	С						,			y		115.3	8	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) P CInt Mgmt		N	emo	o l	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initia CAIN, STEVE, , ,	l) or Full O	rgar	nization Name		Date c	f Re	ece	eipt						
	Mailing Address 4 COUNTRYSIDE CT					12	J.		D 0 31	/	Y	20			
	City DANVILLE	State CA		Zip Code 94506-1126					n ID : I ach Re					3	
	FEC ID number of contributing federal political committee.	С						7			y		230.7	6	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		N	lemo	οI	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2999.88	l F	P/R De	duct	tior	n (\$115	5.38	Bi-W	eek	ly)		
s	UBTOTAL of Receipts This Page (optional)			••••••	•						,		804.0	0	
т	OTAL This Period (last page this line number or	ıly)		••••••	•			,			7				

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

FOR LINE NUMBER:

(check only one)

PAGE 93 OF

			Detailed Summary Page		11a		11	-	11c	12	<u> </u>		
	y information copied from such Reports and Stat							se of s					
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	e to so	icit cor	ntrib	outic	ons fro	om such		9 0.		
	NAME OF COMMITTEE (In Full)		InitedHealth Crown D										
/	UnitedHealth Group Incorporated			40)									
۹.	Full Name of Individual (Last, First, Middle Initial MCKEE, PATRICK, , ,) or Full O	rganization Name		Date of	f Re	ecei	ipt					
	Mailing Address 6500 TRANQUIL RIVER LANE				м м 12	/	ſ	31	/ Y	y y 2023	Y		
	City	State	Zip Code		Trans	acti	ion	ID : F	R25757	72676988	8		
	WAUSAU	WI	54401-3302	/	Amount	t of	Ea	ch Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					-1-1-1			38.4	16		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		M	emo	o Ite	em					
	Descript For:		Year-to-Date ▼	_									
	Primary General Other (specify) ▼	Aggregate	499.98	P	/R Ded	lucti	ion	(\$19.2	23 Bi-We	ekly)			
B.	Full Name of Individual (Last, First, Middle Initial HELLAND, ROBYN, , ,) or Full O	rganization Name		Date of	f Re	ecei	ipt					
	Mailing Address 9089 PARTRIDGE RD				м м 12	/	ľ	31	/ Y	y y 2023	Y		
	City	State	Zip Code		Trans	acti	ion	ID : P	R25757	73386988	3		
	MINNETRISTA	MN	55375-4513	A	Amount	t of	Ea	ch Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					-			28.0)8		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Care Advo		M	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04] Р,	P/R Deduction (\$14.04 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial GROSKLAGS, JEFFREY, , ,) or Full O	rganization Name		Date of	f Re	ecei	ipt					
	Mailing Address 3233 TIMBERWOLF CIRCLE				^M 12	/		31	/ Y	2023 Y	Y		
		State MN	Zip Code							73576988	8		
	PRIOR LAKE		55372-3272	/	Amount	t of	Ea	ch Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С			_		9			192.3	30		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group CFO		M	emc	o Ite	em					
	Receipt For:	Aaareaate	Year-to-Date V										
	Primary General Other (specify)		2499.90	P	/R Ded	lucti	ion	(\$96.1	15 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)			•			9		,	258.8	34		
Т	OTAL This Period (last page this line number on	ly)	••••••	•			-						

FOR LINE NUMBER:

(check only one)

PAGE 94 OF

				or each category of the Detailed Summary Page	×	11a 13] 11 14	-	11c		12 16	17
or fo	information copied from such Reports and State or commercial purposes, other than using the na					or the		pos	se of s	solicitin		ntributi	ons
	IAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	itedHealth Group PA	C)								
A	ull Name of Individual (Last, First, Middle Initial) MURRAY, THOMAS, , ,	or Full O	rgar	nization Name	C	Date of	Re	ecei	ipt				
_	failing Address 10 CIRCLE WEST	State		Zip Code	- [12 Trans	/ acti	L	31	PR2575	20)23 5 69888	
[EDINA	MN		55436-1313	A	mount	of	Ea	ich Re	ceipt t	his P	eriod	
	EC ID number of contributing ederal political committee.	С						- -			_	384.6	0
ι	lame of Employer (for Individual) Inited HealthCare Services Inc			ion (for Individual) gment COO		Me	emo	o Ite	em				
F	Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P	/R Ded	uctio	on	(\$192	.30 Bi-'	Week	dy)	
В	ull Name of Individual (Last, First, Middle Initial) CESARETTI, GINA, , ,	or Full O	Orgar	nization Name	C	Date of	Re	ecei	ipt				
_	failing Address 5020 CIRCLE DOWN	01-1-				[™] [™] 12	/	ľ	31	/ Y		23	Y
	SOLDEN VALLEY	State MN		Zip Code 55416-1304	A	Trans							
	EC ID number of contributing ederal political committee.	С						-			_	384.6	0
ι	lame of Employer (for Individual) Inited HealthCare Services Inc		•	ion (for Individual) mpli/Sr Dep Gen Cnsl		Me	emo	o Ite	em				
F	Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P/	R Ded	uctio	on	(\$192	.30 Bi-\	Week	ly)	
	ull Name of Individual (Last, First, Middle Initial) STRICKLAND, JULIE, , ,	or Full O	Orgar	nization Name		Date of	Re	ecei	ipt				
_	Aailing Address 3207 SUNNYWOOD DRIVE	04-4-		7:- 0- 4-		12 12	/	L	31	ΙL	20	23	_
	Sity SULLERTON	State CA		Zip Code 92835-1858		mount				R257)
	EC ID number of contributing ederal political committee.	С				inoun	U	<u> </u>				28.0	0
ι	lame of Employer (for Individual) Inited HealthCare Services Inc		•	ion (for Individual) Bus Dev		Me	emo	o Ite	em				
F	Acceipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 364.00	P	/R Ded	ucti	ion	(\$14.0	00 Bi-W	/eekly	у)	
SU	BTOTAL of Receipts This Page (optional)			•••••	[,		,		797.2	0
то	TAL This Period (last page this line number only	y)		•				-					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 95 OF

				r each category of the etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Unit	edHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia PORTZ, THOMAS, , ,	l) or Full C	Drgani	zation Name	Date of Receipt
	Mailing Address 2119 SHERIDAN HILLS RD				12 / D D / Y Y Y Y Y 12 31 2023
	City WAYZATA	State MN	4	Zip Code 55391-2327	Transaction ID : PR2575744569888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			400.00
	Name of Employer (for Individual) United HealthCare Services Inc		upatic P FP&	n (for Individual) A	Memo Item
	Receipt For:	Aggregate	Year-	to-Date 🔻	-
	Other (specify) ▼		4	5000.00	P/R Deduction (\$192.30 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initia PROBST, PETER, , ,	l) or Full C	Organiz	zation Name	Date of Receipt
	Mailing Address 1927 SAUNDERS AVENUE				12 31 2023
	City	State	2	Zip Code	Transaction ID : PR2575744669888
	SAINT PAUL	MN		55116-2016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer (for Individual) United HealthCare Services Inc			on (for Individual) ffordability	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 2600.00	P/R Deduction (\$100.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia PINERSKI, JENNIFER, , ,	l) or Full C	Organiz	zation Name	Date of Receipt
	Mailing Address 7501 HART LN				12 / D D / Y Y Y Y 12 31 2023
	City	State	Z	Zip Code	Transaction ID : PR2575752869888
	AUSTIN	ТХ		78731-2237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.92
	Name of Employer (for Individual)		•	n (for Individual)	Memo Item
	United HealthCare Services Inc Receipt For:			Mgmt	-
	Primary General	Aggregate	Year-	to-Date V	
	Other (specify)		-	999.96	P/R Deduction (\$38.46 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			•	676.92
Т	OTAL This Period (last page this line number on	ly)		▶	· · · · · · · · · · · · · · · · · · ·

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

FOR LINE NUMBER:

(check only one)

PAGE 96 OF

		Detailed Summary Page	×	11a		11b	11c	12	
Any information copied from such Reports	and Statements ma	w not be sold or used by any n	erson f	13 or the		14	15 soliciting	16	17 ions
or for commercial purposes, other than us									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mic FULTON, RYAN, , ,	dle Initial) or Full O	rganization Name	[Date of	Re	ceipt			
Mailing Address 805 LANEWOOD LAN	ENORTH			м м 12	/	31	/ Y	y y 2023	Y
City PLYMOUTH	State MN	Zip Code 55447-4347						75696988 is Period	8
FEC ID number of contributing federal political committee.	С			anount		Laun H	ereiht tu	is Period 384.0	
Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item	7		
United HealthCare Services Inc Receipt For:		Segment COO	_						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P	/R Ded	ucti	on (\$19	2.30 Bi-W	Veekly)	
Full Name of Individual (Last, First, Mic EKLO, BENJAMIN, , ,		rganization Name		Date of	Re	ceipt			
Mailing Address 3942 CAMPELLO CUR				^M 12	/	31	/ Y	2023	Y
City CHASKA	State MN	Zip Code 55318-4639	A					7 6186988 is Period	3
FEC ID number of contributing federal political committee.	С					-		384.0	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/	'R Ded	uctio	on (\$19:	2.30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Mic C. HOWARTH, CRAIG, , ,	Idle Initial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 1820 NAPOLI DRIVE				^M 12	/	31	/ Y	2023 Y	Y
City APEX	State NC	Zip Code 27502-9659						76246988 is Period	8
FEC ID number of contributing federal political committee.	C		Í	anount		,		76.9	92
Name of Employer (for Individual) Optum Services, Inc	Occu VP I	upation (for Individual) T		M	emo	tem			
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		999.96	P.	/R Ded	ucti	on (\$38	.46 Bi-We	eekly)	
SUBTOTAL of Receipts This Page (optio	nal)					y .		846.7	2
TOTAL This Period (last page this line n	umber only)								

FOR LINE NUMBER:

(check only one)

PAGE 97 OF

ITEMIZED RECEIPTS		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										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle NEESE, LARRY, , ,	Initial) or Full C	Organization Name		Date of	Re	ceipt				
Mailing Address 309 DUNLEIGH COURT				м м 12	/	31		/ Y	y y 2023	Y
City	State	Zip Code		Trans	acti	on ID	: PI	R25757	6616988	8
MADISON	MS	39110-6806	A	mount	of	Each	Rec	eipt thi	is Period	
FEC ID number of contributing federal political committee.	С							-7	30.	76
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sr Acct Exe Acct Opt Out Mk		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		399.88	P/	/R Ded	uctio	on (\$1	5.38	3 Bi-We	ekly)	
Full Name of Individual (Last, First, Middle B. PAIK, JESSICA, , ,	Initial) or Full C	Organization Name		Date of	Re	ceipt				
Mailing Address 18 BUTTONWOOD LANE E	AST			^M 12	/	D 3		/ Y	2023	Y
City	State	Zip Code							8316988	
RUMSON	NJ	07760-1010	A	mount	of	Each	Rec	eipt thi	is Period	
FEC ID number of contributing federal political committee.	С							-9	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Unit CEO		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/	R Ded	uctio	on (\$1	92.3	30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middle C. MADDUX, SUSAN, , ,	Initial) or Full C	Organization Name		Date of	Re	ceipt				
Mailing Address 16426 FARMERS MILL LA	NE			^M 12	/	3 [.]		/ Y	y y 2023	Ŷ
City	State	Zip Code		Trans	acti	ion ID	: P	R25757	8386988	8
CHESTERFIELD	MO	63005-4549	A	mount	of	Each	Rec	eipt thi	is Period	
FEC ID number of contributing federal political committee.	С			_		,		y	398.	00
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	Item				
United HealthCare Services Inc		Pharmacy Programs								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		4989.04	P/	/R Ded	ucti	on (\$1	92.:	30 Bi-W	/eekly)	
SUBTOTAL of Receipts This Page (optional).									813.	36
TOTAL This Period (last page this line number						, ,		,		

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

FOR LINE NUMBER:

(check only one)

PAGE 98 OF

'			Detailed Summary Page		-	\vdash	11b		11c	12	1 17
	y information copied from such Reports and Stater							of sol			
	for commercial purposes, other than using the nan										
\backslash	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated I	PAC (L	UnitedHealth Group PA	4C)							
^	Full Name of Individual (Last, First, Middle Initial) SUAREZ, MARIO, , ,	or Full Or	rganization Name		Date of	f Po					
Α.	Mailing Address 21294 SMOKEHOUSE CT			_		_	D	D	/ Y	YY	Y
					12	Ľ	31		Ĺ	2023	
	,	State VA	Zip Code 20147-5316							8736988	
		_	20111 0010		Amoun	τof	⊢ach I	несе	eipt thi	is Perioc	_
	FEC ID number of contributing federal political committee.	2					-		-11-	76	.92
	Name of Employer (for Individual)	Occu	upation (for Individual)	_	M	emo	Item				
	Optum Services, Inc		nnov & Strat								
		ggregate `	Year-to-Date ▼								
	Primary General Other (specify) ▼		999.96	F	P/R Dec	lucti	on (\$38	8.46	Bi-We	ekly)	
D	Full Name of Individual (Last, First, Middle Initial) BERGDOLL, JENNIFER, , ,	or Full Or	rganization Name		Data ci	f De	unoint				
Ď.	Mailing Address 230 HARRIS PEAK ST				Date of		ceipt	D	/	YY	Y
					12	Ľ	31		Ĺ	2023	
	City LAS VEGAS	State NV	Zip Code 89138-6351	-						9376988	
	EEC ID number of contributing				Amoun		Each I	nece	aibr rui	is Perioc	_
	federal political committee.								-7-	76	.92
	Name of Employer (for Individual)	Occu	upation (for Individual)	_	M	emo	Item				
	Optum Services, Inc		People Team								
	Receipt For: Ag	ggregate `	Year-to-Date V								
	Other (specify) ▼		999.96	P	/R Ded	luctio	on (\$38	8.46	Bi-We	ekly)	
C.	Full Name of Individual (Last, First, Middle Initial) MAURER, CARRIE, , ,	or Full Or	rganization Name		Date of	f Re	ceint				
	Mailing Address 42328 NORTH BRADON COURT				M M		D		/ Y	Y Y	Y
	City	State	Zip Code		12 Trans	acti	31 ion ID	_	25757	2023 '981698	28
	ANTHEM	AZ	85086-1989							is Perioc	
	FEC ID number of contributing									400	_
	federal political committee.					-	y	-	9	400	
	Name of Employer (for Individual)		upation (for Individual)		М	emc	ltem				
	Optum Services, Inc Receipt For:	I	Segment CMO	_							
	Primary General Ag	ggregate `	Year-to-Date V			المريدة	00 (04)	02.0	0 0: \4		
	Other (specify)		5000.00		P/R Dec	JUCti	un (\$1	92.3	о ві-W	еекіу)	
						_	_	_			
s	UBTOTAL of Receipts This Page (optional)									553.	84
				-		-	,	-	7		
Т	OTAL This Period (last page this line number only))	••••••	•	_		_		7		

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

FOR LINE NUMBER:

(check only one)

PAGE 99 OF

		Detailed Summary Page		11a		11b		11c	12	
Any information copied from such Reports a	and Statements m	av not be sold or used by apy p	Derson fo	13 r the r		14	of o	15 Oliciting	16	17 ions
or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorport	orated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Midd A. SANKEN, SARA, , ,	le Initial) or Full C	rganization Name	D	ate of	Re	ceipt				
Mailing Address 3018 ASPEN LAKE DRI	VE			^M 12	/		^р 31	/ Y	y y 2023	Y
City	State MN	Zip Code		Transa	acti	on II	D : P	R2575	79856988	3
BLAINE	IVIIN	55449-7517	A	mount	of	Each	n Re	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					,		-y	28.0)8
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) People Team	1	Me	emo	Item	n			
Receipt For:		Year-to-Date ▼	_							
Primary General Other (specify) ▼		365.04	P/I	R Dedi	uctio	on (\$	14.0	4 Bi-We	eekly)	
Full Name of Individual (Last, First, Midd BWIX, LACOSTA, , ,	le Initial) or Full C	rganization Name	D	ate of	Re	ceipt	:			
Mailing Address 402 JULIA STREET APARTMENT 403				^M 12	1		^р 31	/ Y	y y 2023	Y
City	State	Zip Code	-	Transa	acti	on IC) : P	R25758	30006988	3
NEW ORLEANS	LA	70130-3699	A	mount	of	Each	n Re	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	С			_		7		- JP-	76.9	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel		Me	emo	Item	n			
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		, 999.96	P/F	R Dedu	uctio	on (\$	38.4	6 Bi-We	eekly)	
Full Name of Individual (Last, First, Midd C. GALIAN, SANDRA, , ,	le Initial) or Full C	rganization Name	D	ate of	Re	ceipt				
Mailing Address 120 SEQUAMS LANE W	/EST			^M 12	/		31	/ Y	2023	Y
	State	Zip Code		Trans	acti	ion II	D : P	R2575	80326988	8
WEST ISLIP	NY	11795-4549	A	mount	of	Each	n Re	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					9		y	76.9	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	- [Me	emo	lten	n			
Receipt For:	I	Year-to-Date ▼								
Primary General Other (specify)		999.96	P/	R Ded	ucti	on (\$	38.4	6 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (optiona	al)	h							181.9	2
TOTAL This Period (last page this line nur						,		,		

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

FOR LINE NUMBER:

(check only one)

PAGE 100 OF

		Detailed Summary Page		11a		11b	11c	12	
Any information copied from such Reports ar	nd Statements m	Av not be sold or used by any n	erson fr	13 or the	DUr	14	15 soliciting	contribu	17 tions
or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incorpor	rated PAC (UnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle ARUSSELL, LAURIE, , ,	e Initial) or Full C	rganization Name	C	ate of	Re	ceipt			
Mailing Address 3108 SONIA DRIVE				^M 12	/	D D D 31	/ Y	y y 2023	Ŷ
City LAS VEGAS	State NV	Zip Code 89107-3246						81216988	8
		03107 3240	A	mount	of	Each Re	eceipt th	is Period	_
FEC ID number of contributing federal political committee.	C		Ц.	_		-yr		78.	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1014.00	P/	R Ded	ucti	on (\$39.()0 Bi-We	eekly)	
Full Name of Individual (Last, First, Middle LATINO, DAYNA, , ,	e Initial) or Full C	rganization Name		ate of	Re	ceipt			
Mailing Address 41 BROOK CROSSING E	XTENSION			^M 12	/	D D 31	/ Y	2023	Ŷ
City	State CT	Zip Code						1326988	B
		06029-2247		mount	of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C		1L		_			176.	94
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 ▼ 1250.01	P/	R Dedi	uctio	on (\$48.0)7 Bi-We	ekly)	
Full Name of Individual (Last, First, Middle SCHENEMAN, STEPHEN, , ,	e Initial) or Full C	rganization Name		ate of	Re	ceipt			
Mailing Address 428 8TH ST				^M 12	/	31	/ Y	2023	Y
City HUNTINGTON BEACH	State CA	Zip Code 92648-4629						31346988	8
		32040-4023	A	mount	of	Each Re	ceipt th	is Period	_
FEC ID number of contributing federal political committee.	C			_	_	y 1		76.	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Affordability		Me	emo	tem			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify)		999.96	P/	'R Ded	ucti	on (\$38.4	46 Bi-We	eekly)	
SUBTOTAL of Receipts This Page (optional)		. [331.8	36
TOTAL This Period (last page this line num	ber only)		Ī				, ,		

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 101 OF

			Detailed Summary Page		11a		11		11c	12	
Δ			. and he hadd as seed by .		13		14		15	16	17
	y information copied from such Reports and State for commercial purposes, other than using the na										
\backslash	NAME OF COMMITTEE (In Full)										
/	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)							
۹.	Full Name of Individual (Last, First, Middle Initial) TAYLOR, DUSTIN, , ,	or Full Or	ganization Name		Date of	f Re	ecei	ipt			
	Mailing Address 5430 E BLOOMFIELD RD				^M 12	/	Г	31	/ Y	y y 2023	Y
	City	State	Zip Code		Trans	acti	ion	ID : F	PR2575	81816988	8
	SCOTTSDALE	AZ	85254-4202		Amount	t of	Ea	ich Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					-			76.	92
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) n Pres Ntwk Mgmt		M	emo	o Ite	em			
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼	iggroguto	999.96] •	P/R Ded	lucti	ion	(\$38.4	46 Bi-W	eekly)	
3.	Full Name of Individual (Last, First, Middle Initial) MCNATT, RICHARD, , ,	or Full Or	ganization Name		Date of	f Re	ecei	ipt			
	Mailing Address 4945 CANDACRAIG				^M 12	/		31	/ Y	2023	Y
	City	State	Zip Code		Trans	acti	ion	ID : F	R2575	82496988	8
	ALPHARETTA	GA	30022-6340	'	Amount	t of	Ea	ich Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					-			384.	60
	Name of Employer (for Individual) United HealthCare Services Inc	Occu SVP	ipation (for Individual) SIs		M	emo	o Ite	em			
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	Р	/R Ded	luctio	on	(\$192	.30 Bi-V	Veekly)	
).	Full Name of Individual (Last, First, Middle Initial) SCHMITT, MARIE, , ,	or Full Or	ganization Name		Date of	f Re	ecei	ipt			
	Mailing Address 3045 25TH AVENUE				^M 12	/	Г	D D D 31	/ Y	2023	Y
	City	State	Zip Code		Trans	sact	ion	n ID : F	PR2575	83006988	8
	SAN FRANCISCO	CA	94132-1541	<u> </u>	Amount	t of	Ea	ich Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					9		,	76.	92
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) P CInt Relationship		М	emc	o Ite	em			
	Receipt For:		Year-to-Date 🔻								
	Primary General Other (specify)		999.96] F	P/R Dec	ducti	ion	(\$38.4	46 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•			y		,	538.	14
т	OTAL This Period (last page this line number only	/)	•••••	•			-		- 7-		

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 102 OF

Mailing Address 8206 WEST 16TH STREET City State Zip Code SAINT LOUIS PARK MN 55426-1904 FEC ID number of contributing federal political committee. C Transaction ID : PR2575835569888 Name of Employer (for Individual) Occupation (for Individual) Memo Item Optum Services, Inc Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt JERDE, MARY, ., Mailing Address 9324 N AERIE CLIFF Date of Receipt City State Zip Code FUD NTAIN HILLS State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : PR2575837469888 Amount of Each Receipt this Period City State Zip Code FOUNTAIN HILLS Az 85268-6358 FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) United HeathCare Services Inc Aggregate Year-to-Date ▼ Primary General Memo Item Other (specify) ▼ Aggregate Year-t				Detailed Summary Page		11a		-	11b		11c	12	
er for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name HRPER, JENNIFER, Malling Address agae West 16TH STREET City Name of Employer (for Individual) Cocupation (for Individual) FEC ID number of contributing C FUNTAIN HILLS FEC ID number of contributing C City State Zip Code AZ Zip Code Cocupation (for Individual) Cocupati	Δ	v information conied from such Density on 1.01.1		u not he cold an used to a				_				-	
✓ UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alarge Address, ago west 16TH STREET City State ZP Code SANT LOUIS PARK Maling Address, ago west 16TH STREET City State City State SANT LOUIS PARK INN EC: D number of contributing C Primary General Optim Services, Inc Occupation (for Individual) Optim Services, Inc Aggregate Year-to-Date ▼ PRODUCTION (for Individual) Occupation (for Individual) JEEC D number of contributing tederal political committee. Aggregate Year-to-Date ▼ Primary General Occupation (for Individual) Optim Services Inc Aggregate Year-to-Date ▼ Primary General Occupation (for Individual) Optim (spacity) C Transaction ID : PR2575837469888 Name of Employer (for Individual) Occupation (for Individual) Transaction ID : PR257583769888 Name of Employer (for Individual) Occupation (for Individual) PR Deduction (S57.69 BI-Weekly) Printa		for commercial purposes, other than using the na											
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address azog WEST IGTH STREET 12 31 2023 City State Zip Code State 20 203 SAINT LOUIS PARK MN 56426-1904 Acate Receipt Time 2023 Name of Employer (for Individual) Occupation (for Individual) Deputy Gen Counsel Preceipt For: 398,00 Receipt For: Aggregate Year-to-Date V P/R Deduction (\$192.30 Bi-Weekly) P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name JERDE, MARY, Date of Receipt Time J. JERDE, MARY, State Zip Code Az 85268-6358 FCL ID number of contributing federal political committee. City State Zip Code Transaction ID PR2575837465888 Amount of Each Receipt Time Aggregate Year-to-Date V P/R Deduction (\$57.69 Bi-Weekly) P/R Deduction (\$57.69 Bi-Weekly) FEC ID number of contributing federal political committee. City Aggregate Year-to-Date V P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mamon tem P/R Deduction (\$57.69	\backslash	· ,											
A. HAPER, JENNIFER, Date of Receipt Mailing Address g206 WEST 16TH STREET 12 01 City State Zip Code SAINT LOUIS PARK MN S5426-1904 FEC ID number of contributing tederal political committee. C 398.00 Primary General Occupation (for Individual) 0ccupation (for Individual) Optim Services, Inc Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt J. JERDE, MARY, Maining Address 9324 N AERIE CLIFF 2023 City State Zip Code Aggregate Year-to-Date ▼ POUNTAIN HILLS Ata Z 85268-6358 Annount of Each Receipt this Period Tederal political committee. C 115.38 Transaction ID PR2578374689888 Name of Employer (for Individual) Occupation (for Individual) PR2578374689888 Annount of Each Receipt this Period Primary General Aggregate Year-to-Date ▼ PR PR Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Transaction ID : FR2578376698888 <td></td> <td>UnitedHealth Group Incorporated</td> <td>PAC (l</td> <td>JnitedHealth Group P</td> <td>4C)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	4C)								
City State Zp Code SAINT LOUIS PARK MN Zp Code SAINT LOUIS PARK MN Zp Code SAINT LOUIS PARK MN Zp Code FEC ID number of contributing federal policital committee. Aggregate Var-to-Date ▼ P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Peccipt Mailing Address 3224 N AFERE CLIFF Transaction ID : PR2578337469888 City State Zip Code Primary General Occupation (for Individual) Viewer (for Individual) Occupation (for Individual) PR Deduction (\$17.69 Bi-Weekly) Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name Mamount of Each Receipt this Period Mailing Address 720 MISSION HILL WAY Aggregate Year-to-Date ▼ P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mamount of Each Receipt this Period Mailing Address 720 MISSION HILL WAY City State Zip Code City City General Occupation (for Indiv	Α.) or Full Or	ganization Name		Date o	of Re	ec	eipt				
SAINT LOUIS PARK MN 55426-1904 Amount of Each Receipt this Period FEC ID number of contributing federal policial committee. C 338.00 Name of Employer (for Individual) Optim Services, Inc Primary General Occupation (for Individual) Deputy Gen Counsel P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name P/R Deduction (\$192.30 Bi-Weekly) Date of Receipt 1 Mailing Address 32;41 N AERIE CLIFF City State ZIP Code AZ AZ B5268-6358 FEC ID number of contributing federal policial committee. V Memo Item P/R Deduction (\$57.69 Bi-Weekly) Name of Employer (for Individual) United HeahtCare Services Inc V Med Clin Ops Memo Item Primary General Other (specify) Aggregate Year-to-Date ▼ Mailing Address 720 MISSION HILL WAY City State Zip Code CO B0921-2672 City City State Zip Code CO State Zip Code CO Amount of Each Receipt this Period FEC ID number of contributing federal policical committee. C Manoe Item P/R Deduction (\$14.04 Bi-Weekly) Full Name of Individual Opture Services, Inc C Aggregate Year-to-Date V <td></td> <td>Mailing Address 8206 WEST 16TH STREET</td> <td></td> <td></td> <td></td> <td></td> <td>VI /</td> <td>/</td> <td></td> <td></td> <td>/ Y</td> <td></td> <td>Y</td>		Mailing Address 8206 WEST 16TH STREET					VI /	/			/ Y		Y
FEC ID number of contributing federal political committee. C 398.00 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt JERDE, MARY Mailing Address 9324 N AERIE CLIFF Date of Receipt Date of Receipt City FOUNTAIN HILLS State Zip Code Aggregate Year-to-Date ▼ Date of Receipt FEC ID number of contributing federal political committee. C Transaction ID : PR2575827469888. Amount of Each Receipt this Period Name of Employer (for Individual) United HeathCare Services Inc Occupation (for Individual) VP Med Clin Ops P/R Deduction (\$57.69 Bi-Weekly) Feelit Name of Individual (Last, First, Middle Initial) or Full Organization Name Aggregate Year-to-Date ▼ P/R Deduction (\$57.69 Bi-Weekly) City COLORADO SPRINGS State CO Zip Code 80921-2672 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City ColorADO SPRINGS State Co Zip Code 80921-2672 Amount of Each Receipt this Period Name of Employer (for Individual) Optum Services, Inc City Primary General Other (spe		-				Tran	sact	tio	n ID :	PR	25758	355698	88
federal political committee.		SAINT LOUIS PARK	MN	55426-1904		Amoui	nt of	Ε	ach F	Rece	eipt thi	s Perio	ł
Optum Services, Inc Deputy Gen Counsel Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 4989.04 Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General JERDE, MARY, ., Mailing Address 9324 N AERIE CLIFF City AZ POUNTAIN HILLS AZ PEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation (for Individual) VDINTAIN HILLS Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$57.69 Bi-Weekly) P/R Deduction (\$57.69 Bi-Weekly) Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 720 MISSION HILL WAY C City General Occupation (for Individual) Optim Services, Inc C Name of Employer (for Individual) Occupation (for Individual) Optim (spe			С					-,			-y	398	.00
Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt JERDE, MARY, Mailing Address g324 N AERIE CLIFF Date of Receipt City State Zip Code FOUNTAIN HILLS AZ 2023 Transaction ID : PR257837469888 Amount of Each Receipt His Period FEC: ID number of contributing federal political committee. Occupation (for Individual) Name of Employer (for Individual) Occupation (for Individual) P/R Deduction (\$57.69 Bi-Weekly) Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$57.69 Bi-Weekly) Primary General Occupation Name P/R Deduction (\$57.69 Bi-Weekly) P/R Deduction (\$57.69 Bi-Weekly) P/R Deduction (\$57.69 Bi-Weekly) Date of Receipt Maining Address 720 MISSION HILL WAY City State Zip Code City ColorADO SPRINGS ColorAbol Sprinder Aggregate Year-to-Date ▼ Name of Employer (for Individual) Occupation (for Individual) P/R Deduction (\$14.04 Bi-Weekly) 2023 City ColorAbol SPRINGS ColorAbol Sprinder Sim Med Dir P/		Name of Employer (for Individual)	Occu	pation (for Individual)	_	N	Лето	o I	Item				
Primary General Primary P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 3. JERDE, MARY, Malling Address 9324 N AERIE CLIFF 12 31 2023 City State Zip Code Az 85268-6358 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation (for Individual) VP Med Clin Ops Memo Item Name of Employer (for Individual) Occupation (for Individual) VP Med Clin Ops P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Maling Address 720 MISSION HILL WAY Date of Receipt City Colorado SPRINGS Colorado SPRINGS Zip Code 8921-2672 FEC ID number of contributing federal political committee. Colorado SPRINGS Zip Code 28.08 Maling Address 720 MISSION HILL WAY City State Zip Code Memo Item Primary General Occupation (for Individual) Prest575837865888 Amount of Each Receipt this Period City ColorADO SPRINGS Colorado Spring Prest5758378658888 Amount of Each Receipt thi			Depu	uty Gen Counsel									
Other (specify) ▼ 4983.04 P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 3. JERDE, MARY, Mailing Address 3324 N AERIE CLIFF 12 131 2023 City Az 85268-6358 FeC ID number of contributing federal political committee. 115.38 mount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) VP Med Clin Ops P/R Deduction (\$57.69 Bi-Weekly) FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name Aggregate Year-to-Date ▼ P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 12 131 2023 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MANDELL, WILLIAM, ., Date of Receipt 12 131 2023 City COLORADO SPRINGS Color 80921-2672 FEC ID number of contributing federal political committee. P/R Deduction (\$14.04 Bi-Weekly) 12 131 2023 Name of Employer (for Individual) Occupation (for Individual) Prestores 3050.04 P/R Deduction (\$14.04 Bi-Weekly) 12 131 2023		/	Aggregate	Year-to-Date ▼									
Cther (specify) ▼ 199304 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 3. JERDE, MARY, , , Mailing Address 9324 N AERIE CLIFF 12 / 31 / 2023 City AZ 85268-6358 FOUNTAIN HILLS AZ 85268-6358 FC: ID number of contributing federal political committee. C 115.38 Name of Employer (for Individual) Occupation (for Individual) 115.38 VP Med Clin Ops Aggregate Year-to-Date ▼ P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 720 MISSION HILL WAY City 2023 City ColorADO SPRINGS State Zip Code Receipt For: Primary General Occupation (for Individual) Optim Services, Inc State Zip Code 80921-2672 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary 28.08 FEC ID number of contributing General Oggregate Year-to-Date ▼ P/				4000.04	1 F	P/R De	duct	tior	n (\$19	92.3	0 Bi-W	eekly)	
3. JERDE, MARY, ,		Other (specify) V		4969.04	4							• •	
City State Zip Code 21 31 2023 FOUNTAIN HILLS AZ 85268-6358 Az	в.) or Full Or	ganization Name		Date o	of Re	ec	eipt				
FOUNTAIN HILLS AZ 85268-6358 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) Memo Item United HealthCare Services Inc Aggregate Year-to-Date ▼ P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt MAIDELL, WILLIAM, , , Mailing Address 720 MISSION HILL WAY Date of Receipt Itis Period City CoLorADO SPRINGS State Zip Code FEC ID number of contributing tederal political committee. C 8921-2672 Name of Employer (for Individual) Occupation (for Individual) Sr Med Dir Sr Med Dir Receipt For: Aggregate Year-to-Date ▼ Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr Med Dir P/R Deduction (\$14.04 Bi-Weekly) SubtotAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ P/R Deduction (\$14.04 Bi-Weekly) SubtotAL of Receipts This Page (optional) St1.46 St1.46		Mailing Address 9324 N AERIE CLIFF					VI /	/			/ Y		Y
FEC. ID number of contributing federal political committee. Implement of contributing federal political committee. Implement of contributing federal political committee. Implement of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 720 MISSION HILL WAY Implement of contributing federal political committee. Date of Receipt Name of Employer (for Individual) Optum Services, Inc Receipt For: State CO Zip Code Regregate Year-to-Date ▼ Date of Receipt this Period Name of Employer (for Individual) Optum Services, Inc Primary Occupation (for Individual) Other (specify) Occupation (for Individual) Sr Med Dir P/R Deduction (\$14.04 Bi-Weekly) SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ P/R Deduction (\$14.04 Bi-Weekly)		City		Zip Code		Tran	sact	tio	n ID :	PR	25758	374698	38
federal political committee. U 115.38 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops Memo Item Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 720 MISSION HILL WAY 1499.94 Date of Receipt City State Zip Code 731 2023 City State Zip Code 731 2023 FEC ID number of contributing federal political committee. C 80921-2672 Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) Occupation (for Individual) 28.08 Optum Services, Inc Aggregate Year-to-Date ▼ P/R Deduction (\$14.04 Bi-Weekly) 9/R Deduction (\$14.04 Bi-Weekly) SUBTOTAL of Receipts This Page (optional)		FOUNTAIN HILLS	AZ	85268-6358		Amoui	nt of	Ε	ach F	Rece	eipt thi	s Perio	ł
Inited HealthCare Services Inc VP Med Clin Ops Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MANDELL, WILLIAM, , , Mailing Address 720 MISSION HILL WAY City ColORADO SPRINGS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Sr Med Dir Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) Occupation (for Individual) State Zip Code ColORADO SPRINGS Colorecupation (for Individual) Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼ SuBTOTAL of Receipts This Page (optional)		0	С					-,			- J -	115	.38
Primary General Aggregate Teartor Date ▼ P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 720 MISSION HILL WAY Table Transaction ID : PR2575837869888 City State Zip Code ColorAdo SPRINGS Co 80921-2672 FEC ID number of contributing tederal political committee. C 28.08 Name of Employer (for Individual) Occupation (for Individual) Aggregate Year-to-Date ▼ Other (specify) Aggregate Year-to-Date ▼ P/R Deduction (\$14.04 Bi-Weekly) SUBTOTAL of Receipts This Page (optional)				, ,		N	/lemo	o I	ltem				
Other (specify) ▼ 1499,94 P/R Deduction (\$57.69 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt MANDELL, WILLIAM, , , Date of Receipt Mailing Address 720 MISSION HILL WAY 12 2023 City State Zip Code COLORADO SPRINGS Co 80921-2672 FEC ID number of contributing C 28.08 FEC ID number of contributing C 28.08 Name of Employer (for Individual) Occupation (for Individual) Memo Item Optum Services, Inc Aggregate Year-to-Date ▼ P/R Deduction (\$14.04 Bi-Weekly) SUBTOTAL of Receipts This Page (optional)		Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼ Image: State of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 720 MISSION HILL WAY Image: State of Receipt City State of Receipt COLORADO SPRINGS Coloration ID : PR2575837869888 Amount of Each Receipt this Period Image: State of Receipt this Period FEC ID number of contributing federal political committee. Coloration (for Individual) of Receipt for: Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) of Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional)					1 е	P/R De	ducti	ior	n (\$57	.69	Bi-We	eklv)	
City State Zip Code ColorAddo SPRINGS Co FEC ID number of contributing C federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Optum Services, Inc Sr Med Dir Receipt For: Aggregate Year-to-Date V Primary General Other (specify) 365.04		Other (specify) v		, 1499.94	11.				. (¢0.		2	011197	
Mailing Address 720 MISSION HILL WAY Image: Color Address 720 MISSION HILL WAY City State Zip Code COLORADO SPRINGS Color 80921-2672 FEC ID number of contributing federal political committee. Color address 720 MISSION (for Individual) Name of Employer (for Individual) Occupation (for Individual) Optum Services, Inc Sr Med Dir Receipt For: Aggregate Year-to-Date ▼ Other (specify) Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional)	_) or Full Or	ganization Name									
City State Zip Code COLORADO SPRINGS CO 80921-2672 FEC ID number of contributing C 28.08 rederal political committee. C 28.08 Name of Employer (for Individual) Occupation (for Individual) Memo Item Optum Services, Inc Aggregate Year-to-Date ▼ Memo Item Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$14.04 Bi-Weekly) SUBTOTAL of Receipts This Page (optional)	C.				_			ec					
COLORADO SPRINGS CO 80921-2672 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 28.08 Name of Employer (for Individual) Occupation (for Individual) Sr Med Dir Occupation (for Individual) Sr Med Dir Memo Item Receipt For: Aggregate Year-to-Date ▼ Primary General 0////////////////////////////////////		Mailing Address 720 MISSION HILL WAY					VI /	/			/ Y		Y
COLORADO SPRINGS CO 80921-2672 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 28.08 Name of Employer (for Individual) Occupation (for Individual) Sr Med Dir Occupation (for Individual) Sr Med Dir Memo Item Receipt For: Aggregate Year-to-Date ▼ Primary General 0////////////////////////////////////		City	State	Zip Code		Tran	sact	tio	n ID :	: PR	25758	378698	88
federal political committee. C 28.08 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir Memo Item Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$14.04 Bi-Weekly) SUBTOTAL of Receipts This Page (optional)		-	со			Amoui	nt of	Ε	ach F	Rece	eipt thi	s Perio	ł
Optum Services, Inc Sr Med Dir Receipt For: Aggregate Year-to-Date ▼ Other (specify) 365.04 SUBTOTAL of Receipts This Page (optional)		5	С					,					
Optum Services, Inc Sr Med Dir Receipt For: Aggregate Year-to-Date ▼ Other (specify) 365.04 SUBTOTAL of Receipts This Page (optional)		Name of Employer (for Individual)	Occur	notion (for Individual)	_		/lem	0	ltem				
Primary General Other (specify) 365.04 P/R Deduction (\$14.04 Bi-Weekly) SUBTOTAL of Receipts This Page (optional)													
Primary General Other (specify) 365.04 SUBTOTAL of Receipts This Page (optional) 541.46 TOTAL This Period (last page this line number only) 541.46		Receipt For:	Aaareaate	Year-to-Date ▼									
SUBTOTAL of Receipts This Page (optional)		Primary General	33 - 3		1 6	P/R De	educt	tio	n (\$14	1.04	Bi-We	eklv)	
		Other (specify)		365.04	Ц.				· (Ψ''		_, ,,,,	···· y /	
TOTAL This Period (last page this line number only)	s	UBTOTAL of Receipts This Page (optional)			•							541	.46
					-								

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

FOR LINE NUMBER:

(check only one)

PAGE 103 OF

		Detailed Summary Page		11a 13	_	11b		11c	12	17
Any information copied from such Reports a or for commercial purposes, other than using				for the		pose		oliciting	contribu	tions
NAME OF COMMITTEE (In Full)	-									
ight angle UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middl A. HARRISON, CHARLES, , ,	e Initial) or Full O	rganization Name		Date of	Re	eceipt	t			
Mailing Address 10603 MILLET SEED HIL	L			^M 12	/		31	/ Y	y y 2023	Y
City COLUMBIA	State MD	Zip Code 21044-4150							3 4036988 is Period	8
FEC ID number of contributing federal political committee.	С					Ţ		-	28.	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) I Dir		Me	emc	o Iten	n			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04] P	P/R Ded	ucti	ion (\$	614.0	4 Bi-We	eekly)	
Full Name of Individual (Last, First, Middl BOROCH, BLAIR, , ,	e Initial) or Full O	rganization Name		Date of	Re	eceipt	t			
Mailing Address 800 BELFRY DRIVE				^M 12	1		31	/ Y	2023	Y
City BLUE BELL	State PA	Zip Code 19422-1210							4996988 is Period	8
FEC ID number of contributing federal political committee.	С					-	_	-7	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emc	o Iten	n			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P	/R Ded	ucti	on (\$	3192.:	30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middl C. AAFEDT, MATTHEW, , ,	e Initial) or Full O	rganization Name		Date of	Re	eceipt	t			
Mailing Address 5104 SKYLINE DRIVE				^M 12			31		y y 2023	
City EDINA	State MN	Zip Code 55436-1354							36416988	8
FEC ID number of contributing federal political committee.	С			Anount	. 01	J	i ne	,	is Period 384.	60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg Bus Dev		M	emo	o Iter	n			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80] F	P/R Ded	lucti	ion (\$	\$192.	30 Bi-V	Veekly)	
SUBTOTAL of Receipts This Page (optiona	l)		•			,		,	797.:	28
TOTAL This Period (last page this line num	ber only)					- -		- -		

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

FOR LINE NUMBER:

(check only one)

PAGE 104 OF

				Detailed Summary Page		11a 13		111		11c 15		12 16	17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	ay n addre	ot be sold or used by any pe ess of any political committee	erson to so	for the	purp ntrib	pos	eofs	olicitin	g co h co	ntribut	ions
$\overline{\ }$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia COTTINGTON, NYLE BRENT, , ,	l) or Full O)rgai	nization Name		Date of	Re	ecei	pt				
	Mailing Address 15050 47TH STREET NE					^M 12	/		31	/ Y	ү 2	023	Y
	City SAINT MICHAEL	State MN		Zip Code 55376-1613						R2575			3
			_	55576-1015	_	Amount	t of	Ead	ch Re	ceipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С				Ľ.		-		-		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) gment Controller		M	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	4999.80	F	P/R Ded	lucti	ion ((\$192	.30 Bi-\	Vee	kly)	
в.	Full Name of Individual (Last, First, Middle Initia ADAMO, BRENT, , ,	l) or Full O)rgai	nization Name		Date of	Re	ecei	pt				
	Mailing Address 3109 E DESERT LN					^M 12	/		31	/ Y	2() 223	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R2575	8678	869888	6
	PHOENIX	AZ	_	85042-7198	_	Amount	t of	Ead	ch Re	ceipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С						-		-9		76.9	2
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) tware Engineering		M	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	999.96	P/R Deduction (\$38.46 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia PEZHMAN, PAYMAN, , ,	l) or Full O)rgai	nization Name		Date of	Re	ecei	pt				
	Mailing Address 2825 MAPLEWOOD CIRCLE E					^M 12	1		31	/ Y		023 [°]	Y
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2575	883	56988	3
	WAYZATA	MN		55391-2633	-	Amount	t of	Ead	ch Re	ceipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С						y		9		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ty Gen Counsel		M	emo	o Ite	əm				
	Receipt For:	I		r-to-Date ▼	-								
	Primary General Other (specify)		-	4999.80	F	P/R Ded	lucti	ion	(\$192	.30 Bi-\	Nee	kly)	
s	UBTOTAL of Receipts This Page (optional)							,		9	1	846.1	2
т	OTAL This Period (last page this line number on	ly)			-			-					

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

FOR LINE NUMBER:

(check only one)

PAGE 105 OF

		Detailed Summary Page		11a 13	\square	11b 14	11c		12	1 -7
Any information copied from such Reports or for commercial purposes, other than usi				or the		oose of		g con		
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mid RICHARDSON, KRISTIE , , ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt				
Mailing Address 139 BALL GAP ROAD				^M 12	/	31	/ Y	y 202	23 23	Y
City ARDEN	State NC	Zip Code 28704-8748					PR2575			}
	1.10	20104 0140	A	mount	of	Each R	eceipt th	is Pe	eriod	_
FEC ID number of contributing federal political committee.	C			_		-	-		400.0	0
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Ops		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		5000.00	P/	/R Ded	uctio	on (\$19	2.30 Bi-V	Veekl	y)	
Full Name of Individual (Last, First, Mid B. SCHMUKER, ERIN, , ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt				
Mailing Address 2575 TALL TIMBER CC	OURT SE			^M 12	/	D D D 31	/ Y	y 202	23 [°]	Y
City	State	Zip Code		Trans	acti	on ID :	PR2575	90666	69888	;
GRAND RAPIDS	MI	49546-6787	A	mount	of	Each R	eceipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	С			_		-			398.0	0
Name of Employer (for Individual) UHC International Services Inc		upation (for Individual) P Gen Mgmt		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		4994.23	P/	R Ded	uctio	on (\$192	2.30 Bi-V	Veekly	y)	
Full Name of Individual (Last, First, Mid C. ALT, ROBERT, , ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt				
Mailing Address 813 FERNWOOD ROA	D			^M 12	/	31	/ Y	y 202	23	Y
City	State NJ	Zip Code	_	Trans	acti	ion ID :	PR2575	9073	69888	3
MOORESTOWN		08057-1362	A	mount	of	Each R	eceipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	C				_	,	- -		28.0	8
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms		Me	emo	Item				
Receipt For:		Year-to-Date ▼								
Primary General Other (specify)		365.04	P	/R Ded	ucti	on (\$14	.04 Bi-W	eekly	')	
SUBTOTAL of Receipts This Page (option	nal)					, .		ł	826.0	8
TOTAL This Period (last page this line nu	mber only)		. [

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

FOR LINE NUMBER:

(check only one)

PAGE 106 OF

		Detailed Summary Page		11a		11b	11c	12	·
Any information copied from such Reports an									
or for commercial purposes, other than using	the name and a	ddress of any political committe	e to soli	icit cor	ntrib	utions f	rom such	n committ	ee.
NAME OF COMMITTEE (In Full)	rated DAC (Inited Health Crown P							
/ UnitedHealth Group Incorpor			HC)						
Full Name of Individual (Last, First, Middle A. MARGHERIO, MICHAEL, , ,	e Initial) or Full C	rganization Name	C	ate of	Re	ceipt			
Mailing Address 6412 JEFFERSON STRE	ET			^M 12	/	D D D 31	/ Y	2023	Y
City	State	Zip Code		Trans	acti	ion ID :	PR25759	91636988	8
KANSAS CITY	MO	64113-1542	A	mount	of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					-		76.	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		Me	emo	Item			
Receipt For:		Year-to-Date ▼							
Primary General Other (specify) ▼	Aggiogate	999.96	P/	R Ded	ucti	on (\$38.	.46 Bi-We	eekly)	
Full Name of Individual (Last, First, Middle CZAJKA, DAVID, , ,	e Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 8590 BIG MANGROVE D	RIVE			^M 12	/	D D D 31	/ Y	y y 2023	Y
City	State	Zip Code		Trans	acti	on ID :	PR25759	1866988	8
FORT MYERS	FL	33908-7694	A	mount	of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C			_	_		-	38.4	46
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir People Team		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/	R Dedi	uctio	on (\$19.	23 Bi-We	eekly)	
Full Name of Individual (Last, First, Middle C. OLSON, TRUDY, , ,	e Initial) or Full C	rganization Name	C	ate of	Re	ceipt			
Mailing Address 7208 WOODDALE AVE S	SOUTH			^M 12	/	D D D 31	/ Y	2023 Y	Y
City	State	Zip Code		Trans	act	ion ID :	PR25759	91876988	8
EDINA	MN	55435-4156	A	mount	of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					,	,	76.	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) People Team		Me	emc	tem			
Receipt For:		Year-to-Date ▼							
Primary General Other (specify)		999.96	P/	'R Ded	ucti	on (\$38	.46 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (optiona)					,	. ,	192.:	30
TOTAL This Period (last page this line num	ber only)					-	-		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 107 OF

			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 n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial MCGOLDRICK, CHRISTOPHER, , , Mailing Address 48 MOUNTAIN TERRACE ROAI		Drganization Name	Date of Receipt
	City WEST HARTFORD	State CT	Zip Code 06107-1533	12 31 2023 Transaction ID : PR2575930469888
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60
		NA	upation (for Individual) VP SIs & Bus Dev Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initial MATTERA, RICHARD, , ,) or Full C	Drganization Name	Date of Receipt
	Mailing Address 640 LOCUST HILLS DRIVE	Ctata	Zin Code	12 / D D / Y Y Y Y 12 31 2023
	City WAYZATA	State MN	Zip Code 55391-1973	Transaction ID : PR2575938469888 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) IG Chief Dev Officer	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial RILEY, FELICITY, , ,) or Full C	Drganization Name	Date of Receipt
	Mailing Address 3330 EDMUND BLVD	1 -		12 31 Y Y Y Y 2023
	City MINNEAPOLIS	State MN	Zip Code 55406-2348	Transaction ID : PR2575943369888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP -		Memo Item
	Primary General Other (specify)	Aggregate	4999.80	P/R Deduction (\$192.30 Bi-Weekly)
s	JBTOTAL of Receipts This Page (optional)		•	1153.80
т	OTAL This Period (last page this line number on	ly)	••••••	

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

FOR LINE NUMBER:

(check only one)

PAGE 108 OF

			Detailed Summary Pag			11a		11b		11c	12	□	
An	y information copied from such Reports and Stat	ements ma	y not be sold or used by	any pe	rson	13 for the	pur	14 pose (of s	15 oliciting	16 contribu	tions	
	for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full)		Inited Health Cray		\sim								
	UnitedHealth Group Incorporated	-		лр РА	(U)								
Α.	Full Name of Individual (Last, First, Middle Initial DONAHUE, JEANINE, , ,) or Full O	rganization Name			Date of	Re	ceint					
	Mailing Address 164 MORNINGSIDE DRIVE				-				D	/ Y	YY	Y	
		Chata	Zin Oode			12	J.,	3			2023		
	City MANDEVILLE	State LA	Zip Code 70448-7571								5926988 is Period		
	FEC ID number of contributing					-	. 01	Eddin	110			_	
	federal political committee.	C						-y		-1	76.		
	Name of Employer (for Individual)		pation (for Individual)			M	emo	ltem					
	United HealthCare Services Inc Receipt For:		Ntwk Prgms		_								
	Primary General	Aggregate	Year-to-Date 🔻					مەر (شەر					
	Other (specify)		999.9	96		7R Ded	luctio	on (\$3	38.4	6 Bi-We	екіу)		
	Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name										
B.	LEMKE, HEATHER, , ,				-	Date of	Re	· ·	_				
	Mailing Address 4135 TRILLIUM LANE EAST					^M 12		3	^b	/ Y	2023	Y	
		State MN	Zip Code								6586988		
			55364-7730			Amount	t of	Each	Re	ceipt th	is Period		
	FEC ID number of contributing federal political committee.	С				<u>_</u>		-		-	396.	00	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) People Team			M	emo) Item					
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻										
	Other (specify) V		4998.0	07	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name										
C.	FRANK, DANIEL, , ,				_	Date of	Re	eceipt					
	Mailing Address 1373 PRAIRIE MEADOW RD					^M 12	1	3	^D	/ Y	2023	Y	
	City	State	Zip Code			Trans	acti	ion ID) : P	R25759	7046988	38	
	MINNETRISTA	MN	55359-6701			Amount	t of	Each	Re	ceipt thi	is Period		
	FEC ID number of contributing federal political committee.	С					_	,			384.	60	
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) f Clin Off			M	emo	b Item					
	Boogint For:	I	Year-to-Date V	—									
	Primary General	, 1991 09410	4999.8	80	F	P/R Ded	lucti	ion (\$1	192.	.30 Bi-W	/eekly)		
	Other (specify)		4999.0	50									
s	UBTOTAL of Receipts This Page (optional)							,		,	857.	52	
т	OTAL This Period (last page this line number on		►						-7-				

FOR LINE NUMBER:

(check only one)

PAGE 109 OF

			Detailed Summa		×	11a	Щ	111		11c	12			
A	u information conied from such Descriptions (2) (monte		-		13	<u> </u>	14		15	16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full)			_										
	UnitedHealth Group Incorporated	PAC (I	UnitedHealth	Group PA	(C)									
Α.	Full Name of Individual (Last, First, Middle Initial) DICELLO, MARK, , ,	or Full O	rganization Name		Date of Receipt									
	Mailing Address 619 SAND CRANE CT				M M / D D / Y Y Y Y 12 31 2023									
	City	State	Zip Code			Transaction ID : PR2575977969888								
	BRADENTON	FL	34212-5226		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				28.00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individu In Pres Ntwk Mgmt	al)		Me	emo) Ite	em					
		ggregate	Year-to-Date V											
	Primary General Other (specify) ▼			364.00	P	/R Ded	uctio	on ((\$14.0	0 Bi-We	eekly)			
B.	Full Name of Individual (Last, First, Middle Initial) SIEBERT, GREGORY, , ,	or Full O	rganization Name			Date of	Re	eceip	pt					
	Mailing Address 46 VIA BELLEZA					12 / D D / Y Y Y Y 2023								
	City	State	Zip Code		Transaction ID : PR2575979669888 Amount of Each Receipt this Period									
	SAN CLEMENTE	CA	92673-6910		_	Amount	of	Ead	ch Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С						-		-7	200.0	00		
	Name of Employer (for Individual) United HealthCare Services Inc	Occ VP		Me	emo) Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	P/	P/R Deduction (\$100.00 Bi-Weekly)									
			· · · ·	2600.00										
C.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name			Date of	Re	eceip	pt					
	Mailing Address 257 WEST GRANTLEY					^M 12	1		31	/ Y	2023	Y		
	City ELMHURST	State IL	Zip Code 60126-2237								98796988	8		
	EEC ID number of contributing	С				Amount	OT	⊏a(un He	ceipt th	is Period 384.6	30		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individua	al)		Me	emo	o Ite	em					
	Receipt For:		sion CEO		\neg									
	Primary General Other (specify)	vygregate	Year-to-Date ▼	4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
			, , , , , , , , , , , , , , , , , , , ,				_	_	_					
S	UBTOTAL of Receipts This Page (optional)			•••••			-	9	-	9	612.6	50		
T	OTAL This Period (last page this line number only	/)		►				_						

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

FOR LINE NUMBER:

(check only one)

PAGE 110 OF

		Detailed Summary Page		- H	_	1b	11c	12					
Any information conied from such	Poporte and Statements ma	w not be sold or used by enviro	1:			4	15	16	17				
Any information copied from such or for commercial purposes, other													
NAME OF COMMITTEE (In Full)												
UnitedHealth Group I	ncorporated PAC (I	UnitedHealth Group P	AC)										
Full Name of Individual (Last, Figure GOLD, PAMELA, , ,	rst, Middle Initial) or Full O	rganization Name	Dat	te of F	Rece	eipt							
Mailing Address 2821 E SWISS	OAKS DR			12 [™]	/	D D 31	/ Y	y 2023	Y				
City	State	Zip Code	Тг	ransad	ctio	n ID : F	PR25759	98866988	8				
SANDY	UT	84093-6587	ceipt th	is Period									
FEC ID number of contributing federal political committee.	C			28.00									
Name of Employer (for Individua United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		Merr	no l	tem							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		364.00	P/R	Deduc	ctior	n (\$14.0	00 Bi-We	eekly)					
Full Name of Individual (Last, F SCHULTZ, STACY, , ,	rst, Middle Initial) or Full O	rganization Name	Dat	te of F	Rece	eipt							
Mailing Address 4012 S XERXE	SAVENUE			12 / D D / Y Y Y Y Y 12 31 2023									
City	State	ITANSACTION ID : PR237399096966											
MINNEAPOLIS	MN	55410-1146	Am	ount o	of E	ach Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C			76.92									
Name of Employer (for Individua United HealthCare Services Inc	,	upation (for Individual) Segment Gen Counsel		Mem	no l	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, F C. BRIGGS, MARC, , ,	rst, Middle Initial) or Full O	rganization Name	Dat	te of F	Rece	eipt							
Mailing Address 13534 TUSCAL	EE HILL CIR			12 ^M	/	D D D 31	/ Y	2023 Y	Y				
City	State UT	Zip Code	Т	ransad	ctio	n ID : F	PR2576	00166988	8				
DRAPER		84020-5653	Am	ount o	of E	ach Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C				y		9	384.	60				
Name of Employer (for Individua United HealthCare Services Inc		upation (for Individual) Plan CEO		Men	no I	ltem							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		4999.80	P/R	Deduc	ctior	า (\$192	.30 Bi-V	Veekly)					
SUBTOTAL of Receipts This Page	e (optional)				,		,	489.	52				
TOTAL This Period (last page this	line number only)				- 7								

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

FOR LINE NUMBER:

(check only one)

PAGE 111 OF

	5		Detailed Summary Page		11a		11b		11c	<u> </u>	12		
					13		14		15		16	17	
Any information copied from su or for commercial purposes, ot													
\setminus NAME OF COMMITTEE (In	Full)												
UnitedHealth Grou	p Incorporated P	AC (Ur	nitedHealth Group PA	AC)									
Full Name of Individual (Las A. SCHOENER, SHAUN, ,	3	r Full Orga	anization Name		Date of Receipt								
Mailing Address 884 LAS P	ALOMAS DR			^M 12	1	D 3'		/ Y	¥ 203	23 23	Y		
City	-	tate	Zip Code		Trans	acti	on ID	: Pl	R25760)127(69888		
LAS VEGAS		IV	89138-5001	_ /	Amount	of	Each	Rec	eipt th	is Pe	eriod		
FEC ID number of contribut federal political committee.	ing	;					,		-9		32.6	8	
Name of Employer (for Indiv Health Plan of Nevada	/idual)	· ·	ation (for Individual) VP SIs Acct Mgt		Me	emo	Item						
Receipt For:	Aq	pregate Ye	ar-to-Date ▼										
Primary Gen Other (specify) ▼		,,	424.84	P	/R Ded	uctio	on (\$1	6.34	4 Bi-We	ekly)		
Full Name of Individual (Las B. SONERHOLM, KIMBER		r Full Orga	anization Name		Date of	Re	ceipt						
Mailing Address 12389 FOX	TAIL RUN AVENUE				12 31 2023								
City	S	tate	Zip Code		Trans	acti	on ID	: PF	R25760	3326	59888		
LAS VEGAS	1	١V	89138-6279	/	Amount of Each Receipt this Period								
FEC ID number of contribut federal political committee.	ing	;					,		-yr.		384.6	0	
Name of Employer (for Indiv Health Plan of Nevada	vidual)		ation (for Individual) an CEO		Me	emo	Item						
Receipt For:	Ag	gregate Ye	ar-to-Date ▼										
Other (specify) ▼	eral		, 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Las C. HOLZERSPARR, CY		r Full Orga	anization Name		Date of	Re	ceipt						
Mailing Address 30 BRIDG	1		1		^M 12	1	D 3		/ Y	202	23	Y	
		tate RI	Zip Code						R25760			•	
RUMFORD		N	02916-1304		Amount	of	Each	Rec	eipt th	is Pe	eriod		
FEC ID number of contribut federal political committee.	ing	;					y		y		28.0	8	
Name of Employer (for Indix United HealthCare Services		Occupa Sr Med	ation (for Individual) Dir		M	emo	Item						
Receipt For:	Aqu	nregate Ve	ar-to-Date ▼										
Other (specify)			365.04	F	P/R Ded	uctio	on (\$1	4.04	4 Bi-We	eekly	')		
SUBTOTAL of Receipts This	Page (optional)										445.3	6	
TOTAL This Period (last page	e this line number only).						,		-		-		

FOR LINE NUMBER:

(check only one)

PAGE 112 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	/ information copied from such Reports and Stat			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	PAC (U	nitedHealth Group PA	AC)									
١.	Full Name of Individual (Last, First, Middle Initial MOSHER, MATTHEW, , ,) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 4201 SUNSET DRIVE #108 City	State	Zip Code	12 / 31 / 2023									
	SPRING PARK	MN	55384-4515	Transaction ID : PR2576038569888									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 83.32									
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) fo Tech	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	′ear-to-Date ▼ 999.84	P/R Deduction (\$38.46 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial BYRNES, CHRISTOPHER, , ,) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 3920 GLENWOOD STREET	1		12 31 / Y Y Y Y 12 31 2023									
	City DULUTH	State MN	Zip Code 55804-1403	Transaction ID : PR2576042869888 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		oation (for Individual) Segment COO	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
<u> </u>	Full Name of Individual (Last, First, Middle Initial STONE, LAURA, , ,) or Full Org	ganization Name	Date of Receipt									
	Mailing Address 1485 COUNTY RD 286			12 / D D / Y Y Y Y 12 31 2023									
	City COLLINSVILLE	State TX	Zip Code 76233-2389	Transaction ID : PR2576045169888									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) wk Contrctng	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate Y	′ear-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									

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

FOR LINE NUMBER:

(check only one)

PAGE 113 OF

ITEIWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using th											
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle I GROENENDAAL, MICHAEL, , ,	nitial) or Full C	organization Name	Date of Receipt								
Mailing Address 620 FOREST AVENUE			12 31 2023								
City	State	Zip Code	Transaction ID : PR2576046269888								
RIVER FOREST	IL	60305-1710	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Executive Compensation	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		364.00	P/R Deduction (\$14.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I B. NELSON, KRISTA, , ,	nitial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 18202 SHAVERS LAKE DR	IVE		12 31 2023								
City	State	Zip Code	Transaction ID : PR2576047969888								
WAYZATA	MN	55391-3338	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I C. CARTER, JEREMY, , ,	nitial) or Full C	organization Name	Date of Receipt								
Mailing Address 1081 LAKE SUSAN DR			12 / D D / Y Y Y Y 12 31 2023								
City	State	Zip Code	Transaction ID : PR2576049569888								
CHANHASSEN	MN	55317-9337	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		23.06								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Tax	Memo Item								
Receipt For:		Year-to-Date ▼	—								
Primary General Other (specify)		299.78	P/R Deduction (\$11.53 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)	<u> </u>		435.66								
TOTAL This Period (last page this line numbe											

FOR LINE NUMBER:

(check only one)

PAGE 114 OF

				Detailed Summary Page		< 11a		_	11b 14		11c	-	12 16	17	
An or	y information copied from such Reports and Star for commercial purposes, other than using the n	tements ma ame and a	ay n addre	ot be sold or used by any poss of any political committee	erson e to so	for th	ie pu contr	urp	ose of	so	15 oliciting m such	cor cor	ntributi	17 ons e.	
	NAME OF COMMITTEE (In Full)														
\sum	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia MONICAL, KENT, , ,	l) or Full O	rgar	nization Name		Date of Receipt									
	Mailing Address 9795 E PIEDRA DRIVE					12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City SCOTTSDALE	State AZ		Zip Code 85255-9231	-	Transaction ID : PR2576051369888									
	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	Occu Reg		ion (for Individual) EO		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	F	P/R D	educ	ctic	on (\$19	2.3	30 Bi-W	/eek	dy)		
в.	Full Name of Individual (Last, First, Middle Initia HUANG, JAMES, , ,	l) or Full O	rgar	nization Name		Date	of F	Red	ceipt						
	Mailing Address 6838 IDLEWOOD WAY	-1			12 / D D / Y Y Y Y 12 31 2023									Y	
	City EDEN PRAIRIE	State MN		Zip Code 55346-3519		Transaction ID : PR2576059969888 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			76							76.9	2		
	Name of Employer (for Individual) Optum Services, Inc		ion (for Individual) Group Fin Leader		Ц	Men	no	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	P/R Deduction (\$38.46 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initia REX, JOHN, , ,	l) or Full O	rgar	ization Name		Date	of F	Red	ceipt						
	Mailing Address 503 HARRINGTON ROAD					1	2	/	31		/ Y	20)23	Y	
	City WAYZATA	State MN		Zip Code 55391-1512	-						R25760 ceipt th			3	
	FEC ID number of contributing federal political committee.	С							,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu UHG	•	ion (for Individual) O			Men	no	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 4999.80		P/R D	eduo	ctic	on (\$19)2.:	30 Bi-V	/eek	dy)		
s	UBTOTAL of Receipts This Page (optional)			•••••	•				,	ļ	,		846.1	2	
т	OTAL This Period (last page this line number on	ıly)		••••••	•				,						

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

FOR LINE NUMBER:

(check only one)

PAGE 115 OF

			Detailed Summary Page	×	11a		11b		11c	12	47		
	y information copied from such Reports and Statem for commercial purposes, other than using the nam						pose	e of s					
<u>\</u>	NAME OF COMMITTEE (In Full)										-		
\rangle	UnitedHealth Group Incorporated F	PAC (U	nitedHealth Group PA	NC)									
A.	Full Name of Individual (Last, First, Middle Initial) c MCEWAN, JOSHUA, , ,	or Full Org	anization Name	[Date o	f Re	eceip	ot					
	Mailing Address 4916 ALDRICH AVE SOUTH			M M / D D / Y Y Y Y 12 31 2023									
		State	Zip Code		Trans	sact	ion	ID : P	R2576	08576988	38		
	MINNEAPOLIS	MN	55419-5353	/	Amoun	t of	Eac	h Re	ceipt th	nis Period	l		
	FEC ID number of contributing federal political committee.)		384.60									
	Name of Employer (for Individual) United HealthCare Services Inc	Occup VP Ta	ation (for Individual) x		М	emc	o Ite	m					
	Receipt For: Aa	areaate Ye	ear-to-Date 🔻										
	Primary General Other (specify) ▼		4999.80	P	/R Dec	ducti	ion ((\$192.	30 Bi-V	Veekly)			
B.	Full Name of Individual (Last, First, Middle Initial) c FREIBERG, BRIAN, , ,	or Full Org	anization Name		Date o	f Re	eceip	ot					
	Mailing Address 9605 LEXINGTON CT		_	12 / D D / Y Y Y Y 12 31 2023									
	,	State	Zip Code		Trans	acti	ion l	ID : P	R25760	09366988	8		
	WESTON	WI	54476-6730	/	Amoun	t of	Eac	ch Re	ceipt th	nis Period	l		
	FEC ID number of contributing federal political committee.	;		528							84		
	Name of Employer (for Individual) United HealthCare Services Inc		ation (for Individual) ust Strategy		Μ	emc	o Ite	m					
	Receipt For: Ag Primary General Other (specify) ▼	gregate Ye	ear-to-Date ▼ 2749.92	P	P/R Deduction (\$105.76 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial) c OLUJIC, TAMMY, , ,	or Full Org	anization Name	1	Date o	f Re	eceip	ot					
	Mailing Address 36218 SE SAINT ANDREWS LANE	∃	-		^M 12	/	D	31	/ Y	2023	Y		
	5	State WA	Zip Code		Trans	sact	tion	ID : P	R2576	09736988	38		
	SNOQUALMIE	VVA	98065-9094	_ /	Amoun	t of	Eac	h Re	ceipt th	nis Period			
	FEC ID number of contributing federal political committee.)					y	_	y	30.	76		
	Name of Employer (for Individual) United HealthCare Services Inc	· ·	ation (for Individual) n Mgmt		M	lemo	o Ite	ŧm					
	Receipt For: Ag	gregate Ye	ear-to-Date 🔻										
	Primary General Other (specify)		399.88	P	/R Deo	ducti	ion ((\$15.3	88 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)		•••••				,		,	944.	20		
Т	OTAL This Period (last page this line number only).		•				-		-9-				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 116 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 Sta or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (UnitedHealth Group PA	.C)
Full Name of Individual (Last, First, Middle Initia A. PALMER, BRYAN, , , Mailing Address 346 COUNTRY CLUB DRIVE	al) or Full C	rganization Name	Date of Receipt
City TEQUESTA	State FL	Zip Code 33469-1944	12 31 2023 Transaction ID : PR2576097969888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Hlth	upation (for Individual) n Plan CEO Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initia B. DAHL, KEVIN, , , Mailing Address 12500 NW 20TH AVE	al) or Full C	AF 1 AF 1 AF	Date of Receipt
City VANCOUVER FEC ID number of contributing federal political committee.	State WA	Zip Code 98685-2304	12 31 2023 Transaction ID : PR2576100269888 Amount of Each Receipt this Period 28.08
Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary Other (specify) ▼	Dir	upation (for Individual) Compli Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initia KIEWEL, NATHAN, , , Mailing Address 1137 PRAIRIE VIEW DR SW	al) or Full C	Prganization Name	Date of Receipt
City HUTCHINSON	State MN	Zip Code 55350-6725	12 31 2023 Transaction ID : PR2576117569888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary Other (specify)	Prin	upation (for Individual) cipal Engineer, TLCP Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			440.68

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 117 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Stat for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	.C)								
Α.	Full Name of Individual (Last, First, Middle Initial SANCHEZ, VINCENT, , , Mailing Address 5025 BRANFORD COURT) or Full O	rganization Name	Date of Receipt								
	City DUBLIN	State CA	Zip Code 94568-7241	Transaction ID : PR2576126969888 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.08								
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	VP	upation (for Individual) Gen Mgmt Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
В.	Full Name of Individual (Last, First, Middle Initial LIRETTE, KARL, , , Mailing Address 9 WEST WOODLAWN DRIVE) or Full O	rganization Name	Date of Receipt								
	City DESTREHAN FEC ID number of contributing	State LA	Zip Code 70047-2535	Transaction ID : PR2576138969888 Amount of Each Receipt this Period 76.92								
	federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Occ Hlth	upation (for Individual) I Plan CEO	Memo Item								
	Primary General Other (specify) v	Aggregale	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initial FRIDNER, JOHN, , , Mailing Address 782 PENFIELD DR) or Full O	rganization Name	Date of Receipt								
	City CAROL STREAM	State IL	Zip Code 60188-4738	Transaction ID : PR2576147569888								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) NA VP SIs/Gen	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			183.00								
т	OTAL This Period (last page this line number on	ly)	•									

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

FOR LINE NUMBER:

(check only one)

PAGE 118 OF

			Detailed Summary Page	2	< 11a		11b	110	;	12	<u> </u>			
Ar	y information copied from such Reports and State	ements ma	l ay not be sold or used by any pe	erson	13 for the	pur	14 pose c	of solici	ting co	16 ontribu	17 tions			
	for commercial purposes, other than using the na													
\backslash	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial LENTZ, MICHEL, , ,) or Full O	Organization Name		Date o	f R4	eceint							
~ ·	Mailing Address 4004 FOREST GLEN DRIVE							D /	Y D	vv	Y			
					12		3		2	2023				
	City	State PA	Zip Code					: PR25			8			
	GREENSBURG	FA	15601-9062	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	-			115.				
	Name of Employer (for Individual)	Осси	upation (for Individual)		Μ	lemo	o Item							
	United HealthCare Services Inc	Exe	ec Dir											
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify) V		1499.94	F	P/R Deo	duct	ion (\$5	57.69 Bi	Week	dy)				
B	Full Name of Individual (Last, First, Middle Initial WARN, ROBERT, , ,) or Full O	Organization Name		Date o	f R	aceint							
υ.	Mailing Address 2079 AUSTRIAN PINE LN			\neg			D	D /	Y	Y Y	Y			
					12		3			2023				
	City	State	Zip Code		Transaction ID : PR2576157869888 Amount of Each Receipt this Period									
	MINNETONKA	MN	55305-2429	_										
	FEC ID number of contributing federal political committee.	С			38.46									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) FP&A	Memo Item										
		Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		, 499.98	P/R Deduction (\$19.23 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initial BENSON, JEAN, , ,) or Full O	Organization Name		Date o	f Re	eceint							
0.	Mailing Address 14951 HIGHLAND COURT NE				12 M		D 3			2023	Y			
	City	State	Zip Code		Trans	sact	tion ID	: PR25	76310)96988	8			
	PRIOR LAKE	MN	55372-4109	_	Amoun	t of	Each	Receip	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		N	lem	o Item							
	Receipt For:		Year-to-Date ▼											
	Primary General	Aggiegate		ı İ ı	P/R Dei	duct	tion (\$1	192.30 E	3i-₩e¢	okly)				
	Other (specify)		4999.80	I '	THE DO	4401		102.001	// /////	July)				
s	UBTOTAL of Receipts This Page (optional)		•••••				, ,			538. <i>4</i>	44			
т	OTAL This Period (last page this line number onl	ly)	••••••	-										

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 119 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC ((UnitedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initia PETSCH, JESSE, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 4705 CHOWEN AVE SOUTH	Stata	Zin Codo	12 / D D / Y Y Y Y 12 / 31 / 2023							
	City MINNEAPOLIS	State MN	Zip Code 55410-1732	Transaction ID : PR2578705969888 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		90.90							
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Pharm PA/Appeals	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.95	P/R Deduction (\$19.23 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia SAINATO, KRISTIN, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 7 CARLTON TER			12 31 2023							
	City STEWART MANOR	State NY	Zip Code 11530-3821	Transaction ID : PR2578715069888 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		28.06							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) r Clin Qlty	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 364.78	P/R Deduction (\$14.03 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia COMBSMORGAN, LAURIE, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 4334 MOUNT ZION ROAD			12 / D D / Y Y Y Y 12 31 2023							
	City SPRINGFIELD	State TN	Zip Code 37172-7008	Transaction ID : PR2578719869888 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.40							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Ntwk Contrctng	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 499.20	P/R Deduction (\$19.20 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			157.36							
т	OTAL This Period (last page this line number or	nly)	▶								

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

FOR LINE NUMBER:

(check only one)

PAGE 120 OF

				Detailed Summary Page	×	11a		11	b	11c	12				
						13		14		15	16	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n														
\backslash	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia EGELAND, DANIEL, , ,	l) or Full O	rgar	nization Name		Date of	Re	ecei	ipt						
	Mailing Address 2659 E LAKE OF THE ISLES P	ΚWY			12 31 2023							Y			
	City	State		Zip Code		Transaction ID : PR2578741069888									
	MINNEAPOLIS	MN		55408-1052	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		upati Bus	ion (for Individual) Dev		Me	emo) Ite	em						
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify) V		-	4999.80	P	/R Ded	ucti	on	(\$192	.30 Bi-\	Veekly)				
в.	Full Name of Individual (Last, First, Middle Initia DUFFEY, KRISTY, , ,	l) or Full O	rgar	nization Name		Date of	Re	ecei	ipt						
	Mailing Address 42095 N 109TH PLACE					Y									
	City	State		Zip Code		Transaction ID : PR2578823269888									
	SCOTTSDALE	AZ		85262-3293	/	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		ion (for Individual) ursing Officer		Me	emo) Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999,80	P/R Deduction (\$192.30 Bi-Weekly)										
<u></u> с.	Full Name of Individual (Last, First, Middle Initia BUSBEE, NATHANAEL, , ,	l) or Full O	rgar	nization Name		Date of	Po		int						
0.	Mailing Address 122 ROSEWOOD AVE					12	/		31	/ Y	y y 2023	Y			
	City	State		Zip Code		Trans	acti	ion	1D : I	PR2578	82676988	8			
	CATONSVILLE	MD		21228-4938	/	Amount	of	Ea	ch Re	eceipt tl	nis Period				
	FEC ID number of contributing federal political committee.	С						,		,	76.9	92			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Process		Me	emo	o Ite	em						
	Receipt For:	Aggregate	Yea	r-to-Date 🔻											
	Other (specify)			999.96	P/R Deduction (\$38.46 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•••••				,		,	846.4	2			
Т	OTAL This Period (last page this line number on	ly)			.			-							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 121 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Stat for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated		UnitedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initia ELLIS, DENNIS, , , Mailing Address 6001 DRIPPING SPRINGS	l) or Full O	Organization Name	Date of Receipt							
	City FRISCO	State TX	Zip Code 75034-4039	12 31 2023 Transaction ID : PR2595209169888 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		32.76							
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	SB	upation (for Individual) KA VP SIs Acct Mgt Year-to-Date ▼	Memo Item							
	Primary General Other (specify) ▼		425.88	P/R Deduction (\$16.38 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initia HAREWOOD, JUNIOR, , ,	l) or Full O	Organization Name	Date of Receipt							
	Mailing Address 158 HAMPTON ROAD			12 / D D / Y Y Y Y Y 12 31 2023							
	City GARDEN CITY	State NY	Zip Code 11530-1404	Transaction ID : PR2595231569888 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia BHATNAGAR, UPASANA, , ,	l) or Full O	organization Name	Date of Receipt							
	Mailing Address 13022 HIGHGROVE ROAD			12 / D D / Y Y Y Y 12 31 2023							
	City HIGHLAND	State MD	Zip Code 20777-9587	Transaction ID : PR2601127469888 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		909.08							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 2 CMO	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.94	P/R Deduction (\$192.30 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•	1326.44							
т	OTAL This Period (last page this line number on	ly)	•••••								

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 122 OF

			Detailed Summary Page	×	11a		11b	╵┝	11c	12				
Any inform	ation copied from such Reports and Sta	tements mai	, not be sold or used by any n		13	nur	14		15	16	17 Itions			
	nercial purposes, other than using the r													
	OF COMMITTEE (In Full)													
Unite	dHealth Group Incorporated	PAC (U	InitedHealth Group PA	AC)										
	ne of Individual (Last, First, Middle Initia ER, SHAUNA, , ,	l) or Full Or	ganization Name	[Date of	Re	eceip	ot						
Mailing A	Address 20550 PARKVIEW LANE				12 31 2023									
City		State	Zip Code		Trans	acti	ion I	D : F	PR26011	1547698	88			
SHORE	WOOD	MN	55331-4529	/	Amount	of	Eac	h Re	ceipt th	is Perio	k			
	number of contributing political committee.	С		28.08										
	f Employer (for Individual) Services, Inc		pation (for Individual) en Mgmt		M	emo	b Iter	m						
Receipt	For:	Aggregate Y	′ear-to-Date ▼											
	imary General her (specify) ▼		365.04	P	/R Ded	lucti	ion (S	\$14.0)4 Bi-We	eekly)				
	ne of Individual (Last, First, Middle Initia , LORRAINE, , ,	l) or Full Or	ganization Name		Date of	Re	eceip	ot						
Mailing A	Address 2116 STANFORD AVENUE				^M 12	/	D	31	/ Y	y y 2023	Y			
City		State	Zip Code		Trans	acti	ion I	D : P	R26011	590698	38			
SAINT F	-	MN	55105-1219		Amount	t of	Eac	h Re	ceipt th	is Perio	k			
	number of contributing political committee.	С					-		-95	76	.92			
	f Employer (for Individual) lealthCare Services Inc		pation (for Individual) comm		Memo Item									
	For: imary General her (specify) ▼	Aggregate Y	/ear-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
	ne of Individual (Last, First, Middle Initia S, CARRIE, , ,	l) or Full Or	ganization Name		Date of	Re	eceip	ot						
	Address 1917 SW 27TH STREET				^M 12			31		2023 Y				
City TOPEK	A	State KS	Zip Code 66611-1643							1620698				
		1.0	00011-1043	/	Amount	t of	Eac	h Re	ceipt th	is Perio	kk			
	number of contributing political committee.	С					9		9	38	.46			
United H	f Employer (for Individual) lealthCare Services Inc		pation (for Individual) en Mgmt		M	emo	o Itei	m						
Receipt		Aggregate \	'ear-to-Date ▼											
	imary General her (specify)		499.98	P	P/R Ded	lucti	ion (\$19.2	23 Bi-W	eekly)				
SUBTOTA	L of Receipts This Page (optional)		••••••	•			9		,	143	.46			
TOTAL Th	is Period (last page this line number or	ıly)					-							

FOR LINE NUMBER:

(check only one)

PAGE 123 OF

ITEIVIIZED RECEIPTS		for each category of the	X 11a 11b 11c 12									
		Detailed Summary Page										
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middl A. PERERA, SUSAN, , ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1201 UNITY AVE N			12 31 Y Y Y Y Y 12 31 2023									
City	State MN	Zip Code	Transaction ID : PR2601168869888									
GOLDEN VALLEY	IVIIN	55422-4735	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) puty Gen Counsel Mgr	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	—									
Primary General Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middl B. ESCHERJR, DELBERT, , ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 885 SUGAR HILL DRIVE			12 31 2023									
City	State	Zip Code	Transaction ID : PR2601171069888									
MANCHESTER	MO	63021-6665	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.06									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.78	P/R Deduction (\$14.03 Bi-Weekly)									
Full Name of Individual (Last, First, Middl C. HUDSON, JEFFREY, , ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1536 BREWSTER DRIV			12 ^D D D / Y Y Y Y 12 31 2023									
City	State TX	Zip Code	Transaction ID : PR2605703069888									
CARROLLTON		75010-6444	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify)		364.00	P/R Deduction (\$14.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	al)		132.98									
TOTAL This Period (last page this line num	nber only)											

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

FOR LINE NUMBER:

(check only one)

PAGE 124 OF

			Detailed Summary Page	×	11a		11b	11c	1:					
۸	, information conied from such Departs and Oto	omente ==	w not be cold as used by says		13	<u> </u>	14	15	10 0000tr	-	17			
or	y information copied from such Reports and Stat for commercial purposes, other than using the n													
\backslash	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial PATTEN, JASON, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt							
	Mailing Address 7384 NARCISSUS LANE N				12 31 Y Y Y Y Y 12 31 2023									
	City	State	Zip Code		Trans	acti	ion ID : P	R26057	1196	9888				
	MAPLE GROVE	MN	55311-1596	_	Amount	of	Each Re	ceipt th	is Per	riod				
	FEC ID number of contributing federal political committee.	С				_		-		00.00				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Innovation		M	emo	Item							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		5000.00	P	/R Ded	ucti	on (\$192	.30 Bi-W	/eekly	')				
	Full Name of Individual (Last, First, Middle Initial ANDERSONHUTCHINS, LEIGH, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt							
	Mailing Address 16786 RAINY VALE AVE				^M 12	/	D D D 31	/ Y	2023					
	City	State	Zip Code		Trans	acti	on ID : P	R26057	'1786 <u></u>	9888	_			
	RIVERSIDE	CA	92503-6535		Amount	of	Each Re	ceipt th	is Per	riod				
	FEC ID number of contributing federal political committee.	С						-7-	_	76.92	2			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Non Physn		M	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial DAVIS, KELLY, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt							
	Mailing Address 2285 N POWHATAN ST	1			^M 12	/	D D D 31	/ Y	2023					
	City ARLINGTON	State VA	Zip Code 22205-2113				ion ID : F							
			22203-2113	- '	Amount	of	Each Re	ceipt th	is Per	riod	_			
	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) Comm		M	emc	tem							
		Aggregate	Year-to-Date ▼											
	Other (specify)		4807.50	F	P/R Ded	lucti	on (\$192	.30 Bi-W	/eekly	/)				
SI	JBTOTAL of Receipts This Page (optional)						,	9	8	61.52	2			
т	OTAL This Period (last page this line number on	ly)	····· •					-,-		-				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 125 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	C)
A.	Full Name of Individual (Last, First, Middle Initial) LEIGHPITSTICK, EMILY, , , Mailing Address 70 SNOW CREEK LN City LEAVENWORTH FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For: / Primary General	State WA C Occu Dir N	Drganization Name Zip Code 98826-7802 Cupation (for Individual) Ntwk Contrctng 9 Year-to-Date ▼	Date of Receipt
	Other (specify) V		999.96	P/R Deduction (\$38.46 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial) PETERSON, ERIC, , , Mailing Address 7757 BECK LN) or Full O	Drganization Name	Date of Receipt
	City ZIONSVILLE FEC ID number of contributing	State IN	Zip Code 46077-9060	Transaction ID : PR2605750469888 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) Optum Services, Inc	VP	cupation (for Individual)	Memo Item
	Primary General Other (specify) ▼	Aggregate	999.96	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial) SONSTEGARD, NATHAN, , , Mailing Address 4216 ZENITH AVE S) or Full O	Drganization Name	Date of Receipt
	City	State	Zip Code	12 31 2023 Transaction ID : PR2606844469888
	MINNEAPOLIS	MN	55410-1413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	VP F		Memo Item
	Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 865.04	P/R Deduction (\$14.04 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			181.92
т	OTAL This Period (last page this line number onl	y)		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 126 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Stat for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PAC	C)							
Α.	Full Name of Individual (Last, First, Middle Initia RAWLINSON, DORIEN, , , Mailing Address 4795 W RED ROCK DRIVE	l) or Full O	Organization Name	Date of Receipt							
	City LARKSPUR	State CO	Zip Code 80118-8413	12 31 2023 Transaction ID : PR2606854669888 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		28.08							
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP	upation (for Individual) Ntwk Contrctng Year-to-Date ▼	Memo Item							
	Other (specify) V		365.04	P/R Deduction (\$14.04 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initia FICKER, MARK, , , Mailing Address 945 MINERS RIDGE COURT	l) or Full O	Organization Name	Date of Receipt							
	City INCLINE VILLAGE FEC ID number of contributing federal political committee.	State NV	Zip Code 89451-8801	12 31 2023 Transaction ID : PR2607806769888 Amount of Each Receipt this Period 76.92							
	Name of Employer (for Individual) Optum Services, Inc	Occ	cupation (for Individual) Ops	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia WELDON, BRIAN, , , Mailing Address 1155 MOERS DRIVE	l) or Full O	Organization Name	Date of Receipt							
	City	State	Zip Code	12 31 2023 Transaction ID : PR2608055569888							
	CHASKA FEC ID number of contributing federal political committee.	MN	55318-4629	Amount of Each Receipt this Period 76.92							
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP (corp Dev	Memo Item							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•	181.92							
т	OTAL This Period (last page this line number on	ly)	▶								

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

FOR LINE NUMBER:

(check only one)

PAGE 127 OF

			Detailed Summary Page		11a		11b	1	1c	12	
					13		14		5	16	17
or	v information copied from such Reports and Stat for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full)										
/	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group P	AC)							
	Full Name of Individual (Last, First, Middle Initial LANDO, LISA, , ,) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 60 PINEAPPLE STREET APT 3J				^M 12	/	D 31		Y	y y 2023	Y
	City	State	Zip Code		Trans	acti	ion ID :	PR2	260805	59569888	3
-	BROOKLYN	NY	11201-6839	/	Amount	of	Each F	Recei	ipt this	Period	
	FEC ID number of contributing rederal political committee.	С								76.9	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	Item				
Ĩ	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		999.96	P	/R Ded	ucti	on (\$38	3.46 I	Bi-Wee	∍kly)	
	Full Name of Individual (Last, First, Middle Initial PATEL, KETAN, , ,) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 1811 PITCAIRN DRIVE				^{м м} 12	/	D 1		Y	2023	Y
	City	State	Zip Code		Trans	acti	on ID :	PR2	61252	3369888	3
-	COSTA MESA	CA	92626-4702	/	Amount	of	Each F	Recei	ipt this	Period	
	FEC ID number of contributing rederal political committee.	С							-y 1	76.9)2
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Pharm Ops		M	emo	tem				
	Pennint For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		999.96	P	/R Ded	uctio	on (\$38	3.46 E	Bi-Wee	∗kly)	
	Full Name of Individual (Last, First, Middle Initial STEVENS, J, , ,) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 133 MEADERBORO ROAD				^M 12	/	, 31			y y 2023	Y
		State	Zip Code		Trans	acti	ion ID :	: PR2	261252	2856988	3
-	ROCHESTER	NH	03867-4237	/	Amount	of	Each F	Rece	ipt this	Period	
	FEC ID number of contributing rederal political committee.	С				_	,		,	76.9	12
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ir Tech Prod Mgmt		M	emo	ltem				
	Poppint For:	1	Year-to-Date ▼								
	Primary General	, iggi oguto			/R Ded	lucti	on (\$38	R 46 I	Ri-Wee	ekly)	
	Other (specify)	L	999.96	┛│╵	, 11 Deu		υτι (ψυ ι	JTU I		200 y /	
รเ	JBTOTAL of Receipts This Page (optional)						, .		,	230.7	<i>`</i> 6
тс	OTAL This Period (last page this line number on	ly)									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 128 OF

		Use separate schedule(s)	(check only one)											
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	1									
٨٣	y information copied from such Reports and Stat	omonto mo	w not be cold or used by any r	13 14 15 16	17									
	for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group P	AC)										
^	Full Name of Individual (Last, First, Middle Initial BAKER, MICHAEL, , ,) or Full O	Organization Name	Date of Receipt										
Α.	Mailing Address 2383 HIGHOVER TRAIL			Date of Receipt										
				12 31 2023										
	City	State MN	Zip Code	Transaction ID : PR2612530569888										
	CHANHASSEN		55317-4744	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item										
	United HealthCare Services Inc	Bus	s Segment COO											
		Aggregate	Year-to-Date 🔻											
	Primary General Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
в.	Full Name of Individual (Last, First, Middle Initial SHILTS, MATTHEW, , ,) or Full O	Organization Name	Date of Receipt										
	Mailing Address 10 WOODLAND ROAD			12 31 2023										
	City	State	Zip Code	Transaction ID : PR2612533269888										
	EDINA	MN	55424-1631	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		92.30										
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) P CTO	Memo Item										
	Possint For:	Aggregate	Year-to-Date V											
	Primary General	33 - 3		P/R Deduction (\$46.15 Bi-Weekly)										
	Other (specify) v	L	1199.90											
с.	Full Name of Individual (Last, First, Middle Initial KREJCI, ANDREW, , ,) or Full O	Organization Name	Date of Receipt										
	Mailing Address 19880 LAKEVIEW AVENUE			12 31 2023										
	City	State	Zip Code	Transaction ID : PR2614310769888										
	EXCELSIOR	MN	55331-9352	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		56.16										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item										
		Aggregate	Year-to-Date V											
	Primary General		730.08	P/R Deduction (\$28.08 Bi-Weekly)										
	Other (specify)		7											
	UBTOTAL of Receipts This Page (optional)			533.06										

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

FOR LINE NUMBER:

(check only one)

PAGE 129 OF

	LIVITZED RECEIF 13			d Summary Page		〈 11a		11	b	11c		12			
				, ,		13		14		15		16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
$\Big $	UnitedHealth Group Incorporate	d PAC (I	United	Health Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initi THOMPSON, JOHN, , ,	al) or Full O	rganizatio	n Name		Date of	Re	ecei	pt						
	Mailing Address 3100 NORTH OCEAN BOULEY UNIT 1502					^M 12	/	ľ	31	/ Y)23	Y		
	City FORT LAUDERDALE	State FL	Zip C	ode 08-7191						R2614					
		1	000	007131	_	Amount	of	Ea	ch Re	ceipt th	is Pe	eriod			
	FEC ID number of contributing federal political committee.	С						-			_	38.4	6		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (fo S Natl SIs I	r Individual) Dir		Me	emo	o Ite	əm						
	Receipt For:	Aggregate	Year-to-Da	ate 🔻											
	Primary General Other (specify) ▼			499.98	'	P/R Ded	ucti	ion	(\$19.2	3 Bi-W	eekly	()			
В.	Full Name of Individual (Last, First, Middle Initi RHODES, JOHN, , ,	al) or Full O	rganizatio	n Name		Date of	Re	ecei	pt						
	Mailing Address 12439 GLENLIVET LOWLAND	AVE				^M 12	/	ľ	31	/ Y	202	23 23	Y		
	City	State	Zip C	ode		Transaction ID : PR26150751698									
	LAS VEGAS	NV	891	38-6244		Amount	of	Ea	ch Re	ceipt th	nis P	eriod			
	FEC ID number of contributing federal political committee.	С						-		-9-	_	38.4	6		
	Name of Employer (for Individual) Optum Services, Inc		upation (fo Pres	or Individual)		Me	emo	o Ite	əm						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	ate ▼ 499.98	F	P/R Deduction (\$19.23 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initi SOLOMON, RANDALL, , ,	al) or Full O	rganizatio	n Name		Date of	Re	ecei	pt						
	Mailing Address 760 HAIGHT STREET					^M 12	/	ľ	31	/ Y	202	23	Y		
	City	State	Zip C			Trans	acti	ion	ID : F	R2615	6715	69888			
	SAN FRANCISCO	CA	941	17-3317		Amount	of	Ea	ch Re	ceipt th	nis Po	eriod			
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		9	_	76.9	2		
	Name of Employer (for Individual) Optum Services, Inc		upation (fo ehvrl Med	r Individual) Dir		M	emo	o Ite	em						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Da	ate ▼ 999.96		P/R Ded	lucti	ion	(\$38.4	l6 Bi-W	eekly	()			
s	UBTOTAL of Receipts This Page (optional)				•							153.8	4		
т	OTAL This Period (last page this line number o	only)			- •			-		-					

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

FOR LINE NUMBER:

(check only one)

PAGE 130 OF

				Detailed Summary Page		-		11		11c		12	<u> </u>
	y information copied from such Reports and Sta								se of s				
	for commercial purposes, other than using the n												
\setminus	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	a PAC (l	Un	ItedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia BIRNBAUM, MICHAEL, , ,	l) or Full O	Orgai	nization Name		Date o	f Re	<u>acei</u>	ipt				
.	Mailing Address 55 DEAN STREET				_			_	ρ∎ D	/ Y	Y	Y	Y
				Γ		12	ľ	Ľ	31	Ľ	20	023	
	City BROOKLYN	State NY		Zip Code 11201-6245						R2615			3
			-	11201-0245	_	Amoun	t of	Ea	ich Re	ceipt th	ıis P	eriod	
	FEC ID number of contributing federal political committee.	С				Ľ.		-			_	384.6	0
	Name of Employer (for Individual)		•	ion (for Individual)		N	lemo	o Ite	em				
	United HealthCare Services Inc			care Econ									
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼									
	Other (specify) ▼		-	4999.80	F	P/R Dee	ducti	ion	(\$192.	.30 Bi-V	Veek	dy)	
В.	Full Name of Individual (Last, First, Middle Initia SCALLY, MICHAEL, , ,	l) or Full O	Orgar	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 601 PLYMOUTH RD					M M	/		D D 31	/ Y	ү 20	23	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R26159	9291	69888	;
	BALTIMORE	MD		21229-2213		Amoun	t of	Ea	ich Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		-95-	_	28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt		N	lemo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify) ▼		,	365.04	F	P/R Dec	ducti	ion	(\$14.0	4 Bi-We	eekly	/)	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia KIRBY, WESLEY, , ,	l) or Full O	Orgai	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 1302 N MALLARD LN					12		_	D D D 31	/ Y)23	Y
	City	State		Zip Code		Tran	sact	tion	n ID : F	R2615	9570	069888	3
	ROGERS	AR		72756-1610	_	Amoun	t of	Ea	ich Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						y		y	_	28.0	8
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)		N	lemo	o Ite	em				
	Optum Services, Inc	Man	nage	r, Advisory Svcs									
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify)		-	365.04	F	P/R De	duct	tion	(\$14.0)4 Bi-W	eekl	y)	
s	UBTOTAL of Receipts This Page (optional)										_	440.7	6
Т	OTAL This Period (last page this line number or	ıly)			- •			-		-y	Ξ		

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

FOR LINE NUMBER:

(check only one)

PAGE 131 OF

				Detailed Summary Page		11a		-	11b 14		11c		12		
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for th		Jrp	ose c						
$\overline{)}$	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia OSTRANDER, ROBERT, , ,	l) or Full O	rgai	nization Name		Date	of F	Red	ceipt						
	Mailing Address 18 BARTON COURT					12 31 / Y Y Y Y Y 12 31									
	City PLEASANT HILL	State CA		Zip Code 94523-2029							R26159 ceipt th			3	
	FEC ID number of contributing federal political committee.	С				_		_			-9-		76.9	2	
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (•	ion (for Individual) nm			Merr	10	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 999.96	F	P/R D	educ	ctic	on (\$3	8.4	6 Bi-W	eekl	y)		
B.	Full Name of Individual (Last, First, Middle Initial	l) or Full O	rgai	nization Name		Date	of F	Red	ceipt						
	Mailing Address 906 BLUEBIRD	-				[™] 12		/	۵ ع		/ Y	20)23	Y	
	City MANCHACA	State TX		Zip Code 78652-4154							R2617 3 ceipt th			}	
	FEC ID number of contributing federal political committee.	С				<u> </u>			,		-95-		28.0	8	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt			Ven	10	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$14.04 Bi-Weekly)												
C.	Full Name of Individual (Last, First, Middle Initia TRAW, KEVIN, , ,	l) or Full O	rgai	nization Name		Date	of F	Red	ceipt						
	Mailing Address 518 13TH ST					^M 12		/	3	1	/ Y	20)23		
	City HUNTINGTON BEACH	State CA		Zip Code 92648-4038							R2617			3	
	FEC ID number of contributing federal political committee.	С	Ì						J	ne	,		76.9	2	
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Service			Men	no	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 999.96	F	P/R D	educ	ctic	on (\$3	8.4	6 Bi-W	eekl	у)		
s	UBTOTAL of Receipts This Page (optional)			••••••					,		,		181.9	2	
т	OTAL This Period (last page this line number on	ly)			-				,		-				

FOR LINE NUMBER:

(check only one)

PAGE 132 OF

			Detailed Summary Page		11a 13		11b		11c	12	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the na				for the		rpose	e of s	oliciting	contrib	utions			
<u> </u>	NAME OF COMMITTEE (In Full)													
\sum	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P/	AC)										
A.	Full Name of Individual (Last, First, Middle Initial MIKICH, MICHAEL, , ,) or Full O	rganization Name		Date of	Re	eceip	ot						
	Mailing Address 10004 CHARLEMONT				M M / D D / Y Y Y Y 12 31 2023									
	City LAS VEGAS	State NV	Zip Code 89134-6703							287698 is Perio				
	FEC ID number of contributing federal political committee.	С					-1		-7-).22			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.86] F	P/R Ded	lucti	ion ((\$9.61	Bi-Wee	ekly)				
	Full Name of Individual (Last, First, Middle Initial GARNER, JOHN, , ,) or Full O	rganization Name		Date of	Re	eceip	ot						
	Mailing Address 1725 YATES DRIVE	1-			^M 12	/	D	31	/ Y	2023	Y			
	City MERRITT ISLAND	State FL	Zip Code 32952-5937							334698 is Perio				
	FEC ID number of contributing federal political committee.	С				15	5.46							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Architecture		Me	emc	o Ite	m						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.98	P	P/R Deduction (\$7.73 Bi-Weekly)									
c.	Full Name of Individual (Last, First, Middle Initial MISKELLCLOUTIER, DOMINIQUE, , ,) or Full O	rganization Name		Date of	Re	eceip	ot						
	Mailing Address 12101 STRETFORD FOREST C				12 ^M	Ŀ		31		2023 Y	_			
	City BRISTOW	State VA	Zip Code 20136-2078	-						9849698 is Perio				
	FEC ID number of contributing federal political committee.	С					J		seipt th		a 3.08			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) /Ied Clin Ops		M	emo	o Ite	em						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04] F	P/R Ded	lucti	tion ((\$14.0	4 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)			•			,		9	62	2.76			
т	OTAL This Period (last page this line number on	ly)		•			- -		-					

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

FOR LINE NUMBER:

(check only one)

PAGE 133 OF

	LED RECEIPIS			or each category of the		11a		11	1b	11c	; [12					
			L	Detailed Summary Page	ΙË	13		14	- H	15		16	17				
	rmation copied from such Reports and Sta mmercial purposes, other than using the r					for the		po	se of	solicit		ontribu	tions				
	E OF COMMITTEE (In Full)																
	tedHealth Group Incorporated	d PAC (l	Jni	tedHealth Group P/	AC)			_									
A. DO	Name of Individual (Last, First, Middle Initia MB, JULIET, , ,	l) or Full Or	rgar	ization Name		Date of	f Re	ece	ipt								
Mailir	ng Address 116 CHURCH ST					^M 12	1	l	D D 31	/		2023	Y				
City		State		Zip Code		Trans	acti	ior	ו ID :	PR26	18988	876988	8				
WAI	ERTOWN	MA		02472-4721		Amoun	t of	Ea	ach R	eceipt	this	Period					
	ID number of contributing al political committee.	С						,		7		192.	30				
	e of Employer (for Individual) n Services, Inc		•	ion (for Individual) Mgmt		М	emo	o It	em								
Rece	ipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼		-	2499.90] F	P/R Dec	lucti	ion	(\$96.	15 Bi-	Weeł	dy)					
	Name of Individual (Last, First, Middle Initia SON, JONATHAN, , ,	l) or Full Or	rgar	nization Name		Date of	f Re	ece	ipt								
Mailir	ng Address 18242 DOVE COURT																
City		State		Zip Code		Trans	acti	ion	ID : I	PR261	8989	186988	8				
EDE	N PRAIRIE	MN		55347-1179	Amount of Each Receipt this Period												
	ID number of contributing al political committee.	С						,				833.	32				
	e of Employer (for Individual) d HealthCare Services Inc		•	ion (for Individual) Gen Counsel Mgr		М	emo	o It	em								
Rece	ipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼		,	2499.96		/R Ded	uctio	on	(\$96.	15 Bi-'	Week	ly)					
	Name of Individual (Last, First, Middle Initia	l) or Full Or	rgar	ization Name		Date of	f Re	ece	ipt								
	ng Address 3845 WEST 143RD TERRACE	-				^M 12	1	l	31	/		2023	Y				
City	NOOD	State KS		Zip Code		Trans	sact	ior	ו ID :	PR26'	18994	436988	8				
LEA	WOOD	N3		66224-3911		Amoun	t of	Ea	ach R	eceipt	this	Period					
	ID number of contributing al political committee.	С				<u> </u>		9		,	_	28.	08				
	e of Employer (for Individual)		•	ion (for Individual)		М	emc	o It	em								
•	m Services, Inc			ec Dir													
	Primary General	Aggregate	Yea	r-to-Date ▼													
	Other (specify)		-	365.04		P/R Dec	lucti	ion	(\$14.	04 Bi-	Weel	dy)					
SUBTO	TAL of Receipts This Page (optional)				•			,		. ,	_	1053.	70				
TOTAL	This Period (last page this line number or	nly)			•			-									

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

FOR LINE NUMBER:

(check only one)

PAGE 134 OF

		Detailed Summary Page	X 11		_	11b	11c		2	<u> </u>				
Any information copied from such Reports or for commercial purposes, other than usi				the pu	Jrpc			g cont						
NAME OF COMMITTEE (In Full)	ng the name and a			conti	ibu		111 3001		millo	0.				
UnitedHealth Group Incorp	orated PAC (JnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Mid OLSON, MARK, , ,	dle Initial) or Full O	rganization Name	Dat	e of F	Rec	eipt								
Mailing Address 848 S CORONA ST				12 ^M	/	D D D 31	/ Y	Y 202	23	Y				
City DENVER	State CO	Zip Code 80209-4410				on ID : P								
FEC ID number of contributing federal political committee.	С				л L - т	ach Red			76.9	2				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt		Merr	no	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R	Deduc	ctio	n (\$38.4	6 Bi-W	ekly)						
Full Name of Individual (Last, First, Mid TROCINSKI, CAROL, , ,	dle Initial) or Full O	rganization Name	Dat	e of F	Rec	eipt								
Mailing Address 1030 ROBIN COURT				[™] 12	/	D D D 31	/ Y	y 202	3	Ŷ				
City WEST SALEM	State WI	Zip Code 54669-1919				n ID : P Each Red								
FEC ID number of contributing federal political committee.	C		28.08											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs		Merr	no	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R I	Deduc	tior	n (\$14.04	4 Bi-We	ekly)						
Full Name of Individual (Last, First, Mid C. MOURAS, DENNIS, , ,	dle Initial) or Full O	rganization Name	Dat	e of F	Rec	eipt								
Mailing Address 5942 BRIARWOOD CC	1			12 ^M	/	^р 31	/ Y	202	3	Y				
City CLARKSTON	State MI	Zip Code 48346-3176				on ID : P Each Red								
FEC ID number of contributing federal political committee.	С				,				384.6	0				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R	Deduc	ctio	n (\$192.	30 Bi-V	Veekly	<i>y</i>)					
SUBTOTAL of Receipts This Page (option	nal)							4	189.60	0				
TOTAL This Period (last page this line nu	mber only)						-		-					

FOR LINE NUMBER:

(check only one)

PAGE 135 OF

		Detailed Summary Page		11a	\square	11b	11c	12				
				13		14	15	16	17			
Any information copied from such Reports and or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorpor	,	•	AC)									
Full Name of Individual (Last, First, Middle A. CAMP, MELISSA, , ,	e Initial) or Full C	Organization Name		Date of	Ro	coint						
Mailing Address 124 WOODFIELD BLVD					_			YY	Y			
				12	Ĺ	31		2023				
City MECHANICVILLE	State NY	Zip Code 12118-3038				-	-	3686988	8			
		12110-3030	A	mount	of	Each Re	eceipt th	is Period				
FEC ID number of contributing federal political committee.	C			_		,		28.				
Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item						
United HealthCare Services Inc		c Dir Ntwk Contrctng										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		365.04	P/	'R Ded	uctio	on (\$14.0	04 Bi-We	eekly)				
Full Name of Individual (Last, First, Middle GREIN, DEEDREA, , ,	e Initial) or Full C	Organization Name		Date of	Re	ceipt						
Mailing Address 4548 ABBOTT AVE S				^M 12	1	D D D 31	/ Y	2023	Y			
	State MN	Zip Code 55410-1445						4226988	8			
		55410-1445	A	mount	of	Each Re	eceipt thi	is Period	_			
FEC ID number of contributing federal political committee.	C		1		-	7	 -	208.	00			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt		Me	emo	Item						
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		4776.00	P/	R Ded	uctic	on (\$192	.30 Bi-W	/eekly)				
Full Name of Individual (Last, First, Middle MULES, REBECCA, , ,	e Initial) or Full C	Organization Name		Date of	Re	ceipt						
Mailing Address 1136 BATTERY AVENUE				12 ^M	/	31		2023				
City BALTIMORE	State MD	Zip Code 21230-4112				-	-	4266988	8			
FEC ID number of contributing	_			unount	UT	⊏acn R€	eceipt th	is Period				
federal political committee.	C					9	y y	384.	60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	Item						
Receipt For:	Aggregate	Year-to-Date V										
Other (specify)		4999.80	P/	/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)				
SUBTOTAL of Receipts This Page (optiona	l)							620.	68			
TOTAL This Period (last page this line num	ber only)					,	- - 					

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

FOR LINE NUMBER:

(check only one)

PAGE 136 OF

				tailed Summary Page		11a 13		11b 14		11c 15	\square	12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for the		oose of		liciting		ntributi	ions			
$\overline{)}$	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	Unite	edHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia SINGH, KANWAR, , ,	l) or Full O	rganiz	ation Name		Date of	Re	ceipt								
	Mailing Address 10422 VERDI COURT					^M 12	/	31		/ Y	Y 20)23	Y			
	City ELLICOTT CITY	State MD	Z	ip Code				on ID :					3			
				21042-2586		Amount	of	Each F	Rec	eipt thi	s P	eriod	_			
	FEC ID number of contributing federal political committee.	С							_	7	_	28.0	8			
	Name of Employer (for Individual) Optum Services, Inc		upatior Gen M	n (for Individual) gmt		Me	emo	Item								
		Aggregate	Year-t	o-Date 🔻												
	Primary General Other (specify) ▼		- a p-	365.04		P/R Ded	ucti	on (\$14	1.04	1 Bi-We	ekly	y)				
В.	Full Name of Individual (Last, First, Middle Initia SMITH, LISA, , ,	l) or Full O	rganiz	ation Name		Date of	Re	ceipt								
	Mailing Address 5040 INTERLACHEN BLUFF					^M ^M 12	/	31		/ Y	, 20	23	Y			
	City	State		ip Code				on ID :					•			
	EDINA	MN		55436-1360		Amount	of	Each F	Rec	eipt thi	s P	eriod				
	FEC ID number of contributing federal political committee.	С			384.60											
	Name of Employer (for Individual) Optum Services, Inc		•	n (for Individual) nt Officer		Me	emo	Item								
		Aggregate	Year-t	o-Date 🔻												
	Other (specify) ▼		•	4999.80	P	/R Ded	uctio	on (\$19	2.3	80 Bi-W	eek	ly)				
С.	Full Name of Individual (Last, First, Middle Initia LIVERS, JEFFREY, , ,	l) or Full O	rganiz	ation Name		Date of	Re	ceipt								
	Mailing Address 402 DERBY COURT					^M 12	/	31		/ Y)23	Y			
	City MEBANE	State NC		ip Code 27302-9452				ion ID :					3			
				27302-9432		Amount	of	Each F	Rec	eipt thi	s P	eriod	_			
	FEC ID number of contributing federal political committee.	С					_	y	_	9	_	28.0	8			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Exec	•	n (for Individual)		M	emo	Item								
		Aggregate	Year-t	o-Date 🔻												
	Other (specify)		- a p-	365.04		P/R Ded	ucti	on (\$14	4.04	4 Bi-We	ekly	y)				
s	UBTOTAL of Receipts This Page (optional)				•			,	l	9		440.7	6			
т	OTAL This Period (last page this line number on	ıly)		••••••	-				ļ	-						

FOR LINE NUMBER:

(check only one)

PAGE 137 OF

•••				etailed Summary Page		(11a		11b	1	1c		12	
_				, ,		13		14		5		16	17
or	y information copied from such Reports and S for commercial purposes, other than using the	Statements make and a	ay not	t be sold or used by any post s of any political committee	erson e to sc	for the licit co	pur ntrib	oose o utions	f solie from	citing such	con cor	ntribut mmitte	ions ee.
\backslash	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate	ed PAC (Unit	edHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Ini TERRAL, RECCA, , ,	itial) or Full C	Organiz	zation Name		Date o	f Re	ceipt					
	Mailing Address 6828 SIMMONS RD					^M 12	/	D 31		Y	ү 20)23	Y
	City	State	Z	Zip Code		Trans	acti	ion ID :	: PR2	6263	596	6988	В
	NORTH RICHLAND HILLS	TX		76182-4259		Amoun	t of	Each F	Recei	pt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С								-		28.0)8
	Name of Employer (for Individual) Optum Services, Inc		cupatio Gen M	n (for Individual) Igmt		М	emc	Item					
	Receipt For:	Aggregate	Year-	to-Date ▼									
	Primary General Other (specify) v		- J -	365.04	F	P/R Dec	lucti	on (\$14	4.04 E	Bi-We	ekly	()	
	Full Name of Individual (Last, First, Middle Ini BONAR, BRUCE, , ,	itial) or Full C	Organiz	zation Name		Date o	f Re	ceipt					
	Mailing Address 125 STONERIDGE DR					^M 12	1	D 31		Y	Y 202	23 23	Y
	City	State	Z	Zip Code		Trans	acti	on ID :	PR2	6269	068	69888	3
	KALISPELL	MT			Amoun	t of	Each F	Recei	pt thi	s Pe	eriod		
	FEC ID number of contributing federal political committee.	С				<u> </u>				-		28.0)8
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) vare Engineering		М	emc	Item					
	Receipt For:	Aggregate	Year-	to-Date 🔻									
	Primary General Other (specify) ▼		,	365.04	F	P/R Ded	ucti	on (\$14	1.04 E	3i-We	ekly	')	
с.	Full Name of Individual (Last, First, Middle Ini SCHENCK, ERIK, , ,	itial) or Full C	Organia	zation Name		Date o	f Re	ceipt					
	Mailing Address 18236 DOE TRAIL	1				^M 12	1	D 31		Y	202	23	Y
	City	State	Ž	Zip Code		Trans	sact	ion ID	: PR2	26277	304	6988	8
	BRAINERD	MN		56401-7987		Amoun	t of	Each F	Recei	pt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		9		28.0)8
	Name of Employer (for Individual)	Occ	cupatio	n (for Individual)		М	emo	ltem					
	Optum Services, Inc		•	t Manager									
	Receipt For:	Aggregate	Year-	to-Date 🔻									
	Primary General Other (specify)		- J -	365.04	F	P/R Dec	lucti	on (\$14	4.04 [Bi-We	ekly	/)	
	UBTOTAL of Receipts This Page (optional)				 _		-	5		y		84.2	24

FOR LINE NUMBER:

(check only one)

PAGE 138 OF

I EIVIIZED RECEIPIS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
or for commercial purposes, other than us			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Mic A. SCOTT, NICOLE, , ,	dle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 29039 HOBBLEBUSH			12 31 Y Y Y Y Y 12 31 2023
City	State	Zip Code	Transaction ID : PR2627731969888
SAN ANTONIO	ТХ	78260-2249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Mid MORRIS, BARBARA, , ,	ddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1045 SWEET GUM WA	λY		12 31 2023
City	State	Zip Code	Transaction ID : PR2627735569888
MEBANE	NC	27302-6511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Mic C. LINDLEY, SHEILA, , ,	ddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 3656 WINDING WOOI	DLANE		12 31 Y Y Y Y 12 31 2023
City	State	Zip Code	Transaction ID : PR2627739869888
LEXINGTON	KY	40515-1283	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		27.80
Name of Employer (for Individual) Optum Services, Inc	Occ Med	upation (for Individual) I Dir	Memo Item
Receipt For:		Year-to-Date ▼	-
Primary General Other (specify)	Aggregate	361.40	P/R Deduction (\$13.90 Bi-Weekly)
			· · · · · · · · · · · · · · · · · · ·
SUBTOTAL of Receipts This Page (optio	nal)	••••••	83.96
TOTAL This Period (last page this line n	umber only)		

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

FOR LINE NUMBER:

(check only one)

PAGE 139 OF

			Detailed Summary Page		11a		11b	11c	12					
٨٣	uinformation conied from such Deports and State	mente ma	w not be sold or used by enviro		13 r the i		14	15 f solicitin	16 a contribu	17				
	y information copied from such Reports and State for commercial purposes, other than using the na													
\setminus	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group P/	AC)										
٩.	Full Name of Individual (Last, First, Middle Initial) DUKART, JENNIFER, , ,	or Full Or	ganization Name	D	ate of	Re	ceipt							
	Mailing Address 2541 DRESDEN LANE				^M 12	/	D 31		2023	Y				
	City	State	Zip Code		Trans	acti	on ID :	: PR2627	7491698	88				
	GOLDEN VALLEY	MN	55422-3617	A	mount	of	Each F	Receipt t	his Perio	d				
	FEC ID number of contributing federal political committee.	С			_		.		384	.60				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Segment Gen Counsel	1	Me	emo	Item							
	Receipt For:		Year-to-Date ▼											
	Primary General Other (specify) ▼		4999.80	P/I	R Ded	uctio	on (\$1§	92.30 Bi-\	Weekly)					
	Full Name of Individual (Last, First, Middle Initial) NAKAJIMA, KENICHI, , ,	or Full Or	ganization Name	D	ate of	Re	ceipt							
	Mailing Address 15822 BELFAST LANE				12 31 2023									
	City	State	Zip Code		Transaction ID : PR2628319069888									
	HUNTINGTON BEACH	CA	92647-3104	A	mount	of	Each F	Receipt t	his Perio	b				
	FEC ID number of contributing federal political committee.	С							19	.22				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ir Act Svs	1	Me	emo	Item							
	Receipt For: A Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 249.86	P/F	R Dedu	uctio	on (\$9.)	61 Bi-We	ekly)					
).	Full Name of Individual (Last, First, Middle Initial) PARIS, KATHERINE, , ,	or Full Or	ganization Name	D	ate of	Re	ceipt							
	Mailing Address 17365 62ND AVE N			46	^M 12	/	D 31	<u>_</u> L	2023					
	City MAPLE GROVE	State MN	Zip Code 55311-6405				-		3206698					
	EEC ID number of contributing	_	33311-0403	A	mount	of	Each F	Receipt t	his Perio	k				
	FEC ID number of contributing federal political committee.	C		ļļ		_	y	y	192	.30				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ovt Affs		Memo Item									
		vggregate `	Year-to-Date ▼											
	Primary General Other (specify)		2499.90	P/	R Ded	ucti	on (\$96	6.15 Bi-W	/eekly)					
s	JBTOTAL of Receipts This Page (optional)						y	5	596	.12				
T	DTAL This Period (last page this line number only	/)	••••••	L			_							

FOR LINE NUMBER:

(check only one)

PAGE 140 OF

				ummary Page		< 11a		11b	11c	12	
Δ	, information conied from curch Departs and O	totomonto		or used by any		13	<u> </u>	14	15	16	17
or	y information copied from such Reports and S for commercial purposes, other than using the										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporate	ed PAC (UnitedHea	alth Group P/	AC)						
Α.	Full Name of Individual (Last, First, Middle Init SHJERVE, NICHOLAS, , ,	tial) or Full C	Organization Na	ame		Date of	Re	ceipt			
	Mailing Address 12126 94TH AVE N					^M 12	1	D D D 31	/ Y	y y 2023	Y
	City MAPLE GROVE	State MN	Zip Code 55369-7					-	PR26283		
-			55569-7	154		Amount	t of	Each R	eceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С				Ľ.	_			76	6.92
Ī	Name of Employer (for Individual)	Occ	upation (for Ind	dividual)		M	emo	Item			
	United HealthCare Services Inc	Sr /	Assc Gen Coun	sel							
	Receipt For: Primary General	Aggregate	Year-to-Date								
	Other (specify) ▼			999.96] '	P/R Ded	lucti	on (\$38.	46 Bi-We	∍ekly)	
в.	Full Name of Individual (Last, First, Middle Init MANNING, KIM, , ,	tial) or Full C	Organization Na	ame		Date of	Re	ceipt			
	Mailing Address 12703 DEER CREEK DRIVE					^M 12	/	D D D 31	/ Y	2023	Y
	City	State	Zip Code			Trans	acti	on ID : I	PR26283	314698	88
-	ОМАНА	NE	68142-1	762		Amount	t of	Each R	eceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С				<u> </u>		-	-	76	6.92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for In Mktg	dividual)		M	emo	Item			
Ī	Receipt For:	Aggregate	Year-to-Date	7							
	Primary General Other (specify) ▼		4 4	999.96] '	P/R Ded	uctio	on (\$38.⁄	46 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Init VANDERWALDE, LAMBERT, , ,	tial) or Full C	Organization Na	ame		Date of	Re	ceipt			
	Mailing Address 45 AUDUBON CAUSEWAY					^M 12	1	D D D 31	/ Y	2023	Y
	City LANTANA	State FL	Zip Code			Trans	act	ion ID :	PR26283	323698	88
-			33462-4	756	_	Amount	t of	Each R	eceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С		<u> </u>		,	9	384	1.60		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Inc VHG Researc	,		M	emc	Item			
i	Receipt For:	I	Year-to-Date	•							
	Primary General Other (specify)							on (\$192	2.30 Bi-V	/eekly)	
รเ	JBTOTAL of Receipts This Page (optional)			····· •	 ►			5	. ,	538	8.44
т	OTAL This Period (last page this line number	only)		•••••••	•			-	-		-

FOR LINE NUMBER:

(check only one)

PAGE 141 OF

				Detailed Summary Page		X 11a		11	b	11c		12	
				, 0		13		14		15		16	17
or	y information copied from such Reports and St for commercial purposes, other than using the												
\setminus	NAME OF COMMITTEE (In Full)												
/	UnitedHealth Group Incorporate	d PAC (Un	itedHealth Group PA	(C)								
۹.	Full Name of Individual (Last, First, Middle Initi PIAZZA, ELIZABETH, , ,	al) or Full (Orga	nization Name		Date of	Re	ecei	pt				
	Mailing Address 117 HILLSIDE LN					^M 12	/		31	/ Y)23	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R2628	3341	69888	3
	POTTSTOWN	PA		19465-8583	_	Amount	of	Ea	ch Re	ceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С						- -		-9-		76.9	2
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) I Clin Ops		Me	emo	o Ite	əm				
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼									
	Primary General Other (specify) ▼		-	999.96		P/R Ded	ucti	on	(\$38.4	6 Bi-W	eekl	y)	
3.	Full Name of Individual (Last, First, Middle Initi KORNHAUSER, MICHAEL, , ,	al) or Full (Orga	nization Name		Date of	Re	ecei	pt				
	Mailing Address 180 SUMMIT LANE					M M 12	1		31	/ Y		23	Y
	City	State		Zip Code		Transa	acti	ion	ID : P	R2628	3357	69888	3
	BALA CYNWYD	PA		19004-2931		Amount	of	Ea	ch Re	ceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С						- -		-		115.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		cupa Med	tion (for Individual) Dir		Me	emo	o Ite	əm				
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼									
	Primary General Other (specify) ▼		,	1506.96		P/R Dedu	uctio	on ((\$57.9	6 Bi-W	eekly	/)	
<u> </u>	Full Name of Individual (Last, First, Middle Initi MILLER, DEBRA, , ,	al) or Full (Orga	nization Name		Date of	Re	ecei	pt				
	Mailing Address 5218 PINEHURST COURT					^M 12	/	ľ	31	/ Y		23	Y
		State		Zip Code		Trans	act	ion	ID : F	R2628	7913	86988	3
	WHITESTOWN	IN		46075		Amount	of	Ea	ch Re	ceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					_	,		y		28.0	8
	Name of Employer (for Individual)	Oco	\neg	Me	emc	o Ite	em						
	Optum Services, Inc	Sr I	Dir P	roduct									
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼									
	Other (specify)		-	365.04		P/R Ded	ucti	ion	(\$14.0)4 Bi-W	eekl	y)	
	JBTOTAL of Receipts This Page (optional)							7	-	9	-	220.9	2

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

FOR LINE NUMBER:

(check only one)

PAGE 142 OF

	IVIZED RECEIPIS			or each category of the		11a		1	1b	1	1c		12					
				Detailed Summary Page		13	-	1.	-	_	5		16	17				
	v information copied from such Reports and Sta for commercial purposes, other than using the r					for the		ро	se of	soli	citing	con	ntribut	ions				
	NAME OF COMMITTEE (In Full)																	
\geq	UnitedHealth Group Incorporated	d PAC (l	Uni	tedHealth Group PA	AC)													
A.	Full Name of Individual (Last, First, Middle Initia CHAMBERLAIN, LACY, , ,	al) or Full O	rgar	nization Name		Date of	Re	ece	eipt									
	Mailing Address 5820 CHASTEK WAY					^M 12	1	I	D D D 31	/	Y		23	Y				
	City	State		Zip Code		Trans	acti	ior	ו ID :	PR2	26288	193	69888	3				
-	MINNETONKA	MN		55345-6601		Amount	t of	Ea	ach R	ecei	ipt thi	s Pe	eriod					
	FEC ID number of contributing rederal political committee.	С						,			-y	1	666.6	6				
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP M	•	ion (for Individual)		M	emo	o It	em									
Ì	Receipt For:	Aggregate	Yea	r-to-Date ▼														
	Primary General Other (specify) ▼			4999.99	F	P/R Ded	lucti	ion	(\$96.	.15 E	Bi-We	ekly	/)					
	Full Name of Individual (Last, First, Middle Initia THOMPSON, BRUCE, , ,	al) or Full O	rgar	nization Name		Date of	Re	ece	eipt									
	Mailing Address 2826 HEDGEROW DRIVE				Date of Receipt													
	City	State		Zip Code		Trans	acti	ior	1D : I	PR2	6288	336	69888	;				
-	DALLAS	ТХ		75235-7590	Transaction ID : PR2628833669888 Amount of Each Receipt this Period													
	FEC ID number of contributing rederal political committee.	С			384.60													
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) Mgmt		M	emo	o It	em									
	Receipt For:	Aggregate	Yea	r-to-Date ▼														
	Primary General Other (specify) ▼		,	4999.80	P	/R Ded	uctio	on	(\$192	2.30	Bi-W	eekl	ly)					
C.	Full Name of Individual (Last, First, Middle Initia BENJAMIN, GEORGANNE, , ,	al) or Full O	rgar	ization Name		Date of	Re	ece	eipt									
	Mailing Address 3439 S MILLSPUR WAY	1				^M 12	1	l	D D D	/	Y	202	23	Y				
		State ID		Zip Code		Trans								3				
-	BOISE			83716-8648	<u> </u>	Amount	of	Ea	ach R	ecei	ipt thi	s Pe	eriod					
	FEC ID number of contributing rederal political committee.	С						,			,		30.0	0				
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		М	emc	o li	tem									
	Receipt For:	1		r-to-Date ▼	_													
	Primary General	Ayyreyale	ied			P/R Dec	luct:	ion	(¢15	00 1	Ri. 14/2	ok.	0					
	Other (specify)	<u> </u>	-11-	390.00					ι (φ15.	.001	-vve	eriy	()					
รเ	JBTOTAL of Receipts This Page (optional)			•				,			,	2	081.2	6				
тс	OTAL This Period (last page this line number or	nly)						,										

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

FOR LINE NUMBER:

(check only one)

PAGE 143 OF

				Detailed Summary Page		11a		-	11b		11c		12	·				
	y information copied from such Reports and Sta							Jrp										
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and a	addro	ess of any political committee	e to so	olicit c	ontr	ΊDι	utions	tro	om suc	n co	ommitte	e.				
\rangle	UnitedHealth Group Incorporated	d PAC (I	Un	itedHealth Group PA	AC)													
Α.	Full Name of Individual (Last, First, Middle Initia DREFAHL, JASON, , ,	l) or Full O	Orga	nization Name		Date	of F	Red	ceipt									
	Mailing Address 6104 FOX MEADOW LN					[™] 12	VI	/	D 3		/ Y	Y 2(023 0	Y				
	City EDINA	State MN		Zip Code 55436-1217							R2632 ceipt th			3				
	FEC ID number of contributing federal political committee.	С							, ,				384.6	0				
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) COO		1	/lem	no	ltem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 4999.80	F	P/R De	duc	ctic	on (\$1	92.	.30 Bi-V	Veeł	<ly)< td=""><td></td></ly)<>					
в.	Full Name of Individual (Last, First, Middle Initia NAPOLITANO, DIANE, , ,	l) or Full O	Orga	nization Name		Date	of F	Red	ceipt									
	Mailing Address 9 CHESTNUT COURT				Date of Receipt 12 Transaction ID : PR2632087769888 Amount of Each Receipt this Period													
	City BASKING RIDGE	State NJ		Zip Code 07920-3100														
	FEC ID number of contributing federal political committee.	С				[]		_	,			_	28.0	8				
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Capability		ľ	Лет	10	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 365.04	F	P/R De	duc	tic	on (\$1	4.0	4 Bi-W	eekly	y)					
с.	Full Name of Individual (Last, First, Middle Initia GORSUCH, KIRSTEN, , ,	l) or Full O	Orga	nization Name		Date	of F	Red	ceipt									
	Mailing Address 10020 E GRAYTHORN DRIVE					^M 12		/	3		/ Y)23 [°]	Y				
	City SCOTTSDALE	State AZ		Zip Code 85262-5134							R2632 ceipt th			3				
	FEC ID number of contributing federal political committee.	С				<u> </u>			, .		9		384.6	0				
	Name of Employer (for Individual) United HealthCare Services Inc	Occu SVP	•	tion (for Individual) mm			Vlen	no	ltem									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 4999.80	F	P/R De	educ	ctic	on (\$1	92	.30 Bi-\	Veel	kly)					
s	UBTOTAL of Receipts This Page (optional)												797.2	8				
т	OTAL This Period (last page this line number or	ıly)			-				,		-							

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

FOR LINE NUMBER:

(check only one)

PAGE 144 OF

				Summary Page		< 11a		11b	11c	12	<u> </u>				
Ar	y information copied from such Reports and Sta	atements ma	ay not be so	ld or used by any p	erson	13 for the	 pur	14 pose of	15 soliciting	16 g contribu	l 17 tions				
	for commercial purposes, other than using the r														
\backslash	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporate	d PAC (I	JnitedHe	ealth Group P	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia TUFFIN, MICHAEL, , ,	al) or Full O	rganization I	Name		Date of	Re	ceint							
~1.	Mailing Address 5904 ASHBY MANOR PLACE								/ Y	YY	Y				
						12	Ľ	31	JĽ	2023					
	City ALEXANDRIA	State VA	Zip Coo	le)-2267						08796988	8				
		*^	22310	-2201	—	Amount	of	Each R	eceipt th	nis Period					
	FEC ID number of contributing federal political committee.	С						-		384.	60				
	Name of Employer (for Individual)	Осси	upation (for	Individual)		M	emo	Item							
	United HealthCare Services Inc	SVF	9 Govt Affs												
	Receipt For: Primary General	Aggregate	Year-to-Date	₹	P/R Deduction (\$192.30 Bi-Weekly) Date of Receipt										
	Other (specify) ▼			4422.90] F	P/R Ded	ucti	on (\$19	2.30 Bi-\	Veekly)					
В.	Full Name of Individual (Last, First, Middle Initia MEENTS, BENJAMIN, , ,	al) or Full O	rganization I	Name		Date of	Re	eceipt							
	Mailing Address 6531 BIG WOODS DRIVE				12 31 2023										
	City	State	Zip Coo	le		Trans	acti	on ID :	PR2632	08816988	8				
	MINNETRISTA	MN	55331	-2026						nis Period					
	FEC ID number of contributing federal political committee.	С								76.	92				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Mktg	Individual)		M	emo	tem							
	Receipt For:	Aggregate	Year-to-Date	• •											
	Primary General Other (specify) ▼		,	999.96] F	P/R Ded	uctio	on (\$38.	.46 Bi-W	eekly)					
С.	Full Name of Individual (Last, First, Middle Initia ORRICK, VERONICA, , ,	al) or Full O	rganization I	Name		Date of	Be	ceint							
	Mailing Address 2960 CLAREMORE LANE					12 Batto of	/	D 31	/ Y	2023	Y				
	City	State	Zip Coo			Trans	act	ion ID :	PR2632	85856988	88				
	LONG BEACH	CA	90815	-1642		Amount	of	Each R	eceipt th	nis Period					
	FEC ID number of contributing federal political committee.	С						y	9	28.	08				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for c Dir Prov Da	,		M	emc	tem							
	Receipt For:		Year-to-Date												
	Primary General Other (specify)			336.96] '	P/R Ded	lucti	ion (\$14	.04 Bi-W	eekly)					
	UBTOTAL of Receipts This Page (optional)				<u> </u>			5		489.	60				

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

FOR LINE NUMBER:

(check only one)

PAGE 145 OF

						(11a		1	1b	1	1c		12	
				Detailed Summary Page		13	\vdash	-	4	_	5	\vdash	16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r									solic	citing	con	ntribut	ons
\backslash	NAME OF COMMITTEE (In Full)													
$\Big)$	UnitedHealth Group Incorporated	d PAC (l	Uni	tedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia WALTHOUR, JOHN, , ,	l) or Full Or	rgar	ization Name		Date o	f Re	ece	eipt					
	Mailing Address 5049 COLFAX AVE S	1				^M 12	/	l	D D D 31	1	Y)23	Y
	City MINNEAPOLIS	State MN		Zip Code 55419-1145		Trans	acti	io	n ID : I	PR2	6328	770	69888	}
				55419-1145	- 1	Amoun	t of	E	ach Re	ecei	pt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С	_					,		_	-		384.6	0
	Name of Employer (for Individual) Optum Services, Inc	Occu VP N	•	ion (for Individual)		M	emc	o l	tem					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		-	4999.80	F	P/R Dec	lucti	ior	า (\$192	2.30	Bi-W	eek	ly)	
В.	Full Name of Individual (Last, First, Middle Initia PARR, MICHAEL, , ,	l) or Full Or	rgar	ization Name		Date o	f Re	ece	əipt					
	Mailing Address 2625 LEROY LANE					^M M 12	/	ſ	D D 31	/	Y	y 202	23 23	Y
	City	State		Zip Code		Trans	acti	ioi	n ID : F	PR2	6328	835(69888	;
	WEST BLOOMFIELD	MI		48324-2237	'	Amoun	t of	E	ach Re	ecei	pt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,			-		28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Exec	•	ion (for Individual) r		М	emc	o l	tem					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		,	365.04	P	/R Dec	lucti	ion	n (\$14.0	04 E	3i-We	ekly	r)	
с.	Full Name of Individual (Last, First, Middle Initia SARGENT, GLORIA, , ,	l) or Full Or	rgar	ization Name		Date o	f Re	ece	əipt					
	Mailing Address 3750 CANAL STREET					^M 12	/	[D D D 31	1	Y	202	23	Y
		State		Zip Code		Trans	sact	tio	n ID : I	PR2	26341	193	6988	3
	SAINT CHARLES	MO		63301-8510		Amoun	t of	E	ach Re	ecei	pt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,			,		28.0	8
	Name of Employer (for Individual)		•	ion (for Individual)		Μ	emo	οI	ltem					
	United HealthCare Services Inc	Hlth	Plar	n CEO										
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Other (specify)		-	365.04	F	P/R Dec	ducti	ior	n (\$14.	04 E	3i-We	ekly	/)	
s	UBTOTAL of Receipts This Page (optional)			•••••				,			,		440.7	6
Т	OTAL This Period (last page this line number or	ıly)						-,			-			

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

FOR LINE NUMBER:

(check only one)

PAGE 146 OF

				or each category of the	ΙD	(11a		11b	, [11c		12	
				Detailed Summary Page	ļŕ	13		14	. -	15		16	17
	y information copied from such Reports and St for commercial purposes, other than using the									oliciting		ntribut	ions
\backslash	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporate	ed PAC (I	Un	itedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initi HAPGOOD, WADE, , ,	ial) or Full O	rgar	nization Name		Date of	Re	eceip	ot				
	Mailing Address 330 NW 82ND					^M 12	1	D	31 D	/ Y)23	Y
	City TOPEKA	State KS		Zip Code		Trans	acti	ion I	ID : P	R2634	1670)69888	3
	TOPERA	10		66617-2223	_	Amount	t of	Eac	h Reo	ceipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С						-		-9	_	115.3	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) t Affs		M	emo) Iter	m				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	1499.94	F	P/R Ded	lucti	ion (S	\$57.6	9 Bi-W	eekl	y)	
В.	Full Name of Individual (Last, First, Middle Initi ROALDI, MICHAEL, , ,	ial) or Full O	rgar	nization Name		Date of	Re	eceip	ot				
	Mailing Address 4720 HARRIET AVENUE					^M 12	/	D	31	/ Y)23	Y
	City	State		Zip Code		Trans	acti	ion I	ID : P	R26341	1695	69888	3
	MINNEAPOLIS	MN		55419-5434		Amount	t of	Eac	h Ree	ceipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		-9	_	77.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		upa P Pr	tion (for Individual) d		M	emo) Iter	m				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	1001.00	F	P/R Ded	uctio	on (\$	\$38.5	0 Bi-We	ekly	y)	
с.	Full Name of Individual (Last, First, Middle Initi PRIBLE, JOHN, , ,	ial) or Full O	rgar	nization Name		Date of	Re	eceip	ot				
	Mailing Address 1923 SHIVER DR					^M 12	1	D	31	/ Y)23	Y
	City	State		Zip Code		Trans	act	ion	ID : P	R2634	6566	6988	8
	ALEXANDRIA	VA		22307-1629	_	Amount	t of	Eac	h Red	ceipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С						,		y	<u> </u>	384.6	60
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)		Μ	emc	b Ite	m				
	United HealthCare Services Inc	VP (Gov	Affs									
	Receipt For:	Aggregate	Yea	r-to-Date 🔻									
	Other (specify)		-	4999.80	1	P/R Dec	lucti	ion (\$192.	30 Bi-V	Veeł	kly)	
s	UBTOTAL of Receipts This Page (optional)			•••••	<u> </u>			9		y	_	576.9	8
т	OTAL This Period (last page this line number of	only)		••••••				-		-			

FOR LINE NUMBER:

(check only one)

PAGE 147 OF

	1713		for each category of the Detailed Summary Page		11a 13	11b 14	11c 15	12 16	17
or for commercial purpos	es, other than using the n		y not be sold or used by a ddress of any political comr		or the pu	irpose of	soliciting	contribu	tions
NAME OF COMMITTE	. ,	I PAC (l	JnitedHealth Group	D PAC)					
A. SIEVERS, NORA,		l) or Full O	rganization Name	[Date of F	Receipt			
Mailing Address 1860	5 75TH AVE N	Chata	Zin Oodo	[M M 12	/ D D D 31	/ Y	2023	
City MAPLE GROVE		State MN	Zip Code 55311-2244			tion ID :			8
FEC ID number of cor federal political commi	0	С		/ /	Amount o	f Each Re	eceipt thi	400.	00
Name of Employer (fo United HealthCare Ser	,		upation (for Individual) Recruit		Merr	no Item			
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 5000.00	, P	/R Deduc	ction (\$192	2.30 Bi-W	/eekly)	
Full Name of Individua B. THOMPSON, DUS	l (Last, First, Middle Initial	l) or Full O	rganization Name		Date of F	Receipt			
	E BDE MAKA SKA PKWY	1			^M 12	/ D D 31	/ Y	2023	Y
City MINNEAPOLIS		State MN	Zip Code 55408-2520	A		tion ID : I			8
FEC ID number of cor federal political commi	0	С				- J	-19-	416.	00
Name of Employer (fo United HealthCare Ser	,		upation (for Individual) uty Gen Counsel Mgr		Merr	no Item			
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 4992.00) P/	/R Deduc	tion (\$192	2.30 Bi-W	eekly)	
Full Name of Individua c. WARGIN, AMY, ,	ll (Last, First, Middle Initial	l) or Full O	rganization Name		Date of F	Receipt			
	9 SWEETWATER PATH				^M 12	/ 31	/ Y	2023 Y	Y
City WOODBURY		State MN	Zip Code 55129-5293			tion ID :			8
FEC ID number of cor federal political commi	0	С		/	Amount o	f Each R	eceipt thi	s Period 400.	00
Name of Employer (fo Optum Services, Inc	r Individual)	Occu VP N	upation (for Individual) /Iktg		Men	no Item			
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 5000.00) P	/R Deduc	ction (\$192	2.30 Bi-W	/eekly)	
SUBTOTAL of Receipts	This Page (optional)					, .		1216.0	00
TOTAL This Period (last	page this line number on	ly)		····· ►					

FOR LINE NUMBER:

(check only one)

PAGE 148 OF

		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports a	and Statements ma	l ay not be sold or used by any p	erson for the purpose of soliciting contributions
or for commercial purposes, other than usin			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Incorpo	brated PAC (United Health Group P	AC)
Full Name of Individual (Last, First, Midd A. WOJCIK, ADAM, , ,	lle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 11424 BOULDER DRIVE	E		12 31 2023
City	State	Zip Code	Transaction ID : PR2634886569888
ORLAND PARK	IL	60467-7419	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		398.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		4989.03	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Midd B. PESCATELLO, SARA, , ,	le Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1311 HAMLIN STREET I	NE		12 31 2023
City	State	Zip Code	Transaction ID : PR2634888569888
WASHINGTON	DC	20017-2451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Last, First, Midd C. POWER, ROBERT, , ,	le Initial) or Full C	organization Name	Date of Receipt
Mailing Address 20 SMITH LANE			12 31 / Y Y Y Y Y 12 31 2023
City	State NY	Zip Code 11780-3810	Transaction ID : PR2634892869888
SAINT JAMES		11700-3010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		424.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		4991.38	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	al)		1014.30
TOTAL This Period (last page this line nur	nber only)		

FOR LINE NUMBER:

(check only one)

PAGE 149 OF

ITEMIZED RECEIPTS	Detailed Summary Page		11a		11b		11c	12		
				13		14		15	16	17
Any information copied from such Reports a or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Midd GILREATH, BRIAN, , ,	le Initial) or Full C	organization Name		Date of	Re	ceipt				
Mailing Address 236 JERRY ROAD				^M 12	/	D 31		/ Y	y y 2023	Y
City	State CT	Zip Code		Trans	acti	on ID	: PR	26354	2686988	8
EAST HARTFORD		06118-3124	A	mount	of	Each	Rece	eipt thi	s Period	
FEC ID number of contributing federal political committee.	C							- J -	19.	24
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) DVIp Cons		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		250.12	P/	'R Ded	uctio	on (\$9.	.62 E	Bi-Wee	kly)	
Full Name of Individual (Last, First, Midd B. PAYET, KEITH, , ,	le Initial) or Full C	Prganization Name		Date of	Re	ceipt				
Mailing Address 26495 SE KENT KANGL	EY RD			[™] 12	/	D 31		/ Y	y y 2023	Y
City	State	Zip Code							4006988	
RAVENSDALE	WA	98051-9427	A	mount	of	Each	Rece	eipt thi	s Period	
FEC ID number of contributing federal political committee.	C							-y	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		4999.80	P/	R Ded	uctio	on (\$19	92.3	0 Bi-W	eekly)	
Full Name of Individual (Last, First, Midd C. MANN, MELISSA, , ,	le Initial) or Full C	organization Name		Date of	Re	ceipt				
Mailing Address 15526 ELM RD				^M 12	1	D 31		/ Y	2023	Y
City	State	Zip Code		Trans	acti	ion ID	: PR	26354	4216988	88
MAPLE GROVE	MN	55311-3941	A	mount	of	Each	Rece	eipt thi	s Period	
FEC ID number of contributing federal political committee.	C				_	,		y	38.	46
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) People Team		Me	emo	Item				
Receipt For:	I	Year-to-Date ▼								
Primary General	Aggregate			/P Dod	uoti	on (@4	0.00	Bi \//~		
Other (specify)		499.98		/R Ded	ucil	οn (⊅1	9.Z3	DI-VVE		
SUBTOTAL of Receipts This Page (optional	al)		[, .		y	442.	30
TOTAL This Period (last page this line nun	nber only)	••••••	. [-y		

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 150 OF

			Detailed Summary Page		11a		-	1b		11c	12		_
۸.	w information conject from such Deports and State	amente mai	, not be sold or used by any n		13 for the		_	4		15 liciting	contrib		17
	y information copied from such Reports and State for commercial purposes, other than using the na												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial) MIRAU, ANTHONY, , ,	or Full Or	ganization Name		Date c	of Re	ece	eipt					
	Mailing Address 770 HAWKCREST CIR				^M 12	/	1	D 31		/ Y	2023	Y]
	City CHANHASSEN	State MN	Zip Code		Tran	sact	tio	n ID :	PR	26354	442698	88	_
	CHANHASSEN	IVIIN	55317-4860	_	Amour	nt of	E	ach F	Rece	eipt thi	s Perio	d	
	FEC ID number of contributing federal political committee.	С					,			Ŧ	192	2.30	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Sen Mgmt		N	lemo	οI	tem					
	Receipt For:		/ear-to-Date ▼										
	Primary General Other (specify) ▼		2499.90	I F	P/R De	ducti	ior	n (\$96	6.15	Bi-We	ekly)		
в.	Full Name of Individual (Last, First, Middle Initial) CHAPMAN, DANIELLE, , ,	or Full Or	ganization Name		Date c	of Re	ece	eipt					
	Mailing Address 16471 NORTHWOOD RD NW				[™] 12	/		D 31		/ Y	2023	Y	1
	City	State	Zip Code		Trans	sacti	io	n ID :	PR	26354	452698	88	
	PRIOR LAKE	MN	55372-1615	_	Amour	nt of	Е	ach F	Rece	eipt thi	s Perio	d	
	FEC ID number of contributing federal political committee.	С					-,			-y	333	3.32	
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Segment Controller		N	lemo	οI	tem					
	Dessint For:	Aggregate	/ear-to-Date ▼										
	Primary General Other (specify) ▼		, 999.96] F	P/R Dee	ducti	ior	n (\$38	3.46	Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initial) ROOS, THOMAS, , ,	or Full Or	ganization Name		Date c	of Re	ece	eipt					
	Mailing Address 3199 KAGEN AVE NE				^M 12	/		31		/ Y	2023	Y	1
	City	State	Zip Code		Tran	sact	tio	n ID :	: PR	26354	512698	888	
	SAINT MICHAEL	MN	55376-3416	_	Amour	nt of	Е	ach F	Rece	əipt thi	s Perio	d	
	FEC ID number of contributing federal political committee.	С					9			y	384	1.60	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Chief Acctng Off		N	/lemo	οI	ltem					
	Receipt For:		/ear-to-Date ▼										
	Primary General Other (specify)	.99.09uto	4999.80	•	P/R De	duct	tior	n (\$19	92.3	0 Bi-W	/eekly)		
s	UBTOTAL of Receipts This Page (optional)		••••••								91().22	
Т	OTAL This Period (last page this line number only	y)	•	•			,			- -			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 151 OF

		Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS	MIZED RECEIPTS for each category of the Detailed Summary Page			
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group PA	AC)	
Full Name of Individual (Last, First, Middle NELSON, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 2048 STAGHORN DRIVE			M M / D D / Y Y Y Y 12 31 2023	
City SHAKOPEE	State MN	Zip Code 55379-5412	Transaction ID : PR2636719369888 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		28.08	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ple Business Partner	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)	
Full Name of Individual (Last, First, Middle MADONDO, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 10 WINSTON ROAD			12 / D D / Y Y Y Y Y 12 31 2023	
City	State MA	Zip Code	Transaction ID : PR2636726169888	
HOLLISTON		01746-1454	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		76.92	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item	
Receipt For:	Aggregate	Year-to-Date V		
Primary General Other (specify) ▼		999,96	P/R Deduction (\$38.46 Bi-Weekly)	
Full Name of Individual (Last, First, Middle DEMPSEY, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 6614 PARKWOOD LANE			12 / D D / Y Y Y Y Y 12 31 2023	
City EDINA	State MN	Zip Code 55436-1734	Transaction ID : PR2636726369888 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		76.92	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Group Fin Leader	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optional).			181.92	
TOTAL This Period (last page this line number	er only)	•		

FOR LINE NUMBER:

(check only one)

PAGE 152 OF

		Detailed Summary Page	×	11a		11	- H	11c	12					
Any information partial from such Da	d Otatars			13		14		15	16	17				
Any information copied from such Reports an or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
VinitedHealth Group Incorport	rated PAC (UnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middle A. HILL, DAVID, , ,	e Initial) or Full C	Prganization Name	[Date of Receipt										
Mailing Address 1800 RIDGE AVENUE U	NIT 303			^M 12	/	Γ	31	/ Y	2023	Y				
City	State	Zip Code		Trans	acti	ion	ID : I	PR2636	72656988	8				
EVANSTON	IL	60201-5980	A	mount	of	Ea	ch Re	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	C					-			76.	92				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel Mgr		Me	emo	o Ite	em							
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼	33 34.0	999.96] P	/R Ded	ucti	ion	(\$38.	46 Bi-W	eekly)					
Full Name of Individual (Last, First, Middle FELLOWS, CHRISTINA, , ,	e Initial) or Full C	organization Name		Date of	Re	ecei	ipt							
Mailing Address 5725 SAINT JOHNS AVE				^M 12	1	Ľ	31	/ Y	2023	Y				
City	State	Zip Code							68006988	3				
EDINA	MN	55424-1546	A	Mount	of	Ea	ch Re	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	C					-		-	400.	00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff		Me	emo	o Ite	em							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	P/	'R Ded	uctio	on	(\$198	8.15 Bi-V	Veekly)					
Full Name of Individual (Last, First, Middle C. PEDERSEN, NICHOLAS, , ,	e Initial) or Full C	organization Name		Date of	Re	ecei	ipt							
Mailing Address 1862 CLOVER MEADOW	/ DR			^M 12	/	Г	31	/ Y	y y 2023	Y				
City	State	Zip Code		Trans	acti	ion	ID :	PR2637	68476988	8				
CHASKA	MN	55318-5400	A	Mount	of	Ea	ch Re	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	C					9		,	28.	08				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comp		Me	emo	o Ite	em							
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify)		365.04] P	/R Ded	lucti	ion	(\$14.	04 Bi-W	eekly)					
SUBTOTAL of Receipts This Page (optiona)					,			505.0	00				
TOTAL This Period (last page this line num	ber only)					-								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 153 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PAC	C)
Α.	Full Name of Individual (Last, First, Middle Initial LARSON, CHRISTINE, , , Mailing Address 3360 VISTA COURT) or Full O	Organization Name	Date of Receipt
	City HASTINGS	State MN	Zip Code 55033-3347	Transaction ID : PR2637688769888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		0.00
	Name of Employer (for Individual) Optum Services, Inc		supation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 322.92	P/R Deduction (\$0.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial AMUNDSON, TIMOTHY, , ,) or Full O	Organization Name	Date of Receipt
	Mailing Address 3975 ZANZIBAR LANE N	State	Zip Code	M M / D D / Y
	PLYMOUTH FEC ID number of contributing federal political committee.	C	55446-1350	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Tax	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial BESHARA, DAVID, , ,) or Full O	Organization Name	Date of Receipt
	Mailing Address 1301 SPRINGVALE DRIVE	State	Zip Code	12 / 31 2023 Transaction ID : PR2637692969888
	BEL AIR	MD	21015-5849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1666.66
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharmacy Programs	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3333.32	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	2066.66
т	OTAL This Period (last page this line number on	ly)		

FOR LINE NUMBER:

(check only one)

PAGE 154 OF

			Detailed Summary Page	^ 1'	X 11a 11b 11c 12						12			
			Detailed Summary 1 age							15		16	1	
	/ information copied from such Reports and for commercial purposes, other than using the second													
$\langle \rangle$	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group P/	AC)										
١.	Full Name of Individual (Last, First, Middle CALABRESE, DAVID, , ,	Initial) or Full C	rganization Name	Dat	Date of Receipt									
	Mailing Address 12 FARM HILL RD				12 31 Y Y Y Y Y 12 31 2023									
	City	State	Zip Code	Тг	ans	acti	ion	ID :	PR	26397	083	69888	3	
	CAPE ELIZABETH	ME	04107-2220	Am	ount	of	Ea	ch R	ece	eipt th	is Pe	eriod		
	FEC ID number of contributing federal political committee.	С					,	_		-y=-		384.6	0	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Clin Off		Me	emo) Ite	€						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R	Ded	ucti	on	(\$192	2.30	0 Bi-W	/eek	ly)		
3.	Full Name of Individual (Last, First, Middle MESSING, KEITH, , , Mailing Address 9 BUTTERFIELD DR	Initial) or Full C	rganization Name		M	Re	_	D ■ D		/ Y		Y	Y	
	0.1				2	L	L	31			20:	23	_	
		State NY	Zip Code							26397			•	
	GREENLAWN		11740-2001	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			_	_	,	_	_	-y		28.0	8	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Software Engineering		Me	emo) Ite	эm						
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		365.04	P/R	Ded	uctio	on	(\$14.	.04	Bi-We	ekly)		
).	Full Name of Individual (Last, First, Middle SMITH, ANTHONY, , ,	Initial) or Full C	rganization Name	Dat	e of	Re	cei	pt						
	Mailing Address 1 ROCKAWAY AVE			_ L	2 ^M	1	L	31			20	1. Alt 1.		
		State MA	Zip Code	TI	ans	act	ion	ID :	PR	26397	7462	6988	3	
	MARBLEHEAD		01945-1726	Am	ount	of	Ea	ch R	ece	eipt th	is Pe	eriod		
	FEC ID number of contributing federal political committee.	С					,	_		y	_	76.9	2	
	Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emc	o Ite	əm						
	Optum Services, Inc	Dir	CInt Svc Acct Mgt											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify)		999.96	P/R	Ded	ucti	on	(\$38.	.46	Bi-We	eekly	/)		
						_	-	_		_	_	_	-	

FOR LINE NUMBER:

(check only one)

PAGE 155 OF

	for each category of the		11a		111	b	11c	12		
	Detailed Summary Page		13	H	14		15	16	17	
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporate			AC)							
Full Name of Individual (Last, First, Middle Init WIGGIN, MATTHEW, , ,	tial) or Full O	Organization Name		Date of	Re	ceip	pt			
Mailing Address 6 MIDDLEBROOK RD				м м 12	/	D	31	/ Y	y y 2023	Y
City	State	Zip Code		Transa	acti	ion	ID : P	R2639	7593698	88
WEST HARTFORD	СТ	06119-1014	A	Amount	of	Ead	ch Re	ceipt th	nis Perio	d
FEC ID number of contributing federal political committee.	С					,		-19-	115	5.38
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	emo	lte	em			
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		1499.94	P/	/R Ded	uctio	on ((\$57.6	9 Bi-W	eekly)	
Full Name of Individual (Last, First, Middle Init B. ZUCCO, BETHANY, , ,	tial) or Full O	Organization Name		Date of	Re	ceip	pt			
Mailing Address 2608 CROMWELL COURT				^M 12	/	D	31	/ Y	2023	Y
City	State	Zip Code							7600698	
MINNEAPOLIS	MN	55410-2519	A	Amount	of	Ead	ch Re	ceipt th	nis Perio	d
FEC ID number of contributing federal political committee.	С					,		4	384	1.60
Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Mktg		Me	emo	lte	em			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		4999.80	P/	/R Dedu	uctic	on ((\$192.	30 Bi-V	Veekly)	
Full Name of Individual (Last, First, Middle Init C. DUTTA, SUMIT, , ,	tial) or Full O	Organization Name		Date of	Re	ceip	pt			
Mailing Address 1112 W WRIGHTWOOD AVE				M M 12	/	L	31	L	2023 Y	_
City CHICAGO	State IL	Zip Code 60614-1315				-			7738698	
				Amount	of	Ead	cn Re	ceipt th	nis Perio	d
FEC ID number of contributing federal political committee.	С					y		y	384	1.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg Chief Med Off		Me	emo) Ite	əm			
Receipt For:		Year-to-Date ▼								
Primary General Other (specify)		4999.80	P	/R Ded	uctio	on ((\$192	.30 Bi-V	Veekly)	
SUBTOTAL of Receipts This Page (optional)		••••••	.			1.			884	.58
TOTAL This Period (last page this line number of		•				,		-		

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

FOR LINE NUMBER:

(check only one)

PAGE 156 OF

			for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
	y information copied from such Reports and Si for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)			
$\Big)$	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	AC)
Α.	Full Name of Individual (Last, First, Middle Init SMITH, DELYLE, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address PO BOX 447			12 / Y Y Y Y 12 31 2023
	City	State	Zip Code	Transaction ID : PR2639801569888
	MT PROSPECT	IL	60056-0447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) irector Technology	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Init GALLOWAY, MERCEDEIS, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 6737 LANCER DRIVE			12 31 2023
	City	State	Zip Code	Transaction ID : PR2640452069888
	CHARLOTTE	NC	28226-7729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Client Executive	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Init WEBER, ALISSA, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 10425 HIDDEN VALLEY DRIV	/E		12 / D D / Y Y Y Y 12 31 2023
	City	State	Zip Code	Transaction ID : PR2640461069888
	JOHNSTON	IA	50131-2539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.38
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	United HealthCare Services Inc	VP E	Bus Group Fin Leader	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1499.94	P/R Deduction (\$57.69 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			220.38
	The mist chou has page this line number (y/		

FOR LINE NUMBER:

(check only one)

PAGE 157 OF

				Detailed Summary Page		11a 13		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	sol	iciting	contribu	tions		
\backslash	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (I	Uni	itedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initial) STOW, CHRISTINA, , ,) or Full O	rgar	nization Name		Date of	Re	cei	ipt						
	Mailing Address 5505 30TH ST NW					12 ^M	/	L	31		/ Y	2023			
	City WASHINGTON	State DC		Zip Code 20015-1249	4			-				6646988 s Period	-		
	FEC ID number of contributing federal political committee.	С				_		,			- -	384.	60		
	Name of Employer (for Individual) Optum Services, Inc		upat Corr	ion (for Individual) m	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P	P/R Deduction (\$192.30 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial) SHARKEY, S PAUL, , ,) or Full O	rgar	nization Name		Date of	Re	ecei	ipt						
	Mailing Address 8607 ELLISTON DRIVE					^M 12	/		D D 31	1	/ Y	y y 2023	Y		
	City WYNDMOOR	State PA		Zip Code 19038-7957	-							4546988 s Period			
	FEC ID number of contributing federal political committee.	С				_		- -				57.	_		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		Me	emo) Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 750.10	P/	/R Dedi	uctic	on	(\$28.8	85	Bi-We	ekly)			
c.	Full Name of Individual (Last, First, Middle Initial) BRISSON, SAMUEL, , ,) or Full O	rgar	nization Name	[Date of	Re	ecei	ipt						
	Mailing Address 2454 GETTYSBURG AVE S	1				^M 12	1	L	^D 31			ý ý 2023			
	City ST LOUIS PARK	State MN		Zip Code 55426-2345	-							5456988 s Period			
	FEC ID number of contributing federal political committee.	С				_		,			y	28.	00		
	Name of Employer (for Individual) Optum Services, Inc			ion (for Individual) ech Prod Mgmt		Me	emo	o Ite	em						
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Other (specify)		-	364.00	P	/R Ded	uctio	on	(\$14.	.00	Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)			•				,		l	9	470.	30		
т	OTAL This Period (last page this line number onl	y)		•••••				-							

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

FOR LINE NUMBER:

(check only one)

PAGE 158 OF

		Detailed Summary Page X 11a 11b 11c 12 13 14 15 16 17									17				
	y information copied from such Reports and State for commercial purposes, other than using the na							of sol	liciting			ons			
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial) ESTESS, SHARON, , ,) or Full Oi	rganization Name		Date of	f Re	eceipt								
	Mailing Address 128 ASHBROOKE TRAIL				^M ^M	_	D		/ Y	y 202	Y 23	Y			
	City	State	Zip Code		- 1 - C	act	ion ID		26408			;			
	MADISON	MS	39110-6855	_	Amount	t of	Each	Rece	eipt thi	is Pe	riod				
	FEC ID number of contributing federal political committee.	С					-y 1		-		76.9	2			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	b Item								
		Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		999.96	I F	P/R Ded	lucti	ion (\$3	38.46	Bi-We	ekly))				
в.	Full Name of Individual (Last, First, Middle Initial) METKO, SARA, , ,) or Full Oi	rganization Name		Date of	f Re	eceipt								
	Mailing Address 23665 HIGHVIEW LANE				^M 12	1	D 3		/ Y	ү 202	3	Y			
	City LAKEVILLE	State MN	Zip Code 55044-6025	Transaction ID : PR2640877369888 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			<u> </u>		-yr- 1		-y=-		76.9	2			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) International Tax		M	emo	b Item								
	Receipt For:	Aggregate	Year-to-Date ▼				a.a. (@Q	0.40		- 1-1)					
	Other (specify) V		999.96		P/R Ded	ucu	011 (\$3	0.40	DI-VVE	екту					
c.	Full Name of Individual (Last, First, Middle Initial) ADVANI, PROTIMA, , ,) or Full Oi	rganization Name		Date of	f Re	eceipt								
	Mailing Address 7618 BRITTANY PARC CT				^M 12	/	D 3	^D	/ Y	202	23	Y			
	City FALLS CHURCH	State VA	Zip Code 22043-2907				ion ID					3			
	FEC ID number of contributing federal political committee.	С			Amount		Each	Rece			384.6	0			
	Name of Employer (for Individual)	Occu	upation (for Individual)	_	М	emo	o Item	1	,						
	United HealthCare Services Inc	VP R	· · · · · ·												
	Receipt For:	Aggregate	Year-to-Date ▼			1 4	: (^ 4	100.0	0 0: 14	/ l . l					
	Other (specify)		4999.80		P/R Dec	JUCT	ion (\$1	192.3	0 BI-V	/еекі	у)				
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,		7	Ę	538.4	4			
т	OTAL This Period (last page this line number onl	y)	••••••	•					- -						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 159 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (UnitedHealth Group PA	C)
	Full Name of Individual (Last, First, Middle Initia STRAND, UTE, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2323 SPRINGDALE DRIVE			12 / D D / Y Y Y Y 12 31 2023
	City NASHVILLE	State TN	Zip Code 37215-1134	Transaction ID : PR2642025569888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.46
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) n Plan CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia JENSEN, GINA, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 6287 JUNEAU LANE N			12 31 2023
	City MAPLE GROVE	State MN	Zip Code 55311-4166	Transaction ID : PR2642031469888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.46
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) puty Gen Counsel	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	• Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia MARTIN, STEPHANIE, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 7002 N VIA DE MANANA			12 / D D / Y Y Y Y 12 31 2023
	City SCOTTSDALE	State AZ	Zip Code 85258-3951	Transaction ID : PR2642818069888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		153.84
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Market VP SIs AM	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1999.92	P/R Deduction (\$76.92 Bi-Weekly)
S	UBTOTAL of Receipts This Page (optional)			230.76
т	OTAL This Period (last page this line number or	nly)	•	

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

FOR LINE NUMBER:

(check only one)

PAGE 160 OF

'			Detailed Summary Page		×	11a		11b		11c	12				
An	y information copied from such Reports and Stat	ements ma	ay not be sold or used by a	any pe	rson 1	13 for the	pur	14 pose of	l of so	15 15	16 contribu	17 tions			
	for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)			_ /	C)										
	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group	р РА	(C)										
A.	Full Name of Individual (Last, First, Middle Initial KIRK, ARETHUSA, , ,) or Full O	rganization Name			Date of	Po	opint							
А.	Mailing Address 16 OTHORIDGE ROAD								D	/	YY	Y			
		1				12	Ľ	31		Ľ	2023				
	City LUTHERVILLE	State MD	Zip Code 21093-5413								3026988	8			
	FEC ID number of contributing				-	Amount	C OT	Each F	кес	eipt thi	s Period				
	federal political committee.	С						-		-	28.				
	Name of Employer (for Individual)	Осси	upation (for Individual)		-	M	emo	Item							
	United HealthCare Services Inc	VP N	Med Clin Ops												
	Receipt For:	Aggregate	Year-to-Date V												
	Other (specify) ▼		364.78	P/R Deduction (\$14.03 Bi-Weekly)											
			7 7	_											
B.	Full Name of Individual (Last, First, Middle Initial LONG, RICHARD, , ,) or Full O	rganization Name			Date of	Re	eceipt							
	Mailing Address 4825 PENN AVE S					M = M	/	D		/ Y	ΥΥ	Y			
	City	State	Zip Code		_	12	١.	31			2023				
	MINNEAPOLIS	MN	55419-5258								3126988 s Period	8			
	FEC ID number of contributing	С									76.	92			
	federal political committee.	U				<u> </u>		-y		-1	10.	52			
	Name of Employer (for Individual)		upation (for Individual)			M	emo	Item							
	United HealthCare Services Inc Receipt For:		Planning & Strategy Year-to-Date ▼		-										
	Primary General	Aggregale		-		P Ded	uctio	on (\$39	R 16	Bi-Wo	okly)				
	Other (specify) V		999.96	6	P/R Deduction (\$38.46 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name		+										
C.	FOX, ELIZABETH, , ,	-	-			Date of	Re	eceipt							
	Mailing Address 611 SECOND STREET					^M 12	/	D 31		/ Y	y y 2023	Y			
	City	State	Zip Code			Trans	acti	ion ID	: P	R26428	3206988	8			
	ALEXANDRIA	VA	22314-1416			Amount	t of	Each F	Rec	eipt thi	s Period				
	FEC ID number of contributing federal political committee.	С									384.	60			
					_ '		0.000) Item		,					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sovt Affs			IVI	enic) item							
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		4999.80	0	F	P/R Ded	lucti	ion (\$19	92.:	30 Bi-W	/eekly)				
s	UBTOTAL of Receipts This Page (optional)								_	489.	58				
					-	-	,	÷	5						
Т	OTAL This Period (last page this line number on		►				-								

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

FOR LINE NUMBER:

(check only one)

PAGE 161 OF

				etailed Summary Page	X	11a		11	lb [11c	12	
						13		14	1		15	16	17
	y information copied from such Reports and State for commercial purposes, other than using the nar												
\backslash	NAME OF COMMITTEE (In Full)												
$\Big/$	UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	NC)								
Α.	Full Name of Individual (Last, First, Middle Initial) HASAN, NADIA, , ,		rgan	ization Name	[Date of	Re	cei	ipt				
	Mailing Address 16731 LAKE STREET EXTENSIO	N				^M 12	/	Γ	31]	/ Y	y y 2023	Y
	City MINNETONKA	State MN		Zip Code 55345-2745								3296988 s Period	8
	FEC ID number of contributing federal political committee.	C				_		7			- y	218.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Gen Counsel		Me	emo) Ite	em				
	Receipt For: A Primary General	ggregate `	Year	r-to-Date ▼		/P Dod	ucti	00	(\$06	15	Bi Wo	okly)	
	Other (specify) V		7	2507.00		/R Ded	ucti		(490.	.10	-116	uriy)	
в.	Full Name of Individual (Last, First, Middle Initial) KEISERJENKINS, KAREN, , ,	or Full Or	rgan	ization Name		Date of	Re	cei	ipt				
	Mailing Address 9325 MARTINS LAKE DRIVE					^M 12	/	Γ	31	1	/ Y	y y 2023	Y
	City ROSWELL	State GA		Zip Code 30076-2865								3446988 s Period	3
	FEC ID number of contributing federal political committee.	C				_		,			-g=-	28.0)8
	Name of Employer (for Individual) United HealthCare Services Inc			on (for Individual) Bus Dev		Me	emo) Ite	em				
	Receipt For: A Primary General Other (specify) ▼	ggregate `	Year	r-to-Date ▼ 365.04	P/	/R Ded	uctio	on	(\$14.	04	Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial)	or Full Or	rgan	ization Name									
C.	RUDOLPH, CLAYTON, , , Mailing Address 4937 RUSSELL AVENUE SOUTH	1				Date of	Re /	_	ipt D D D 31	1	/ Y	y y 2023	Y
	City MINNEAPOLIS	State MN		Zip Code 55410-1916								9936988 s Period	8
	FEC ID number of contributing federal political committee.	C						,			, pr	409.	70
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Group Fin Leader		Me	emo) Ite	em				
	Receipt For: A Primary General Other (specify) I	ggregate `	Year	r-to-Date ▼ 5000.00	P	/R Ded	ucti	on	(\$192	2.30	0 Bi-W	'eekly)	
s	UBTOTAL of Receipts This Page (optional)									ļ		655.7	78
т	OTAL This Period (last page this line number only)			İ			T		Ţ	-		

FOR LINE NUMBER:

(check only one)

PAGE 162 OF

				Detailed Summary Page	×	11a	\square	-	1b		11c	12			
٨٠	u information conied from such Departs and Chat	omonto ma	21/ 22	the cold or used by one		13		14			15 liciting	16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na														
\backslash	NAME OF COMMITTEE (In Full)				~ `										
/	UnitedHealth Group Incorporated	`		•	(C)										
Α.	Full Name of Individual (Last, First, Middle Initial) CRAGLE, STEVE, , ,) or Full O	Organ	ization Name		Date of	Re	ece	ipt						
	Mailing Address 6604 MOHAWK TRAIL					м м 12	/	ľ	D D 31	1	/ Y	y y 2023	Y		
	City	State		Zip Code		Trans	acti	ior	ו ID :	PF	26432	0066988	В		
	EDINA	MN		55439-1030		Amount	of	Ea	ach R	ec	eipt thi	s Period			
	FEC ID number of contributing federal political committee.	С			384.60										
	Name of Employer (for Individual) Optum Services, Inc		upati P Coi	on (for Individual) mm		Me	emo	b lt	em						
	Receipt For:	Aggregate	Yea	r-to-Date 🔻											
	Primary General Other (specify) ▼		4999.80	P	P/R Ded	uctio	on	(\$192	2.3	80 Bi-W	/eekly)				
B.	Full Name of Individual (Last, First, Middle Initial) NEELY, MARC, , ,) or Full O	Organ	ization Name		Date of	Re	ece	ipt						
	Mailing Address 1159 BUFFALO RIDGE RD					^M 12	1	l	D D 31]	/ Y	y y 2023	Y		
	City	State		Zip Code								0316988	3		
	CASTLE PINES	CO		80108-8190		Amount	of	Ea	ach R	ec	eipt thi	s Period			
	FEC ID number of contributing federal political committee.	С						,			-	384.6	50		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		Me	emo	b lt	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P	/R Ded	uctio	on	(\$192	2.3	0 Bi-W	eekly)			
с.	Full Name of Individual (Last, First, Middle Initial) WINNEROSKI, KEVIN, , ,) or Full O	Organ	ization Name		Date of	Re	ece	ipt						
	Mailing Address 5100 ABBOTT AVE S	1				^M 12	/	L	D 0 31	J	/ Y	2023 Y			
	City MINNEAPOLIS	State MN		Zip Code 55410-2143				-				4716988	8		
	FEC ID number of contributing federal political committee.	С				Amount	OI	Ea		ec	eipt thi	s Period 28.0)8		
	Name of Employer (for Individual) Optum Services, Inc		upati Mktg	on (for Individual)		Me	emo	o It	em						
	Receipt For:		-		-										
	Primary General Other (specify)	Aggregate	Tea	r-to-Date ▼ 365.04	F	P/R Ded	ucti	ion	(\$14	.04	1 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)											797.2	28		
	OTAL This Period (last page this line number onl	· ·				,		Ī	,						

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

FOR LINE NUMBER:

(check only one)

PAGE 163 OF

		Detailed Summary Page		11a		11b	11c	12				
Any information copied from such Reports	and Statements ma	y not be sold or used by any n	erson f	13 or the	 DUI	14	15 soliciting	contribu	17 tions			
or for commercial purposes, other than us												
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Mid A. MCKOY, PHILIP, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt			-			
Mailing Address 927 LINCOLN AVE				м м 12	1	D D 31	/ Y	y y 2023	Y			
City SAINT PAUL	State MN	Zip Code 55105-3149				-		5166988	8			
		55105-5149	A	Amount	of	Each Re	eceipt thi	is Period				
FEC ID number of contributing federal political committee.	C					-		384.				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp CIO		Me	emc	tem						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		4999.80	P	/R Ded	ucti	on (\$192	.30 Bi-W	/eekly)				
Full Name of Individual (Last, First, Mid B. JEZARIAN, WENDY, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address 5251 HUMBOLDT AVE	S			^M ^M 12	1	D D 31	/ Y	y y 2023	Y			
City	State	Zip Code		Trans	acti	ion ID : F	PR26446	5966988	8			
MINNEAPOLIS	MN	55419-1121	A	Amount	of	Each Re	eceipt thi	is Period				
FEC ID number of contributing federal political committee.	C					-		38.4	46			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) /ktg Rsch Cnslt		Me	emc	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/	P/R Deduction (\$19.23 Bi-Weekly)								
Full Name of Individual (Last, First, Mic C. CHAPMAN, GREGORY, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address 1724 SECOND STREE	ET			^M 12	1	D D 31	/ Y	2023 Y	Ŷ			
City NEW ORLEANS	State LA	Zip Code 70113-1632						0306988	8			
				Amount	of	Each Re	eceipt thi	is Period				
FEC ID number of contributing federal political committee.	C				-	<u>y</u>	- y	100.	00			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acct Mgmt SB KA		M	emo	o Item						
Receipt For:	Aggregate	Year-to-Date V										
Other (specify)		1300.00	P.	/R Ded	lucti	ion (\$50.	00 Bi-We	eekly)				
SUBTOTAL of Receipts This Page (optio	nal)							523.(06			
TOTAL This Period (last page this line n	umber only)					-	,					

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

FOR LINE NUMBER:

(check only one)

PAGE 164 OF

			De	tailed Summary Page	×	-				11c	12	— 1-
	y information copied from such Reports and State								se of s			
	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ame and a	addres	s of any political committee	e to so	licit co	ontrik	buti	ons fro	om sucl	1 commit	tee.
\rangle	UnitedHealth Group Incorporated	PAC (l	Unite	edHealth Group PA	AC)							
	Full Name of Individual (Last, First, Middle Initial) VALLI, MICHAEL, , ,) or Full O	rganiz	ration Name		Date (of Dr	000	int			
	Mailing Address 351 JEFFERSON DRIVE				-				ιρι □ □ □		YY	Y
						12			31		2023	
	City PITTSBURGH	State PA	Z	/ip Code 15228-2166							16886988	
-			_			Amoui	nt of	i Ea	ich Re	ceipt th	nis Perioc	1
	FEC ID number of contributing federal political committee.	С	_			Ŀ.		-		-	400	.00
	Name of Employer (for Individual) Optum Services, Inc		upatio Gen N	n (for Individual) Iamt		N	/lemo	o It	em			
	Dessint For:	Aggregate		5								
	Primary General Other (specify) ▼		-gr.	5000.00	I F	P/R De	ducti	tion	(\$192	.30 Bi-V	Veekly)	
	Full Name of Individual (Last, First, Middle Initial) MAHRT, JONATHAN, , ,) or Full O	Organiz	ration Name		Date (of Re	ece	ipt			
	Mailing Address 4640 N TOMSIK ST					[™] 12	л /	/	31	/ Y	2023	Y
	City	State	Z	Ip Code		Tran	sact	tion	ID : P	R26451	17696988	88
-	LAS VEGAS	NV		89129-4816		Amoui	nt of	i Ea	ich Re	ceipt th	nis Perioc	1
	FEC ID number of contributing federal political committee.	С				<u> </u>		-9-		-9-	384	.60
	Name of Employer (for Individual) Optum Services, Inc		•	n (for Individual) nent COO		Ν	/lemo	o It	em			
·		Aggregate	Year-	to-Date ▼								
	Primary General Other (specify) ▼		,	4999.80	P	/R De	ducti	ion	(\$192.	30 Bi-V	Veekly)	
С.	Full Name of Individual (Last, First, Middle Initial) PRICE, CASSANDRA, , ,) or Full O	rganiz	ation Name		Date (of Re	ece	ipt			
	Mailing Address 7903 S 193 AVENUE					^M 12		/	31	/ Y	2023	Y
	City	State		Zip Code		Tran	sact	tior	n ID : F	PR2646	2636698	88
-	GRETNA	NE		68028-5017		Amoui	nt of	f Ea	ich Re	ceipt th	nis Perioc	1
	FEC ID number of contributing federal political committee.	С						y		,	76	.92
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) n Plan Operations		N	/lemo	o It	em			
Ī	Receipt For:	Aggregate	Year-	to-Date V								
	Primary General Other (specify)		-	999.96	F	P/R De	duct	tion	(\$38.4	46 Bi-W	eekly)	
รเ	JBTOTAL of Receipts This Page (optional)			•				9		9	861.	52
тс	OTAL This Period (last page this line number onl	y)		••••••				-		-		

FOR LINE NUMBER:

(check only one)

PAGE 165 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	.C)
Α.	Full Name of Individual (Last, First, Middle Initial) KELLNER, KYLE, , , Mailing Address 1641 WHITE PINE WAY	or Full C	rganization Name	Date of Receipt
	City	State	Zip Code	12 31 2023 Transaction ID : PR2646268369888
	CARVER FEC ID number of contributing federal political committee.	MN C	55315-4563	Amount of Each Receipt this Period 30.76
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mamt	Memo Item
	Respiret For:	Aggregate	Year-to-Date ▼ 399.88	P/R Deduction (\$15.38 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initial) HOFFMAN, SHERRI, , ,	or Full C	rganization Name	Date of Receipt
	Mailing Address 3409 DEEP WILLOW AVENUE	State MD	Zip Code	12 31 2023 Transaction ID : PR2646294669888
	PIKESVILLE FEC ID number of contributing federal political committee.	C	21208-3116	Amount of Each Receipt this Period
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial)	or Full C	rganization Name	Date of Receipt
	Mailing Address 17761 WEAVER LAKE DRIVE	State	Zin Codo	12 / 31 / 2023
	City MAPLE GROVE	State MN	Zip Code 55311-1328	Transaction ID : PR2646304069888 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:	SVF	upation (for Individual) Corp Controller	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
S	UBTOTAL of Receipts This Page (optional)		•	492.28
т	OTAL This Period (last page this line number only	y)	▶	· · · · · · · · · · · ·

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 166 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle A. SWENSSON, CHARLES, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 6312 MERRIMAC LANE NO	DRTH		12 31 2023
City MAPLE GROVE	State MN	Zip Code 55311-3835	Transaction ID : PR2698403969888 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 CMO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle ROSENHAUS, MORGANNE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 724 FARRAGUT STREET N			12 / D D / Y Y Y Y Y 12 31 2023
City	State	Zip Code	Transaction ID : PR2698409869888
WASHINGTON	DC	20011-4012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.38
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify) ▼		1499.94	P/R Deduction (\$57.69 Bi-Weekly)
Full Name of Individual (Last, First, Middle RODDIS, SARAH ELIZABETH, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4512 BRUCE AVENUE			12 / D D / Y Y Y Y 12 31 2023
City EDINA	State MN	Zip Code 55424-1121	Transaction ID : PR2698413569888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.22
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Jser Experience	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.86	P/R Deduction (\$9.61 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			519.20
TOTAL This Period (last page this line number	er only)		

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

FOR LINE NUMBER:

(check only one)

PAGE 167 OF

				a taile de la calegory or line		11a		1	1b 🗌	1	1c		12			
				etailed Summary Page		13		14		_	5	\vdash	16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r									solio	citing	con	ntribut	ions		
\backslash	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	Uni	tedHealth Group PA	AC)											
۹.	Full Name of Individual (Last, First, Middle Initia TAYLOR, JOSHUA, , ,	al) or Full O	Organ	ization Name		Date of	Re	ece	eipt							
	Mailing Address 7 CARRIAGE HILL RD					^M 12	1	l	D D D	1	Y		23	Y		
	City	State		Zip Code		Trans	acti	ior	n ID : I	PR2	26984	167	69888	3		
	WOODBRIDGE	CT		06525-1037	_ /	Amoun	t of	Ea	ach Re	ecei	ipt thi	s Pe	eriod			
	FEC ID number of contributing federal political committee.	С						,		_	-		38.4	6		
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Mgmt		М	emo	o It	tem							
	Receipt For:	Aggregate	Year	-to-Date 🔻												
	Primary General Other (specify) ▼		-j	499.98	F	P/R Dec	lucti	ion	(\$19.	23 E	Bi-We	ekly	()			
в.	Full Name of Individual (Last, First, Middle Initia DOWLING, MELODY, , ,	al) or Full O	Drgan	ization Name		Date of	Re	ece	eipt							
	Mailing Address 529 N EVERGREEN ST					^M 12	/	ſ	D D D 31	1	Y	y 202	23 23	Ŷ		
	City	State		Zip Code		Trans	acti	ior	n ID : I	PR2	6991	825	69888	;		
	GARDNER	KS		66030-1819		Amoun	t of	Ea	ach Re	ecei	ipt thi	s Pe	eriod			
	FEC ID number of contributing federal political committee.	С						,		_	-y		76.9	2		
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Clin Ops		M	emo	o It	tem							
	Receipt For:	Aggregate	Year	r-to-Date ▼												
	Primary General Other (specify) ▼		,	999.96	P	/R Ded	uctio	on	(\$38.4	46 E	Bi-We	ekly	')			
с.	Full Name of Individual (Last, First, Middle Initia AHLSTROM, ALEXIS, , ,	al) or Full O	Drgan	ization Name		Date of	Re	ece	eipt							
	Mailing Address 3421 OAKWOOD TERRACE					^M 12	/	l	31	/	Y	202	23	Y		
	City	State		Zip Code		Trans	act	ioi	n ID :	PR2	26991	871	6988	3		
	WASHINGTON	DC		20010-1819	- '	Amoun	t of	Ea	ach Re	ecei	ipt thi	s Pe	eriod			
	FEC ID number of contributing federal political committee.	С						9		_	9		384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upati Govt	on (for Individual) Affs		М	emc	o li	tem							
	Receipt For:	Aggregate	Aggregate Year-to-Date ▼					7								
	Primary General Other (specify)		-	4999.80	F	P/R Dec	lucti	ion	n (\$192	2.30) Bi-W	'eek	ily)			
s	JBTOTAL of Receipts This Page (optional)									_	9		499.9	8		
Т	OTAL This Period (last page this line number or	וy)						7			-		- 40			

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

FOR LINE NUMBER:

(check only one)

PAGE 168 OF

				Detailed Summary Page		(11a		111		11c	\square	12	
An	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	l ay no addre	ot be sold or used by any person of any political committee	erson	13 for the plicit co	pur ntrib	14 pose putio	se of so	15 pliciting m_such		16 ntributi mmitte	17 ons
<u>,</u>	NAME OF COMMITTEE (In Full)			o. a., poniou oonnittee						0001			
\rangle	UnitedHealth Group Incorporate	d PAC (l	Uni	tedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia ZHOU, JINGXIN, , ,	al) or Full O	Organ	ization Name		Date o	f Re	eceip	pt				
	Mailing Address 12011 FAIRVIEW CT					^M 12	/		31	/ Y	ү 20)23	Y
	City MINNETONKA	State MN		Zip Code 55343-4516					ID : P				3
	FEC ID number of contributing federal political committee.	С				Amoun		Ead	ch Red	eipt th	IS P	eriod 76.9	2
	Name of Employer (for Individual) Optum Services, Inc	Occu VP F		on (for Individual)		M	emo	o Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 999.96	F	P/R Dec	ducti	ion ((\$0.00	Bi-Wee	ekly))	
в.	Full Name of Individual (Last, First, Middle Initia HECK, DARRYL, , ,	al) or Full O	Organ	ization Name		Date o	f Re	eceip	pt				
	Mailing Address 202 CALLAWAY CHASE LN					^M 12	1		31	/ Y		23	Y
	City PANAMA CITY	State FL		Zip Code 32404-6188		Trans Amoun			ID:PI ch Red				
	FEC ID number of contributing federal political committee.	С				<u> </u>		-7-		-7		28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ager Data Analytics		M	emo	o Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 365.04	F	P/R Dec	lucti	ion ((\$14.04	l Bi-We	ekly	/)	
С.	Full Name of Individual (Last, First, Middle Initia OFFIELD, MIRANDA, , ,	al) or Full O	Organ	ization Name		Date o	f Re	ecei	pt				
	Mailing Address 1906 N MEYERS RD					^M 12	/		31	/ Y		23	Y
	City LIBERTY LAKE	State WA		Zip Code 99016-5049	-	Tran: Amoun			ID:P				3
	FEC ID number of contributing federal political committee.	С				Amoun		J		,eipt th	15 F	30.7	6
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) ger Data Analytics		N	lemo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify)		Ţ	399.88		P/R Dee	ducti	tion ((\$15.3	8 Bi-We	eekl	y)	
s	UBTOTAL of Receipts This Page (optional)			•••••				y		9		135.7	6
т	OTAL This Period (last page this line number o	nly)			•			-		-			

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

FOR LINE NUMBER:

(check only one)

PAGE 169 OF

			Detailed Summary Page	×	11a		11		11c	12	Г			
Anvie	formation conied from such Departs and Otate	monto moi	, not be cold or used by any -		13		14		15	16		17		
	formation copied from such Reports and State commercial purposes, other than using the na													
∖ NA	ME OF COMMITTEE (In Full)													
<i>∕</i> υ	nitedHealth Group Incorporated	PAC (U	InitedHealth Group PA	AC)										
	I Name of Individual (Last, First, Middle Initial) ULBRIGHT, JOHN, , ,	or Full Or	ganization Name		Date of	f Re	ecei	ipt						
Ma	iling Address 47-645 UAKEA PLACE				^M 12	1	Г	31	/ Y	2023		1		
City		State	Zip Code		Transaction ID : PR2700865869888									
KA	NEOHE	HI	96744-5427		Amount of Each Receipt this Period									
	C ID number of contributing eral political committee.	С		24.56										
	me of Employer (for Individual) ited HealthCare Services Inc		pation (for Individual) Iarket Growth Manager		М	emc	o Ite	em						
	agint For:		/ear-to-Date ▼											
	Primary General Other (specify) ▼		319.28	P	P/R Dec	lucti	ion	(\$12.:	28 Bi-W	eekly)				
	I Name of Individual (Last, First, Middle Initial) ARNER, JONATHAN, , ,	or Full Or	ganization Name		Date of	f Re	ecei	ipt						
Ма	iling Address 258 CAMBRIDGE DRIVE			12 31 2023										
City		State	Zip Code		Transaction ID : PR2700873569888									
RA	MSEY	NJ	07446-1260	'	Amount of Each Receipt this Period									
	C ID number of contributing eral political committee.	С			28.08									
	me of Employer (for Individual) tum Services, Inc		pation (for Individual) Int Svc Acct Mgt		Memo Item									
Rec	Ceipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 365.04	P	/R Ded	lucti	ion	(\$14.0	04 Bi-W	eekly)				
Ful C. W	I Name of Individual (Last, First, Middle Initial) /AYLAND, CHARLES, , ,	or Full Or	ganization Name		Date of	f Re	ecei	ipt						
Ма	iling Address 5601 MATOAKA RD				^M 12	/	Г	31	/ Y	2023	Y	1		
City		State	Zip Code		Trans	sact	tion	ID :	PR2700	924669	888			
RI	CHMOND	VA	23226-2329		Amoun	t of	Ea	ch Re	eceipt th	nis Perio	bd			
	C ID number of contributing eral political committee.	С					y		, y	38	4.60			
	me of Employer (for Individual) tum Services, Inc		pation (for Individual) Behavioral HIth		М	emo	o Ite	em						
Ree	ceipt For:	aareaate Y	′ear-to-Date ▼											
	Primary General Other (specify)		4999.80	F	P/R Dec	ducti	ion	(\$192	2.30 Bi-\	Veekly)				
SUB	TOTAL of Receipts This Page (optional)			•			9			43	7.24			
ΤΟΤΑ	L This Period (last page this line number only	/)		-			-							

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

FOR LINE NUMBER:

(check only one)

PAGE 170 OF

		Detailed Summary Page	X 11a 11b 11c 12										
			erson for the purpose of soliciting contributions										
or for commercial purposes, other than using													
	atod BAC (Inited Health Crown P											
/ UnitedHealth Group Incorpora	`	•	40)										
Full Name of Individual (Last, First, Middle MCSWEENEY, ERIN, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 1128 EDINGTON PLACE			M M / D D / Y Y Y Y 12 31 2023										
City	State	Zip Code	Transaction ID : PR2701818069888										
MARCO ISLAND	FL	34145-2006	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 People Officer	Memo Item										
Receipt For:		Year-to-Date ▼	—										
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle CONNELL, DANIEL, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 33 LATIGO PLACE			12 31 2023										
City	State	Zip Code	Transaction ID : PR2701819669888										
COLUMBINE VALLEY	CO	80123-6683	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		230.76										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)										
Full Name of Individual (Last, First, Middle BRUCE, JAMIE, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 1433 POWDER DRIVE			12 31 Y Y Y Y Y 12 31 2023										
City	State	Zip Code	Transaction ID : PR2701823069888										
O FALLON	MO	63366-1398	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			999.96										
TOTAL This Period (last page this line numb	per only)												

FOR LINE NUMBER:

(check only one)

PAGE 171 OF

			Detailed Summary Page	×	11a		11b	11c	12						
Any informati	on copied from such Reports and Sta	atements ma	v not be sold or used by any pe	erson f	13 for the	<u> </u> סטרי	14 Dose of s	15 soliciting	16 contribu	17 Itions					
	ercial purposes, other than using the														
\backslash	COMMITTEE (In Full)														
/ United	Health Group Incorporate	d PAC (l	JnitedHealth Group PA	AC)											
	of Individual (Last, First, Middle Initi S, KEVIN, , ,	al) or Full Or	ganization Name		Date of	f Re	ceipt								
Mailing Ac	dress 10681 S CEDAR NILES BLVD				12 / D D / Y Y Y Y 12 31 2023										
City		State	Zip Code	Transaction ID : PR2701825569888											
OLATHE		KS	66061-7415	Amount of Each Receipt this Period											
	umber of contributing litical committee.	С		192.30											
	Employer (for Individual) althCare Services Inc		pation (for Individual) Plan CEO		M	emo	Item								
Receipt Fo		Aggregate	Year-to-Date 🔻												
Prim Othe	ary General er (specify) ▼		2499.90	F	P/R Ded	lucti	on (\$96.′	15 Bi-We	ekly)						
	of Individual (Last, First, Middle Initi R, NANCY, , ,	al) or Full Or	rganization Name		Date of	f Re	ceipt								
Mailing Ac	dress 4672 BITTERN LANE				M M 12	/	D D D 31	/ Y	y y 2023	Y					
City		State	Zip Code		Trans	acti	on ID : F	R27025	0146988	8					
LEBANON		OH	45036-7562		Amount	t of	Each Re	eceipt th	is Period	l					
	umber of contributing litical committee.	C							76	.92					
Name of I Optum Se	Employer (for Individual) rvices, Inc		ipation (for Individual) Clin Ops		M	emo	Item								
Receipt Fo		Aggregate	Year-to-Date ▼	7											
Othe	ary General er (specify) ▼		, 999.96	P	/R Ded	uctio	on (\$38.4	l6 Bi-We	ekly)						
	of Individual (Last, First, Middle Initi , ETHAN, , ,	al) or Full Or	rganization Name		Date of	f Re	ceipt								
Mailing Ac	dress 1733 GULL LANE				^M 12	/	D D 31	/ Y	2023	Y					
City MOUND		State MN	Zip Code 55364-1231				ion ID : I								
			55504-1251	- '	Amount	t of	Each Re	eceipt th	is Perioc						
	umber of contributing litical committee.	C					y 1	y	80	00					
Name of E Optum Se	Employer (for Individual) rvices, Inc		pation (for Individual) /VP Public Health		М	emc	tem								
Receipt Fo	pr:	Aggregate	Year-to-Date ▼												
Othe	ary General er (specify)		1000.00	F	P/R Dec	lucti	on (\$38.4	46 Bi-We	eekly)						
SUBTOTAL	of Receipts This Page (optional)								349.	22					
TOTAL This	Period (last page this line number o	nly)													

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 172 OF

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than using			rson 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 PA	.C)									
Full Name of Individual (Last, First, Middl MERZLICKER, CAREY, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 950 BENTLEY PARK CIF			12 31 / Y Y Y Y Y 2023									
City O FALLON	State MO	Zip Code 63368-8022	Transaction ID : PR2703246969888 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	upation (for Individual) Fin	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middl B. BROWN, DIANE, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 502 BERRYMANS LANE			12 / D D / Y Y Y Y 12 31 2023									
City REISTERSTOWN	State MD	Zip Code 21136-6003	Transaction ID : PR2703250869888 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Pract Perf	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middl C. CRIPPIN, TODD, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 11328 W 142ND STREE	1		12 / D D / Y Y Y Y 12 31 2023									
City OVERLAND PARK	State KS	Zip Code 66221-8060	Transaction ID : PR2703639569888 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Prov Svc	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	l)	····· •	133.08									
TOTAL This Period (last page this line num	ber only)	•										

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

FOR LINE NUMBER:

(check only one)

PAGE 173 OF

			or each calegory of the		11a		1	1b	11c		12							
			Detailed Summary Page		13		1	- H	15		16	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the									soliciti		ntribut	ions					
\backslash	NAME OF COMMITTEE (In Full)																	
$\Big\rangle$	UnitedHealth Group Incorporate	d PAC (Un	itedHealth Group PA	AC)													
Α.	Full Name of Individual (Last, First, Middle Initia WESTRA, ROBERT, , ,	al) or Full C	Drga	nization Name		Date of	ⁱ Re	ece	eipt									
	Mailing Address 4042 E ROBIN LANE					^M 12	1	l	D D 31	/		023	Y					
	City	State		Zip Code		Trans	acti	ior	n ID : I	PR270	4143	46988	B					
	PHOENIX	AZ		85050-6875	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			28.06													
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) PSIs Acct Mgmt		M	emo	o It	tem									
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻														
	Primary General Other (specify) ▼		-	364.78	P	P/R Ded	lucti	ion	(\$14.0)3 Bi-\	Veek	ly)						
В.	Full Name of Individual (Last, First, Middle Initia HOROHO, PATRICIA, , ,	al) or Full C	Drga	nization Name		Date of	Re	ece	eipt									
	Mailing Address 15307 EATON CT			_		^M 12	/	I	D D 31	/	ү ү 2(023	Y					
	City	State		Zip Code		Trans	acti	ior	n ID : F	PR270	4194(66988	3					
	ТАМРА	FL		33647-2113	_ '	Amount	t of	Ea	ach Re	eceipt	this F	Period						
	FEC ID number of contributing federal political committee.	С						,		-		384.6	60					
	Name of Employer (for Individual) Optum Services, Inc			tion (for Individual) gment CEO		M	emo	o It	tem									
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻														
	Primary General Other (specify) ▼		4999.80						P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia JOHAR, RAVI, , ,	al) or Full C	Drga	nization Name		Date of	Re	ece	eipt									
	Mailing Address 405 ARGUS MANOR CT					12 ^M	/	l	D D D 31	/		023 [°]	Y					
	City	State		Zip Code		Trans	act	io	n ID : I	PR270	5065	16988	8					
	CHESTERFIELD	MO		63017-2469	- '	Amount	t of	Ea	ach Re	eceipt	this F	Period						
	FEC ID number of contributing federal political committee.	С						,		,	_	28.0	08					
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Sr M	•	tion (for Individual) Dir		М	emc	o li	tem									
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻														
	Primary General Other (specify)		-	365.04	F	P/R Dec	lucti	ion	n (\$14.	04 Bi-\	Neek	ly)						
s	UBTOTAL of Receipts This Page (optional)			••••••	.			,				440.7	' 4					
Т	OTAL This Period (last page this line number o	nly)						,		-								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 174 OF

	:1715		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
				rson for the purpose of soliciting contributions to solicit contributions from such committee.						
UnitedHealth	. ,	PAC (U	InitedHealth Group PA	C)						
A. DAUN, JESSICA,		or Full Or	ganization Name	Date of Receipt						
Mailing Address W27	3N6194 BASHAM LANE	State	Zip Code	12 / 31 / 2023						
SUSSEX		WI	53089-4702	Transaction ID : PR2705966269888 Amount of Each Receipt this Period						
FEC ID number of conference of conference of the feet	ů.	С		28.08						
Name of Employer (f United HealthCare Se	,		pation (for Individual) /P, Key Accts-Spec Ben	Memo Item						
Receipt For: Primary Other (specify)	General	Aggregate Y	′ear-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individu B. ZELLER, TRISHA	al (Last, First, Middle Initial) A, , ,	or Full Or	ganization Name	Date of Receipt						
Mailing Address 290	PRESERVE CT			12 / D D / Y Y Y Y 12 31 2023						
City CHANHASSEN		State MN	Zip Code 55317-8716	Transaction ID : PR2705971469888 Amount of Each Receipt this Period						
FEC ID number of confederal political comm	Ũ	С		28.08						
Name of Employer (f United HealthCare Se	,		pation (for Individual) i of Staff	Memo Item						
Receipt For: Primary Other (specify)	General	Aggregate Y	′ear-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individu	al (Last, First, Middle Initial)	or Full Or	ganization Name	Date of Receipt						
Mailing Address 106	0 ELLIOTT LANE			12 / D D / Y Y Y Y 12 31 2023						
City YORK		State PA	Zip Code 17403-3421	Transaction ID : PR2705987069888 Amount of Each Receipt this Period						
FEC ID number of confederal political comm	Ũ	С		153.84						
Name of Employer (f United HealthCare Se	,		oation (for Individual) ovt Affs	Memo Item						
Receipt For: Primary Other (specify)	General	Aggregate Y	′ear-to-Date ▼ 1999.92	P/R Deduction (\$76.92 Bi-Weekly)						
SUBTOTAL of Receipt	s This Page (optional)			210.00						
TOTAL This Period (la	st page this line number only	/)								

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

FOR LINE NUMBER:

(check only one)

PAGE 175 OF

		Detailed Summary Page		11a		11b	11c	12						
Any information copied from such Reports a	nd Statements ma	av not be sold or used by any po	erson f	13 or the	purr	14 bose of s	15 olicitina	16 contribu	17 tions					
or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)	_		_											
UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middl BARBARO, PHILIP, , ,	e Initial) or Full C	organization Name		Date of	Re	ceipt								
Mailing Address 670 ARBUTUS STREET				м м 12	/	D D D 31	/ Y	y y 2023	Y					
City	State	Zip Code		Transaction ID : PR2705988269888										
MIDDLETOWN	СТ	06457-7106	A	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) National Sales		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		4999.80	P.	/R Ded	ucti	on (\$192	.30 Bi-W	/eekly)						
Full Name of Individual (Last, First, Middl 3. KMIEC, ADAM , , ,	e Initial) or Full C	organization Name		Date of	Re	ceipt								
Mailing Address 4736 PRAIRIE DUNES W				M M / D D / Y Y Y Y 12 31 2023										
City EAGAN	State MN	Zip Code 55123-2352		Transaction ID : PR2705989269888										
		00120-2002		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) Comm		Me	emo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/	'R Ded	uctio	on (\$192.	30 Bi-W	/eekly)						
Full Name of Individual (Last, First, Middl C. PETRONE, DAMIAN, , ,	e Initial) or Full C	organization Name		Date of	Re	ceipt								
Mailing Address 703 DEAN CT		- 1		м м 12	/	D D D 31	/ Y	2023 Y	Y					
City WEST CHESTER	State PA	Zip Code 19382-2100				ion ID : F								
		19302-2100	A	mount	of	Each Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	C				_	,	9	38.	46					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Gen Mgmt		Memo Item										
Receipt For:	Aggregate	Year-to-Date V												
Other (specify)		499.98	P.	/R Ded	ucti	on (\$19.2	23 Bi-We	eekly)						
SUBTOTAL of Receipts This Page (optiona	l)							807.	66					
TOTAL This Period (last page this line num	,		- i			· ·	,							

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

FOR LINE NUMBER:

(check only one)

PAGE 176 OF

			Detailed Summary Page		11a 13	\vdash	11b	11		12					
	rmation copied from such Reports and Stat				for the				iting c						
	ommercial purposes, other than using the na E OF COMMITTEE (In Full)	ame and ad	auress of any political committee	ย เปร0	IICIL COI	and	utions	IIUIII	SUCH (committ	ee.				
\backslash	itedHealth Group Incorporated	I PAC (L	JnitedHealth Group P	AC)											
	Name of Individual (Last, First, Middle Initial RTHOLET, DANIEL, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
Mailir	ng Address 5918 VALEWOOD DRIVE				^M 12	1	D 31		Y	2023	Y				
City MINI	NETONKA	State MN	Zip Code 55345-6545	Transaction ID : PR2706451169888 Amount of Each Receipt this Period											
	ID number of contributing al political committee.	С		384.60											
Unite	e of Employer (for Individual) d HealthCare Services Inc	Occu VP T	pation (for Individual) ax		M	emc	ltem								
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80] F	P/R Ded	ucti	on (\$19	92.30	Bi-We	ekly)					
Full N B. MU	Name of Individual (Last, First, Middle Initial) or Full Or	ganization Name		Date of	Re	eceipt								
	ng Address 519 E LURAY AVENUE				12 / D D / Y Y Y Y 2023										
City ALE	XANDRIA	State VA	Zip Code 22301-1605							276988 Period	3				
	ID number of contributing al political committee.	С					-		7	192.3	30				
	e of Employer (for Individual) d HealthCare Services Inc		ipation (for Individual) t Affs Dir		M	emc	ltem								
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)											
	Name of Individual (Last, First, Middle Initial DORE, KEVIN, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
	ng Address 9405 EAGLE NEST LANE				12 ^M		D 31		1	y y 2023					
City MID	DLETON	State WI	Zip Code 53562-5647				-			356988 Period	8				
	ID number of contributing al political committee.	С					, .		,	384.0	50				
Unite	e of Employer (for Individual) ed HealthCare Services Inc		pation (for Individual) Plan CEO		Memo Item										
	ipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80]	P/R Ded	lucti	ion (\$1§	92.30	Bi-We	ekly)					
SUBTO	DTAL of Receipts This Page (optional)			•			, .		,	961.5	50				
TOTAL	This Period (last page this line number on	ly)		•					,						

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

FOR LINE NUMBER:

(check only one)

PAGE 177 OF

				Detailed Summary Page		11a		-	11b	11c		12 16	17		
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements ma ame and a	ay n .ddre	ot be sold or used by any person of any political committee	erson to so	for the	pur	po	ose of s	olicitin	g co h co	ntributi	ons		
	NAME OF COMMITTEE (In Full)														
$\Big/$	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	NC)										
Α.	Full Name of Individual (Last, First, Middle Initial MCMAHON, ANDREW, , ,) or Full O	rgar	ization Name		Date c	of Re	əc	eipt						
	Mailing Address 2900 THOMAS AVE S #1621					^M 12	/	'	D D 31	/ Y	2 2)23	Y		
	City MINNEAPOLIS	State MN		Zip Code 55416-4474					n ID : P				}		
	FEC ID number of contributing federal political committee.	C	-		_	Amour	it of	Е	ach Re	ceipt t	his F	'eriod 28.0	6		
	Name of Employer (for Individual)		upat	ion (for Individual)	_	N	lemo	0	Item			1 40			
	United HealthCare Services Inc Receipt For:	Dir F	Regl	Affs											
	Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 364.78	F	P/R De	ducti	ioı	n (\$14.0	3 Bi-W	/eekl	y)			
B.	Full Name of Individual (Last, First, Middle Initial HUNT, TIMOTHY, , ,) or Full O	rgar	ization Name		Date c	of Re	əc	eipt						
	Mailing Address 5594 MARSHALL HOUSE CT					[™] 12	/		D D D 31	/ Y)23	Y		
	City BURKE	State VA		Zip Code 22015-2141					n ID : P				}		
	FEC ID number of contributing federal political committee.	С				Amour		-	ach Re			76.9	2		
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		N	lemo	0	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 999.96	F	P/R Deduction (\$38.46 Bi-Weekly)									
c.	Full Name of Individual (Last, First, Middle Initial WEINBERG, EDWARD, , ,) or Full O	rgar	ization Name		Date c	f Re	əc	eipt						
	Mailing Address 224 N MILL VIEW WAY	1				^M 12			D D D 31	/ Y	20)23			
	City PONTE VEDRA BEACH	State FL		Zip Code 32082-4389					on ID : F Each Re		-		3		
	FEC ID number of contributing federal political committee.	С				Amour		5		, seipt t		76.9	2		
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) COO		N	lemo	0	ltem						
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Other (specify)		-j-	999.96	F	P/R De	ducti	tio	n (\$38.4	16 Bi-W	/eekl	у)			
s	UBTOTAL of Receipts This Page (optional)			•				,		,		181.9	0		
т	OTAL This Period (last page this line number on	ly)		•				_							

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

FOR LINE NUMBER:

(check only one)

PAGE 178 OF

			Detailed Summary Page		X 11a		11b 14	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		oose of	soliciti		ontribut	ions
	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporate	d PAC (I	UnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initia DELANEY, KEVIN, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 2876 GENEVA ST				M M 12	/	31	/	ү ү 2	2023	Y
	City DENVER	State CO	Zip Code 80238-3035	_	Trans Amount		ion ID : Each B				8
	FEC ID number of contributing federal political committee.	С					-	, j		76.9	92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Finance Leader		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96		P/R Ded	ucti	on (\$38.	.46 Bi-\	Neek	ly)	
В.	Full Name of Individual (Last, First, Middle Initia PONS, NATALIE, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 3209 GALLERIA UNIT 803				M M 12	/	D D D 31	1	Y Y 2(023 023	Y
	City EDINA	State MN	Zip Code 55435-2547	_	Transa Amount		on ID : Each B				3
	FEC ID number of contributing federal political committee.	С						, j		384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Compli Off/SD Gen Cnsl		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80		P/R Dedu	uctio	on (\$192	2.30 Bi	Weel	kly)	
с.	Full Name of Individual (Last, First, Middle Initia ALTIERI, DOMINIQUE, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 6611 HIGHWAY 100				^M 12	/	31	/		023	Y
	City NASHVILLE	State TN	Zip Code 37205-4226		Trans Amount		i on ID : Fach B				8
	FEC ID number of contributing federal political committee.	С					,	,		28.0	06
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.78		P/R Ded	ucti	on (\$14	.03 Bi-\	Neek	ly)	
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			, .	. ,		489.5	58
т	OTAL This Period (last page this line number o	nly)	•	•	Γ.		.				

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 179 OF

		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$										
			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 Ind	corporated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, Firs FEHR, STEPHANIE, , ,	t, Middle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2213 GULF SHO #C-2	RE BLVD N		12 31 / Y Y Y Y 12 31 2023										
City	State	Zip Code	Transaction ID : PR2748020569888										
NAPLES	FL	34102-4643	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 Mkt Grp Chief People Off	Memo Item										
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, Firs PROCHNO, MICHAEL, , ,	t, Middle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 4640 ST JAMES	GATE		12 / D D / Y Y Y Y 12 31 2023										
City	State	Zip Code	Transaction ID : PR2748021969888										
EXCELSIOR	MN	55331-9397	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		76.92										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, Firs C. WARD, BRIAN, , ,	t, Middle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 22461 ARCADIA	BLUFFS		12 31 / Y Y Y Y 12 31 2023										
	State MI	Zip Code	Transaction ID : PR2749724169888										
SOUTH LYON	IVII	48178-8735	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		28.06										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify)		350.75	P/R Deduction (\$14.03 Bi-Weekly)										
SUBTOTAL of Receipts This Page	optional)		489.58										
TOTAL This Period (last page this I	ne number only)												

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 180 OF

263

· · L · · · L			Detailed Summary Page	🛛	11a 13		11b 14	110 15	;	12	ſ	17		
	ation copied from such Reports and nercial purposes, other than using th				for the		pose of	solici		contri	ibutio	ons		
\	DF COMMITTEE (In Full)													
Unite	dHealth Group Incorporat	ed PAC (UnitedHealth Group PA	NC)										
	ne of Individual (Last, First, Middle Ir RANCE, DAVID, , ,	iitial) or Full C	organization Name		Date of	Re	ceipt							
Mailing /	Address 2160 N MARION ST				^M 12	/	D 31	D /	Y	2023	3	Ý		
City	_	State	Zip Code		Trans	acti	ion ID :	PR27	5028	8169	9888	_		
DENVE	R	CO	80205-5245	_ /	Amount	of	Each F	Receipt	this	Peri	iod			
	number of contributing political committee.	С							_	7	76.92	2		
	f Employer (for Individual) Services, Inc		upation (for Individual) d Dir		Me	emo	ltem							
Receipt	For:	Aggregate	Year-to-Date ▼											
	imary General her (specify) ▼		999.96	P	P/R Ded	ucti	on (\$38	8.46 Bi	Wee	kly)				
	ne of Individual (Last, First, Middle Ir ROBYN, , ,	iitial) or Full C	organization Name		Date of	Re	ceipt							
Mailing /	Address 31 LIPTON LANE				^M 12	/	31		Y	y 2023	Y Y 3	r		
City		State	Zip Code		Trans	acti	on ID :	PR27	5421	5969	888			
LANGH	ORNE	PA	19047-5782	'	Amount	of	Each F	Receipt	this	Peri	iod			
	number of contributing political committee.	С							_	2	28.08	В		
	f Employer (for Individual) lealthCare Services Inc		upation (for Individual) Product		Me	emo	Item							
Receipt	For:	Aggregate	Year-to-Date ▼	7										
	imary General her (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)										
	ne of Individual (Last, First, Middle Ir , TIMOTHY, , ,	nitial) or Full C	organization Name		Date of	Re	ceipt							
	Address 2317 RESIDENCE CIRCLE #B4-102				^M 12	/	31			2023		Ŷ		
City	6	State FL	Zip Code		Trans	acti	ion ID :	PR27	5424	4169	9888			
NAPLE	5		34105-3104		Amount	of	Each F	Receipt	this	Peri	iod			
	number of contributing political committee.	С					,	,	_	38	84.60	0		
	f Employer (for Individual) lealthCare Services Inc		upation (for Individual) P People Team		M	emo	tem							
Receipt	For:	Aggregate	Year-to-Date ▼											
	imary General her (specify)		4999.80	F	P/R Ded	ucti	on (\$19	92.30 E	i-We	ekly))			
SUBTOTA	L of Receipts This Page (optional)						, .			4{	89.60)		
TOTAL Th	is Period (last page this line number	only)	•								-			

FOR LINE NUMBER:

(check only one)

PAGE 181 OF

	Detailed Summary P					11a		11	- H		11c	12	<u> </u>
	y information copied from such Reports and State						se of						
or	for commercial purposes, other than using the na	ess of any political committee	to so	icit cor	ntrib	utio	ons fr	ron	n such	committe	ee.		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full)		1.1	tadlaalth Croup DA									
	UnitedHealth Group Incorporated	PAC (I	Uni	leonealin Group PF	(C)								
Α.	Full Name of Individual (Last, First, Middle Initial) PAGET, JAMIE, , ,) or Full O	Orgar	nization Name		Date of	Re	cei	ipt				
	Mailing Address 15268 LOUISIANA AVE					^M 12	/	Γ	31	1	/ Y	y y 2023	Y
	City	State		Zip Code	_	Trans	acti	on	ID :	PR	R27542	4606988	8
	SAVAGE	MN		55378-5654	_ 4	mount	of	Ea	ch R	ec	eipt thi	s Period	
	FEC ID number of contributing federal political committee.	С				_		,			-9-	76.9	92
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		Me	emo	lte	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	999.96	P	/R Ded	uctio	on	(\$38.	.46	8 Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initial KONTOR, JOHN, , ,) or Full O	rgar	ization Name		Date of	Re	cei	ipt				
	Mailing Address 123A SPA VIEW AVE					[™] 12	1	ľ	31]	/ Y	y y 2023	Y
	City	State		Zip Code								73669888	3
	ANNAPOLIS	MD	_	21401-3542	_	mount	of	Ea	ch R	ec	eipt thi	s Period	
	FEC ID number of contributing federal political committee.	С						,			-	192.3	30
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) visory Svc		Me	emo	lte	em				
		Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	2499.90	P	'R Dedi	uctio	on	(\$96.	15	Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial))raa-	nization Namo									
C.	BOTHRA, SIDDHARTH, , ,		nyai		[Date of	Re	cei	ipt				
	Mailing Address 17200 SE 45TH STREET	Ctota		Zin Codo		12 T rop o	′	L	31		/ Y	2023	
	City BELLEVUE	State WA		Zip Code 98006-6510								2076988 s Period	D
	FEC ID number of contributing					anount	U	∟d		eci	eipt till		
	federal political committee.	С	-				_	9		1	y	192.3	50
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ment COO		Me	emo	o Ite	em				
	Receipt For:	1		r-to-Date ▼									
	Primary General Other (specify)		-	4807.50	P	/R Ded	ucti	on	(\$192	2.3	30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)				_		_					461.5	52
	OTAL This Period (last page this line number onl			F	i	_		,	_	ļ	7		
1 ⁻	(• •					-	1			7		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 182 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
A.	Full Name of Individual (Last, First, Middle Initia WILSON, DANIEL, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 15619 SWANSCOMBE LOOP	State	Zip Code	12 31 2023 Transaction ID : PR2755347869888
	UPPER MARLBORO	MD	20774-8412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.20
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Dvlp	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$19.20 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia DONNELLY, ALISON, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 2127 COTTONWOOD DRIVE			12 31 2023
	City GLENVIEW	State IL	Zip Code 60026-7771	Transaction ID : PR2755530869888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		333.32
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Comm	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia ABRAHAM, SANTIAGO, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 4320 COTTONWOOD LN			12 / D D / Y Y Y Y Y 12 31 2023
	City EXCELSIOR	State MN	Zip Code 55331-9328	Transaction ID : PR2755652169888 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: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		>	737.12
т	OTAL This Period (last page this line number on	ly)	•	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 183 OF

263

			Detailed Summary Page		(11a		11b	11c		12							
	y information copied from such Reports and St for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full)			5 10 30				300									
\rangle	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	AC)													
Α.	Full Name of Individual (Last, First, Middle Initi KRAUTKRAMER, MITCHELL, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt										
	Mailing Address 800 LAKEVIEW PKWY				м м 12	/	D D 31	/	2 2	023	Y						
	City MOUND	State MN	Zip Code 55364-2307	Transaction ID : PR2755995769888 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		76.92													
	Name of Employer (for Individual) Optum Services, Inc	Occu VP F	upation (for Individual) Fin		Me	emo	tem										
	Receipt For: Primary General Other (specify) ▼] F	P/R Ded	ucti	on (\$38.	46 Bi-W	/eekl	ly)									
В.	Full Name of Individual (Last, First, Middle Initi ASHENHURST, KARLA, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt										
	Mailing Address 865 BRINSMERE DRIVE			12 31 / Y Y Y Y 2023													
	City ELM GROVE	State WI	Zip Code 53122-2102	Transaction ID : PR2756173669888 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			_:	_	115.3	8									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir		Me	emo	Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94] F	9/R Ded	uctio	on (\$57.	69 Bi-W	/eekl	ı у)							
С.	Full Name of Individual (Last, First, Middle Initi MASONER, AUDREY, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt										
	Mailing Address 15400 MAPLE STREET				^M 12	/	31		20	023 [°]	Ŷ						
	City OVERLAND PARK	State KS	Zip Code 66223-3262				ion ID : Each R				8						
	FEC ID number of contributing federal political committee.	С					,			76.9	2						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations		M	emc	tem										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96] F	P/R Ded	lucti	on (\$38	.46 Bi-W	/eek	ly)							
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,	7		269.2	2						
т	OTAL This Period (last page this line number c	only)	••••••	•			_			1.40							

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

FOR LINE NUMBER:

(check only one)

PAGE 184 OF

				Detailed Summary Page	e X 11a 11b 11c 12 13 14 15 16					17						
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for th		Jrp	ose of		liciting		ntributi	ions		
	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporated	I PAC (I	Un	itedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia HERMELINGIII, THEODORE, , ,	l) or Full O	Drgai	nization Name		Date	of F	Rec	ceipt							
	Mailing Address 117 5TH STREET				12 / D D / Y Y Y Y 12 31 2023											
	City	State		Zip Code	Transaction ID : PR2756521669888											
	WILMETTE	IL		60091-3405	_	Amou	nt o	of E	Each F	lec	eipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С			384.60											
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) g Bus Dev			Verr	10	Item							
	Receipt For:	Aggregate	Yea	ur-to-Date ▼												
	Other (specify) ▼	Primary General								2.3	30 Bi-W	/eek	dy)			
в.	Full Name of Individual (Last, First, Middle Initia TANG, SHI, , ,	l) or Full O	Drgai	nization Name		Date	of F	Rec	ceipt							
	Mailing Address 142 WOOSTER STREET APT 3B					[™] 12		/	D 1		/ Y	ү 20	23	Y		
	City	State		Zip Code							R27566			;		
	NEW YORK	NY		10012-3195	_	Amou	nt o	of E	Each F	lec	eipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С				<u> </u>	_	_			-9		416.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) ovation & Strategy			Ven	10	Item							
	Receipt For:	Aggregate	Yea	ur-to-Date ▼												
	Other (specify) ▼		,	4576.00	F	P/R De	educ	tio	on (\$19	2.3	30 Bi-W	/eek	ly)			
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia SATTERWHITE, ERIN, , ,	l) or Full O	Drgai	nization Name		Date	of F	Red	ceipt							
	Mailing Address 1722 MONUMENT STREET					[™] 12		/	31		/ Y		23	Y		
	City	State		Zip Code		Tra	nsad	cti	on ID :	P	R27574	1357	769888	3		
	CONCORD	MA		01742-5310	_	Amou	nt o	of E	Each F	lec	eipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С				<u> </u>			,		y		396.0	0		
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) n Mgmt			Men	no	ltem							
	Receipt For:	I		ur-to-Date ▼	_											
	Primary General	, igg. egute			F	P/R D	educ	ctic	on (\$19)2.:	30 Bi-W	/eeł	dv)			
	Other (specify)	L	7	4988.46												
s	UBTOTAL of Receipts This Page (optional)			••••••					,		,	1	196.6	0		
т	OTAL This Period (last page this line number on	ıly)			-					l	-					

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

FOR LINE NUMBER:

(check only one)

PAGE 185 OF

			Detailed Summary Page		< 11a 13		11b 14	11c 15		12							
Δn	v information conject from such Reports and Str	ation copied from such Reports and Statements may not be sold or used b								16 htributi	005						
or	for commercial purposes, other than using the	ddress of any political committe	e to so	olicit cor	ntrib	utions fro	om such	1 CO	mmitte	e.							
\backslash	NAME OF COMMITTEE (In Full)																
/	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group P	AC)													
Α.	Full Name of Individual (Last, First, Middle Initia BARTLES, SARA, , ,	al) or Full O	rganization Name		Date of	Re	ceipt										
	Mailing Address 25263 RODEO LANE			12 / D D / Y Y Y Y 12 31 2023													
	City	State	Zip Code	Transaction ID : PR2759243369888													
	PARMA	ID	83660-7107	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		28.06													
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Affordability, Assc Dir		M	emo	Item										
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General Other (specify) ▼] f	P/R Ded	ucti	on (\$14.0	3 Bi-W	eekl	y)									
В.	Full Name of Individual (Last, First, Middle Initia AZAM, MISHAEL, , ,	al) or Full O	rganization Name		Date of	Re	ceipt										
	Mailing Address 629 JEFFERSON AVENUE			12 / D D / Y Y Y Y Y 12 31 2023													
	City	State	Zip Code	Transaction ID : PR2759343869888													
	CHERRY HILL	NJ	08002-3704		Amount	of	Each Re	ceipt th	is P	eriod							
	FEC ID number of contributing federal political committee.	С		7													
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		M	emo	Item										
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General Other (specify) ▼		1001.00] [P/R Ded	uctio	on (\$38.5	0 Bi-We	eekly	/)							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initian HUNT, BRITTNEY, , ,	al) or Full O	rganization Name		Date of	Re	ceipt										
	Mailing Address 7820 JARED WAY				^M 12	/	31	/ Y		23	Y						
	City	State	Zip Code		Trans	acti	ion ID : P	R2759	7564	169888	3						
	TALLAHASSEE	FL	32309-8110		Amount	of	Each Re	ceipt th	is P	eriod							
	FEC ID number of contributing federal political committee.	С					y	y		76.9	2						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		M	emo	ltem										
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General	33 - 3		1 F	P/R Ded	ucti	on (\$38.4	6 Bi-W	eekl	V)							
	Other (specify)		999.96														
s	UBTOTAL of Receipts This Page (optional)			•			,	9		181.9	8						
т	OTAL This Period (last page this line number o	nly)		•			.	-y									

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

FOR LINE NUMBER:

(check only one)

PAGE 186 OF

			Detailed Summary Page		11a 13		11b 14	11c	12 16	17							
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	tions							
\setminus	NAME OF COMMITTEE (In Full)																
\rangle	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group P	AC)													
Α.	Full Name of Individual (Last, First, Middle Initia SCHLAIFER, MARISSA, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt										
	Mailing Address 1050 N STUART ST #400			12 / D D / Y Y Y Y 12 31 2023													
	City	State VA	Zip Code		Trans	acti	ion ID :	PR27597	75686988	8							
	ARLINGTON	VA	22201-5727	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			384.	384.60											
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Regl Affs	Memo Item													
	Receipt For:	Aggregate	Year-to-Date 🔻														
	Primary General Other (specify) ▼	4999.80	 P	P/R Ded	lucti	on (\$192	2.30 Bi-V	Veekly)									
В.	Full Name of Individual (Last, First, Middle Initia DIFRONZO, CHRISTINE, , ,	al) or Full O	rganization Name		Date of	Re	eceipt										
	Mailing Address 6 CRAIG LN			12 31 2023													
	City	State MA	Zip Code		Transaction ID : PR2759978169888												
	HINGHAM	IVIA	02043-3411	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	C				_			76.	92							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Analytics		M	emo	ltem										
	Receipt For:	Aggregate	Year-to-Date 🔻														
	Primary General Other (specify) ▼		, 999.96	P	/R Ded	uctio	on (\$38.	46 Bi-We	eekly)								
С.	Full Name of Individual (Last, First, Middle Initia KELLOGG, PETER, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt										
	Mailing Address 1515 JEFFERSON AVENUE				^M 12	1	D D D	/ Y	2023	Y							
	City NEW ORLEANS	State LA	Zip Code 70115-4120						98416988								
			10113-4120		Amount	t of	Each R	eceipt th	iis Period								
	FEC ID number of contributing federal political committee.	С					,		76.	92							
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) ssc Gen Counsel		M	emc	tem										
	Receipt For:	Aggregate	Year-to-Date ▼														
	Other (specify)		999.96] F	P/R Ded	lucti	ion (\$38.	46 Bi-W	eekly)								
s	UBTOTAL of Receipts This Page (optional)						,		538.	44							
Т	OTAL This Period (last page this line number o	nly)			L		-	-									

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

FOR LINE NUMBER:

(check only one)

PAGE 187 OF

			Detailed Summary Page		11a				11c	12					
An	y information copied from such Reports and State	ements ma	Av not be sold or used by any pr	erson f	13 or the	<u> </u> יינוס	14 1005		15 soliciting	16 L contribu	17 tions				
	for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Initial) ROBERT, MICHAEL, , ,	or Full O	organization Name	[Date of	Re	eceip	pt							
	Mailing Address 79373 FITZGERALD CHURCH ROAD			12 31 2023											
	City	State	Zip Code	Transaction ID : PR2759986069888											
	COVINGTON	LA	70435-7809	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		76.92											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		Me	emo	o Ite	em							
	Receipt For:		Year-to-Date ▼	_											
	Primary General Other (specify) ▼	iggi ogulo	999.96	P	/R Ded	ucti	ion ((\$38.4	46 Bi-We	ekly)					
	Full Name of Individual (Last, First, Middle Initial) REYNOLDS, MARK, , ,	or Full O	organization Name		Date of	Re	eceip	pt							
	Mailing Address 106 SE 68TH STREET				м м 12	/	D	31	/ Y	ү 2023	Y				
	City	State	Zip Code	_	Trans	acti	ion	ID : P	PR27600)4636988	8				
	OAK ISLAND	NC	28465-4549	/	Amount	of	Ead	ch Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	С				_	-			285.	70				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Ops		Me	emo	o Ite	em							
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2999.85	P.	/R Ded	uctio	ion (\$115	.38 Bi-W	/eekly)					
с.	Full Name of Individual (Last, First, Middle Initial) ALTMAN, KIMBERLY, , ,	or Full O	organization Name		Date of	Re	eceip	pt							
	Mailing Address 1861 TRANQUILITY COURT				^M 12	/		31	/ Y	2023 Y	Y				
	City	State TX	Zip Code 75078-9744							04656988					
	PROSPER		10010-9144	_ /	Amount	of	Ead	ch Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	C				_	9		 -	416.	00				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgmt		M	emc	o Ite	em							
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify)		4992.00	P	/R Ded	lucti	ion ((\$192	2.30 Bi-V	Veekly)					
S	JBTOTAL of Receipts This Page (optional)		•	•			,		,	778.	62				
т	OTAL This Period (last page this line number only	y)		.			-								

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

FOR LINE NUMBER:

(check only one)

PAGE 188 OF

				Detailed Summary Page		11a		-	11b		11c		12	_				
	y information copied from such Reports and Sta for commercial purposes, other than using the n					rpo												
	NAME OF COMMITTEE (In Full)																	
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)													
A.	Full Name of Individual (Last, First, Middle Initia DECKER, WYATT, , ,	l) or Full O	rga	nization Name	Date of Receipt													
	Mailing Address 1482 HUNTER DRIVE				12 31 2023													
	City WAYZATA	State MN		Zip Code 55391-9658	Transaction ID : PR2760134069888 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		•	ion (for Individual) ief Phys, Innov & VBC		N	/lem	0	Item									
	Receipt For: Primary General Other (specify) ▼	F	P/R De	duct	tio	on (\$19)	2.3	30 Bi-W	/eek	ly)								
B.	Full Name of Individual (Last, First, Middle Initia MASTEN, DALE, , ,	l) or Full O)rga	nization Name		Date o	of R	ec	ceipt									
	Mailing Address 9845 BENNINGTON DRIVE				12 / D D / Y Y Y Y Y 12 31 2023													
	City SHARONVILLE	State OH		Zip Code 45241-3619	Transaction ID : PR2760775869888 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			38													
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) I Affs		N	/lem	0	ltem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 4999.80	F	P/R De	duct	tio	n (\$192	2.3	80 Bi-W	'eek	ly)					
C.	Full Name of Individual (Last, First, Middle Initia DELMONICO, SUSAN, , ,	l) or Full O	rga	nization Name		Date o	of R	ec	ceipt									
	Mailing Address 12 MULBERRY CIRCLE	1		1		^M 12		/	D 31		/ Y	20	23					
	City JOHNSTON	State RI		Zip Code 02919-2519					on ID : Each R					3				
	FEC ID number of contributing federal political committee.	С						,	,		y		230.7	6				
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) en Counsel		N	/lem	10	Item									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 2999.88	F	P/R De	duc	tio	on (\$11	5.3	38 Bi-W	/eek	dy)					
SUBTOTAL of Receipts This Page (optional)									9		9		999.9	6				
т	OTAL This Period (last page this line number or	ıly)			•				,	Ĩ	-							

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

FOR LINE NUMBER:

(check only one)

PAGE 189 OF

			Detailed Summary Page		11a 13		11b		11c 15	\square	12 16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na			or the		pose		liciting		ntributi	ons				
$\overline{)}$	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Initial) CRAWFORD, KEVIN, , ,) or Full Or	ganization Name		Date of	Re	eceipt	t							
	Mailing Address 744 SHELLEY LANE			12 / D D / Y Y Y Y 12 31 2023											
	City FRANKLIN	State TN	Zip Code 37064-1621	Transaction ID : PR2760825169888 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		ipation (for Individual) Govt Affs		Me	emo	b Iten	n							
	Receipt For: Primary General Other (specify) ▼	Р	/R Ded	ucti	ion (\$	\$115.3	38 Bi-W	/eek	ly)						
B.	Full Name of Individual (Last, First, Middle Initial) VELASCO, JOEL, , ,) or Full Or	ganization Name		Date of	Re	eceipt	t							
	Mailing Address 6352 31 PLACE NW ST	1		12 / D D / Y Y Y Y Y 12 31 2023											
	City WASHINGTON	State DC	Zip Code 20015-2358		Trans: Amount				R27609 ceipt th						
	FEC ID number of contributing federal political committee.	С					- 7 -	_	-97-	_	384.6	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Intl Relations		Me	emo	b Iten	n							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 4999.80	P	/R Dedi	uctio	on (\$	3192.3	30 Bi-W	/eek	ly)				
с.	Full Name of Individual (Last, First, Middle Initial MILLER, CORINNA, , ,) or Full Or	ganization Name	1	Date of	Re	eceipt	t							
	Mailing Address 6083 OLD BRICKSTORE ROAD				12 ^M	1		31 ^D		20	1				
	City GREENSBORO	State NC	Zip Code 27455-8335		Trans Amount				R2761(}			
	FEC ID number of contributing federal political committee.	С			anount	U	J	THE	,,	31	38.4	6			
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) ien Mgmt		Me	emc	o Iten	n							
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 499.98	P	/R Ded	ucti	ion (\$	\$19.2	3 Bi-We	∍ekly	<i>y</i>)				
SUBTOTAL of Receipts This Page (optional)							9		,		653.8	2			
т	OTAL This Period (last page this line number onl	y)	•				-		-y						

FOR LINE NUMBER:

(check only one)

PAGE 190 OF

	ED RECEIF 13			ummary Page		11a] 11	b	11c	12	
Any information copied from such Reports and Statements may not be so				,		13		14		15	16	17
	nation copied from such Reports and Stat nmercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)											
Unit	edHealth Group Incorporated	I PAC (I	JnitedHea	alth Group PA	AC)							
A. OBR	ame of Individual (Last, First, Middle Initial IEN, MICHAEL, , ,) or Full O	rganization Na	ame		Date of	Re	eceij	pt			
Mailing	Address 11017 CAVELL CIR					^M 12	1		31	/ Y	2023	Y
City		State	Zip Code			Trans	acti	ion	ID : F	PR2761	13826988	8
BLOO	MINGTON	MN	55438-2	2284	/	Amount	of	Ead	ch Re	eceipt t	his Period	
	D number of contributing political committee.	С						-			96.	14
	of Employer (for Individual) HealthCare Services Inc		ipation (for Ind ir Tax	dividual)		Me	emo	b Ite	em			
Receip	t For:	Aggregate	Year-to-Date	▼								
	Primary General Other (specify) ▼		y. 1. 1. 1.	1249.82	P	/R Ded	uctio	on ((\$48.0)7 Bi-W	/eekly)	
	ame of Individual (Last, First, Middle Initial , MOLLIE, , ,) or Full O	rganization Na	ame		Date of	Re	eceij	pt			
Mailing	Address 2445 WEST LOGAN BLVD UNIT 3E					12 ^M	1		31	/ Y	y y 2023	Y
City		State	Zip Code			Trans	acti	ion	ID : F	PR2762	09286988	8
CHICA	AGO	IL	60647-2	043	/	Amount	of	Ead	ch Re	eceipt t	his Period	
	D number of contributing political committee.	С						-			19.	22
	of Employer (for Individual) HealthCare Services Inc		upation (for In Regl Affs	dividual)		Me	emo) Ite	em			
	t For: Primary General Dther (specify) ▼	Aggregate	Year-to-Date	249.86	P	/R Ded	uctic	on ((\$9.61	Bi-We	ekly)	
	ame of Individual (Last, First, Middle Initial) or Full O	rganization Na	ame		Date of	Re	eceij	pt			
	Address 4 GALWAY ROAD		1			^M 12	1	L	31	/ Y	2023	
City SKILL	MAN	State NJ	Zip Code 08558-1								264876988	
			00000-1	751	_ /	Amount	of	Ead	ch Re	eceipt t	his Period	
	D number of contributing political committee.	С						7		y	76.	92
	of Employer (for Individual) Services, Inc		ipation (for Indirector, Adviso	,		M	emo	o Ite	əm			
Receip	t For:	Aggregate	Year-to-Date	▼								
	Primary General Other (specify)		тт	999.96	I F	P/R Ded	ucti	ion	(\$38.4	46 Bi-W	/eekly)	
SUBTOT	AL of Receipts This Page (optional)				.			7		.,	192.	28
TOTAL	This Period (last page this line number on	ly)						_		-		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 191 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 berson for the purpose of soliciting contributions
or for commercial purposes, other than using th	ne name and a	ddress of any political committe	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle I SONNIER, SUSAN, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 301 DEMONBREUN ST UN	IT 1805		M M / D D / Y Y Y Y 12 31 2023
City	State	Zip Code	Transaction ID : PR2762649969888
NASHVILLE	TN	37201-2248	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) Mktg Bus Dev	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General		2999.88	P/R Deduction (\$115.38 Bi-Weekly)
Other (specify) ▼		2999.00	
Full Name of Individual (Last, First, Middle I B. CLAYTON, JUSTIN, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 163 BRIER RIDGE DRIVE			12 31 2023
City	State	Zip Code	Transaction ID : PR2762749969888
DURHAM	NC	27703-0339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		153.84
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		1999.92	P/R Deduction (\$76.92 Bi-Weekly)
Full Name of Individual (Last, First, Middle I C. BIDINGER, DANIEL, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 3757 INDEPENDENCE RD			12 31 2023
City	State	Zip Code	Transaction ID : PR2762957569888
MAPLE PLAIN	MN	55359-9759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) of of Staff	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		520.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			424.60
TOTAL This Period (last page this line numbe	r only)		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 192 OF

		ch category of the ed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be the name and address of	sold or used by any pe any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (United	Health Group PA	NC)
Full Name of Individual (Last, First, Middl A. DAVIS, JENNIFER, , ,		n Name	Date of Receipt
Mailing Address 4330 CROWN POINT DR		2ede	12 / D D / Y Y Y Y 12 31 2023
Columbus	StateZip 0OH432	220-4424	Transaction ID : PR2763180369888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.14
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (fo Dir Govt Affs	or Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 1249.82	P/R Deduction (\$48.07 Bi-Weekly)
Full Name of Individual (Last, First, Middl B. LAUSCH, KERSTEN, , ,	e Initial) or Full Organizatio	n Name	Date of Receipt
Mailing Address 236 E NEWELL STREET			12 31 2023
City WINTER GARDEN	State Zip C FL 347	Code 187-2800	Transaction ID : PR2767047769888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.06
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Dir Govt Affs	or Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 364.78	P/R Deduction (\$14.03 Bi-Weekly)
Full Name of Individual (Last, First, Middl C. MEYER, ALEXIS, , ,	e Initial) or Full Organizatio	n Name	Date of Receipt
Mailing Address 4732 EWING AVENUE S			12 / D D / Y Y Y Y 2023
City MINNEAPOLIS		Code 10-1746	Transaction ID : PR2767552269888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		333.32
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Chief of Staff	or Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona)	•••••	457.52
TOTAL This Period (last page this line num	ber only)	••••••	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 193 OF

	- /	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS)	for each category of the Detailed Summary Page	X 11a 11b	11c	12	□ <i>.</i> _						
		ay not be sold or used by any pe										
\		address of any political committee	to solicit contributions	from such	committe	е.						
	,											
/ UnitedHealth Group	o Incorporated PAC (UnitedHealth Group PA	NC)									
Full Name of Individual (Last A. FOLEY, BARBARA, , ,	, First, Middle Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 6260 BLACI	K FOX WAY		- <u> </u>	D / Y	y y y 2023	Y						
City	State	Zip Code	غا لعدا ا									
TALLAHASSEE	FL	32312-4504	Transaction ID : PR2769239269888 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	ng C		92.30									
Name of Employer (for Indivi United HealthCare Services In	,	upation (for Individual) Mktg Bus Dev	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary Gene	eral	1100.00	P/R Deduction (\$4	6.15 Bi-Wee	ekly)							
Other (specify) ▼		1199.90										
Full Name of Individual (Last B. OBARSKI, DANIEL, , ,	t, First, Middle Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 2035 S CLA	RKSON ST		12 3 [·]	D / Y	2023	ſ						
City	State	Zip Code	Transaction ID	: PR276924	3969888							
DENVER	CO	80210-4105	Amount of Each	Receipt this	Period							
FEC ID number of contributing federal political committee.	ng C		30.76									
Name of Employer (for Indiv United HealthCare Services I	,	cupation (for Individual) Ntwk Contrctng	Memo Item									
Receipt For:			-									
Primary Gene		Year-to-Date ▼		5 00 D' W								
Other (specify) V		, 399.88	P/R Deduction (\$1	5.38 BI-Wee	KIY)							
Full Name of Individual (Last C. MOORE, MALVIN, , ,	t, First, Middle Initial) or Full C	Drganization Name	Date of Receipt									
Mailing Address 4520 SUNS	ET RIDGE		12 3		y y y 2023	Ŷ						
City	State	Zip Code	Transaction ID	: PR276986	6469888							
MINNEAPOLIS	MN	55416-3333	Amount of Each	Receipt this	Period							
FEC ID number of contribution federal political committee.	C				28.0	6						
Name of Employer (for Indivi United HealthCare Services In	,	upation (for Individual) Found/Social Resp	Memo Item									
Receipt For:		Year-to-Date ▼	-									
Primary Gene			P/R Deduction (\$1	4.03 Bi-Wer	klv)							
Other (specify)		364.78			-,,							
SUBTOTAL of Receipts This F	Page (optional)		, .		151.12	2						
TOTAL This Period (last page	this line number only)	•										

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 194 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	/ information copied from such Reports and Station commercial purposes, other than using the i											
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC ((UnitedHealth Group PA	.C)								
A.	Full Name of Individual (Last, First, Middle Initia HAUSMAN, ERIC, , ,	al) or Full C	Organization Name	Date of Receipt								
-	Mailing Address 1617 WEST 25TH STREET	State	Zip Code	12 31 2023								
	MINNEAPOLIS	MN	55405-2466	Transaction ID : PR2778612769888 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) Comm	Memo Item								
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initia ARTHUR, SUSAN, , ,	al) or Full C	Organization Name	Date of Receipt								
-	Mailing Address 2300 NAUDAIN ST UNIT W			12 31 2023								
	City PHILADELPHIA	State PA	Zip Code 19146-1172	Transaction ID : PR2778850869888 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		909.08								
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) /P Ops	Memo Item								
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.94	P/R Deduction (\$4807.70 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initia BAKER, OMAR, , ,	al) or Full C	Organization Name	Date of Receipt								
_	Mailing Address 8100 SPRING HILL FARM DR			12 / D D / Y Y Y Y 2023								
	City MCLEAN	State VA	Zip Code 22102-2330	Transaction ID : PR2778986669888 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) IO/SVP Strat Intv	Memo Item								
I	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
รเ	JBTOTAL of Receipts This Page (optional)			1678.28								
тс	OTAL This Period (last page this line number o	nly)	•									

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

FOR LINE NUMBER:

(check only one)

PAGE 195 OF

			Detailed Summary Page		11a 13		11b 14	11c		12 16	17				
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma ame and ac	ay not be sold or used by any pe ddress of any political committee	erson f e to so	for the	pur _l ntrib	pose of	solicitir	ng co ch co	ntribut	ions				
$\overline{)}$	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial) ROMANOW, KATHLEEN, , ,) or Full Or	rganization Name		Date of Receipt										
	Mailing Address 6804 MARBURY ROAD				^M 12	1	31		Y Y 2	023	Y				
	City BETHESDA	State MD	Zip Code 20817-6052				i on ID : Each F				3				
	FEC ID number of contributing federal political committee.	С		192.30											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	ltem								
	Receipt For: Ø Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P	9/R Ded	ucti	on (\$96	.15 Bi-V	Veek	ly)					
в.	Full Name of Individual (Last, First, Middle Initial) SABAL, PETER, , ,) or Full Or	rganization Name		Date of	Re	ceipt								
	Mailing Address 6151 WILLOW ROCK ST	1		12 / 31 / 2023 Transaction ID : PR2783559969888											
	City LAS VEGAS	State NV	Zip Code 89135-1482				on ID : Each F				}				
	FEC ID number of contributing federal political committee.	С								76.9	2				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial) MOYER, CASEY, , ,) or Full Or	rganization Name		Date of	Re	ceipt								
	Mailing Address 7568 W SNOWBERRY	1			^M 12	1	31		20	023 [°]	Y				
	City BOISE	State ID	Zip Code 83709-1674				ion ID : Each F				8				
	FEC ID number of contributing federal political committee.	С					,			30.7	6				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Software Engineering		Memo Item										
	Receipt For: // Primary General Other (specify)	Aggregate	Year-to-Date ▼ 399.88	I F	P/R Ded	ucti	on (\$15	.38 Bi-\	Veek	ly)					
s	UBTOTAL of Receipts This Page (optional)			.						299.9	8				
Т	OTAL This Period (last page this line number onl	y)	••••••	-											

FOR LINE NUMBER:

(check only one)

PAGE 196 OF

	LIVIIZED RECEIPIS			Detailed Summary Page		< 11a		11b		11c		12				
			'	Jelaneu Summary Faye		13		14		15		16	17			
	y information copied from such Reports and S for commercial purposes, other than using the															
$\overline{)}$	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporate	ed PAC (Un	itedHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Ini BRADY, NICOLE, , ,	tial) or Full C	Drgai	nization Name		Date of	f Re	eceipt								
	Mailing Address N7623 OLSON RD					^M 12	/	D 31		/ Y)23	Y			
	City	State		Zip Code		Trans	act	ion ID	: PR	27866	571 <u>2</u>	26988	3			
	ONEIDA	WI		54155-9619	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			28.06											
	Name of Employer (for Individual) United HealthCare Services Inc		cupat Med	ion (for Individual) Dir		M	emc	tem								
	Receipt For:	Anareaste	Voa	r-to-Date ▼												
	Primary General Other (specify) ▼	Aggregate	- 100	364.78	lucti	on (\$1	4.03	Bi-We	ekly	y)						
В.	Full Name of Individual (Last, First, Middle Ini OWEN, CHRISTOPHER, , ,	tial) or Full C	Orgai	nization Name		Date of	f Re	eceipt								
	Mailing Address 9011 LESLIES GATE				Date of Receipt											
	City	State		Zip Code		Trans	acti	on ID	· PR	27869	086	69888	2			
	BOERNE	ТХ		78015-4779		Amount										
	FEC ID number of contributing federal political committee.	С						-		-7-		384.6	60			
	Name of Employer (for Individual) Optum Services, Inc		cupat P Mł	tion (for Individual) ktg		M	emc	ltem								
	Receipt For:	Aggregate	Yea	ur-to-Date ▼	7											
	Primary General Other (specify) ▼		Ļ	4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Ini CONWAY, PATRICK, , ,	tial) or Full C	Drgai	nization Name		Date of	f Re	eceipt								
	Mailing Address 190 WINDING RIVER RD					^M 12	/	D 34		/ Y)23	Y			
	City	State		Zip Code		Trans	act	ion ID	: PR	27878	3755	6988	8			
	WELLESLEY	MA		02482-7320	_	Amount	t of	Each	Rece	eipt thi	is P	eriod				
	FEC ID number of contributing federal political committee.	С						9		9	_	384.6	60			
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	_	Memo Item										
	Optum Services, Inc		•	ment CEO												
	Receipt For:	Angregate	Yea	ır-to-Date ▼	—											
	Primary General Other (specify)		-	4999.80		P/R Dec	lucti	ion (\$1	92.3	0 Bi-W	/eeł	dy)				
s	UBTOTAL of Receipts This Page (optional)			•••••	<u> </u>			,	-	9	=	797.2	26			
Т	OTAL This Period (last page this line number	only)		••••••	•			-			_					

FOR LINE NUMBER:

(check only one)

PAGE 197 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$									
or for commercial purposes, other than			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Inco	prporated PAC (UnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, CLARKE, LACEY, , , Mailing Address 15 MILO STREET	Middle Initial) or Full C	rganization Name	Date of Receipt									
City HUDSON	State NY	Zip Code 12534-2722	12 31 2023 Transaction ID : PR2789668269888 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		153.84									
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Dir	upation (for Individual) Govt Affs	Memo Item									
Primary General Other (specify) ▼	Aggregate	Year-to-Date 1999.92	P/R Deduction (\$76.92 Bi-Weekly)									
Full Name of Individual (Last, First, MORDEN, NANCY, , ,	Middle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4624 TOWER ST			12 / D D / Y Y Y Y 12 31 2023									
City EDINA	State MN	Zip Code 55424-1549	Transaction ID : PR2790158669888 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		80.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, FISHER, HEIDI, , ,		rganization Name	Date of Receipt									
Mailing Address 40 SPYGLASS PL	ACE	Zin Code	12 31 2023									
City DELLWOOD	MN	Zip Code 55110-1250	Transaction ID : PR2790274369888 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		416.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4992.00	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (o	btional)		649.84									
TOTAL This Period (last page this lin	e number only)											

FOR LINE NUMBER:

(check only one)

PAGE 198 OF

		Detailed Summary Page		11a		11b	11c	12				
Any information copied from such Report	s and Statements ma	y not be sold or used by any n	erson f	13 or the	ייווס	14 Dose of s	15 soliciting	16 contribu	17 tions			
or for commercial purposes, other than u												
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incor	porated PAC (UnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Mi A. BILLS, MATTHEW, , ,	ddle Initial) or Full O	rganization Name	0	Date of Receipt								
Mailing Address 18961 DEVONSHIRE	ST			M M 12	/	D ■ D 31	/ Y	y y 2023	Y			
City	State	Zip Code		Trans	acti	ion ID : F	PR27905	55876988	8			
BEVERLY HILLS	MI	48025-4031	A	mount	of	Each Re	eceipt th	is Period				
FEC ID number of contributing federal political committee.	C		92.30									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt		Me	emo	Item						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		1199.90] P.	/R Ded	ucti	on (\$46.′	15 Bi-We	eekly)				
Full Name of Individual (Last, First, Mi B. SEGERMAN, ANDREW, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Address 7306 REDBRIDGE CT				[™] 12	/	D D 31	/ Y	ү ү 2023	Y			
City	State	Zip Code		Trans	acti	on ID : F	R27914	7586988	8			
SPRINGFIELD	VA	22153-1511	A	Mount	of	Each Re	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С		38.46									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	emo	ltem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)									
Full Name of Individual (Last, First, Mi C. HAINES, CAROL, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Address 203 NESHAMINY RO	AD			^M 12	/	D D D 31	/ Y	2023 Y	Y			
City CROYDON	State PA	Zip Code 19021-5427						47696988	8			
		19021-9427	^	Amount	: of	Each Re	eceipt th	is Period				
FEC ID number of contributing federal political committee.	C				_	y	9	400.	00			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		Memo Item								
Receipt For:	Aggregate	Year-to-Date V										
Other (specify)		5000.00	P	/R Ded	lucti	on (\$192	2.30 Bi-V	Veekly)				
SUBTOTAL of Receipts This Page (option	' onal)					,	,	530.	76			
TOTAL This Period (last page this line r	number only)					-						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 199 OF

263

				etailed Summary Page		11a 13		11		11c			47			
	y information copied from such Reports and State for commercial purposes, other than using the na					for the		rpos	se of s	soliciting	conti					
\setminus	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporated	PAC (l	Unit	edHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Initial) SMITH, TAMEEKA, , ,) or Full Oi	rgani	zation Name		Date of Receipt										
	Mailing Address 12201 CAPWELL DRIVE					^M 12	/		31	/ Y	y 202	23	Ŷ			
	City MIDLOTHIAN	State VA		Zip Code 23113-2002						R27918						
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period											
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) CEO		М	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 4999.80] F	P/R Dec	ducti	ion	(\$192	.30 Bi-V	Veekly	()				
в.	Full Name of Individual (Last, First, Middle Initial) BRADY, WILLIAM, , ,) or Full Oi	rgani	zation Name		Date o	f Re	ecei	ipt							
	Mailing Address 5110 ALVARADO LAN N					12 31 2023										
	City PLYMOUTH	State MN		Zip Code 55446-3063		Transaction ID : PR2794131669888 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						-			4	00.00	0			
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) dicare STARS		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 5000.00	P	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial) MORSE, SARA, , ,) or Full Oi	rgani	zation Name		Date o	f Re	ecei	ipt							
	Mailing Address 6398 VALE STREET		_			^M 12	/		D D D 31	/ Y	2023		Ý			
	City ALEXANDRIA	State VA		Zip Code 22312-1435						PR2794						
	FEC ID number of contributing federal political committee.	С						,				84.6	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Govt /	on (for Individual) Affs		N	lemo	o It	em							
	Receipt For: // Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 4999.80] F	P/R Dec	duct	tion	(\$192	.30 Bi-V	Veekly	()				
s	UBTOTAL of Receipts This Page (optional)				•			,			11	69.20)			
т	OTAL This Period (last page this line number onl	y)		••••••	•			,				-				

I

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 200 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
\backslash	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	d PAC (UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initia TOWSLEY, JACK, , ,	l) or Full C	Organization Name	Date of Receipt								
	Mailing Address 10210 SAN FRANCISCO RD N	E		12 31 Y Y Y Y Y 2023								
	City ALBUQUERQUE	State NM	Zip Code 87122-3452	Transaction ID : PR2795226469888								
			07122-3432	_ Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		80.00								
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) O Med Grp Non Physn	Memo Item								
	Receipt For:	I	Year-to-Date V	_								
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$38.46 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia SMOTER, JENNIFER, , ,	l) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 570 LANDSDOWNE LANE			12 31 2023								
	City	State	Zip Code	Transaction ID : PR2796989069888								
	LAKE BLUFF	IL	60044-2818	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		1666.66								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Chief Comm Off	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.98	P/R Deduction (\$192.30 Bi-Weekly)								
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia SHUCK, CYNTHIA, , ,	l) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 11204 RANNOCH LANE			M M / D D / Y Y Y Y 12 31 2023								
	City	State	Zip Code	Transaction ID : PR2797113469888								
	LOUISVILLE	KY	40243-1238	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		33.18								
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
	United HealthCare Services Inc	Acc	t Cnslt Pharmacist	_								
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)		364.98	P/R Deduction (\$14.03 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		•	1779.84								
т	OTAL This Period (last page this line number or	nly)	•									

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

FOR LINE NUMBER:

(check only one)

PAGE 201 OF

		Detailed Summary Page		11a		11b	110	12	<u> </u>			
Any information copied from such Reports a												
or for commercial purposes, other than usin	ig the name and a	ddress of any political committee	e to so	licit cor	ntrib	outions fi	om such	n committ	ee.			
	orated PAC (UnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Midd A. ALBERT, MATTHEW, , ,	le Initial) or Full O	rganization Name	1	Date of	Re	eceipt						
Mailing Address 5365 CEDAR POINT RE)			^M 12	/	D D D 31	/ Y	ү ү 2023	Y			
City MINNETRISTA	State MN	Zip Code 55364-9394				-		2805722369888 eipt 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 Auditor		Me	emo	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.50] P	/R Ded	ucti	on (\$192	2.30 Bi-V	Veekly)				
Full Name of Individual (Last, First, Midd VINYARD, ANDREA, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address 4019 E MITCHELL DR				12 31 2023								
City PHOENIX	State AZ	Zip Code 85018-5911						2616988 is Period	8			
FEC ID number of contributing federal political committee.	С				_			400.	00			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Behavioral Health		Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	P .	/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)				
Full Name of Individual (Last, First, Midd C. MILLAR, JAMES, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address 1101 BAYBERRY DRIV	1			^M 12	1	D D D 31	JL	y y 2023				
City CHAPEL HILL	State NC	Zip Code 27517-9113				-		69036988 is Period	8			
FEC ID number of contributing federal political committee.	C					,	, j	400.	00			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Industry Relations		M	emc	ttem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00] P	/R Ded	ucti	ion (\$192	2.30 Bi-V	Veekly)				
SUBTOTAL of Receipts This Page (optional	al)							1184.	60			
TOTAL This Period (last page this line nur	nber only)		•				, ,					

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

FOR LINE NUMBER:

(check only one)

PAGE 202 OF

			Detailed Summary Page		11a 13		11b		11c 15	12	17			
	y information copied from such Reports and Statem for commercial purposes, other than using the nam				or the		pose		oliciting	contribu	itions			
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
\sum	UnitedHealth Group Incorporated F	PAC (U	nitedHealth Group P	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial) c WALTHALL, TODD, , ,	or Full Org	anization Name		Date o	f Re	eceipt							
	Mailing Address 1948 ROCKINGHAM ST				^M 12	/		^р 31	/ Y	ү ү 2023	Y			
	5	State	Zip Code		Trans	sacti	ion II) : P	R28179	604698	38			
	MCLEAN	VA	22101-4922		Amoun	t of	Each	Re	ceipt th	is Period	I			
	FEC ID number of contributing federal political committee.)			400.00									
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Init CEO	Memo Item										
	Boosint For:	areaate Y	ear-to-Date 🔻											
	Primary General Other (specify) ▼		5000.00] P	P/R Deduction (\$192.30 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial) c EINODSHOFER, MICHAEL, , ,	or Full Org	anization Name		Date o	f Re	eceipt							
	Mailing Address 11 WILLOW LINKS DR				^M 12	/		л 31	/ Y	y y 2023	Y			
	,	State	Zip Code		Trans	acti	ion IC) : P	R28179	6146988	8			
	BELLE VERNON	PA	15012-4334	/	Amoun	t of	Each	Re	ceipt th	is Period	I			
	FEC ID number of contributing federal political committee.)			400.00									
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) harmacy Programs		Memo Item									
	Receipt For: Ag Primary General Other (specify) ▼	gregate Y	ear-to-Date ▼ 5000.00	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial) c SCHWARTZ, ERICA, , ,	or Full Org	anization Name		Date o	f Re	eceipt							
	Mailing Address 5935 PREMIER WAY				MM	/		D	/ Y	Y Y	Y			
	UNIT 1425	State	Zip Code		12 T rong			31 D - D	D-204.00	2023				
	5	FL	34109-7903							0476698 is Perioc				
	FEC ID number of contributing federal political committee.)			Amoun		J		ceipt th	400				
	Name of Employer (for Individual) United HealthCare Services Inc		nation (for Individual)		M	emc	o Item	n						
	Respiret For:		ear-to-Date ▼											
	Primary General Other (specify)	gregate	5000.00]	P/R Dec	ducti	ion (\$	192.	.30 Bi-V	Veekly)				
s	UBTOTAL of Receipts This Page (optional)			•			y		y	1200	00			
т	OTAL This Period (last page this line number only).			•			-		-7-					

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

FOR LINE NUMBER:

(check only one)

PAGE 203 OF

	EMIZED RECEIPTS			etailed Summary Page		X 1'	1a		11	b	11c		12	_				
•						1:			14		15		16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r																	
\backslash	NAME OF COMMITTEE (In Full)																	
	UnitedHealth Group Incorporated	d PAC (l	Jni	tedHealth Group PA	NC)													
Α.	Full Name of Individual (Last, First, Middle Initia ALEJANDRE, CYNTHIA, , ,	al) or Full Or	rgani	ization Name		Dat	te of	Ree	cei	pt								
	Mailing Address 708 BERNINI STREET						12 [™]	/		31			023	Y				
	City	State		Zip Code		Т	rans	acti	ion	ID : F	PR2821	6684	46988	8				
	LAS VEGAS	NV		89144-4038	_	Am	ount	of I	Ea	ch Re	eceipt t	his F	Period					
	FEC ID number of contributing federal political committee.	С			100.00													
	Name of Employer (for Individual) United HealthCare Services Inc		upation t Affs	on (for Individual) s Dir			Me	emo) Ite	əm								
	Receipt For:	Aggregate	Year	-to-Date V														
	Primary General Other (specify) ▼			550.00	P/R Deduction (\$21.15 Bi-Weekly)													
В.	Full Name of Individual (Last, First, Middle Initia NEUSTADT, JENNAE, , ,	al) or Full Or	rgani	ization Name		Dat	te of	Red	cei	pt								
	Mailing Address 115 KEYSTONE CROSSING D	R			12 31 2023													
	City	State		Zip Code		Tr	ansa	actio	on	ID : F	PR2821	9933	36988	8				
	O FALLON	MO		63368-6777		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С	C							545.44								
	Name of Employer (for Individual) United HealthCare Services Inc		upati /t Aff:	on (for Individual) s Dir			Me	emo) Ite	əm								
	Receipt For:	Aggregate	Year	-to-Date ▼														
	Primary General Other (specify) ▼		,	2999.92	'	P/R	Dedu	uctic	on ((\$115	.38 Bi-\	Neeł	dy)					
С.	Full Name of Individual (Last, First, Middle Initia KINDREGAN, STEPHANIE, , ,	al) or Full Or	rgani	ization Name		Dat	te of	Red	cei	pt								
	Mailing Address 4546 CLUB CIRCLE NE					М	12 ^M	/		31	/		023	Y				
	City	State	T	Zip Code		Т	rans	acti	ion	ID : I	PR2822	2126	06988	8				
	ATLANTA	GA		30319-1054		Am	ount	of I	Ea	ch Re	eceipt t	his F	Period					
	FEC ID number of contributing federal political committee.	С					_		y		, ,		45.4	44				
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Govt	•	on (for Individual) Dir			Me	emo	o Ite	əm								
	Receipt For:	Aggregate			-													
	Primary General	, iggi egale	TGal		P/R Deduction (\$9.61 Bi-Weekly)													
	Other (specify)		7	249.92		178	Deu			(ψ3.0		JENIY	,					
s	UBTOTAL of Receipts This Page (optional)			•					,		. ,		690.8	38				
т	OTAL This Period (last page this line number or	וy)		•••••	-				,									

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

FOR LINE NUMBER:

(check only one)

PAGE 204 OF

			Detailed Summary Page		11a		11b 14	11c		12 16	17		
	y information copied from such Reports and State				for the		pose of	soliciting	g con	ntributi	ons		
<u></u>	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ame and a	agress of any political committee	e to so	DIICIT CO	ntrib	outions	from suc	n cor	nmitte	e.		
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial) KISLOFF, MICHELLE, , ,) or Full Oi	rganization Name		Date o	f Re	eceipt						
	Mailing Address 1815 N UNDERWOOD ST				^M 12	/	31		ү 20	23	Y		
	City	State	Zip Code		Trans	sact	ion ID :	PR2823	3405	69888	3		
	ARLINGTON	VA	22205-1819	— :	Amoun	t of	Each F	Receipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	С					-ge- 1	-		416.0	0		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment Gen Counsel		Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		4992.00	P/R Deduction (\$192.30 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial) MINOR, MICHAEL, , ,) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 3932 CHAPEL HEIGHTS DRIVE				12 31 Y Y Y Y 12 31 2023								
	City MARIETTA	State GA	Zip Code 30062-2217					PR28230					
			JUUU2-2217	- '	Amoun	t of	⊢ach F	Receipt th	nis Pe	eriod	_		
	FEC ID number of contributing federal political committee.	С								416.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4992.00	P	P/R Dec	lucti	on (\$19	2.30 Bi-V	Veekl	ly)			
				1									
C.	Full Name of Individual (Last, First, Middle Initial) SCHOENEBECK, DARCEY, , ,) or Full Oi	rganization Name		Date o	f Re	eceipt						
	Mailing Address 804 ECLIPSE PKWY	01-1-	7. 0.4		12 -	J.	31	J L	20	1. Ale			
	City NEW PRAGUE	State MN	Zip Code 56071-2015	-				PR2824			5		
	FEC ID number of contributing federal political committee.	C			Amoun	ι ΟΤ		Receipt th		eriod 434.0	0		
							,	y					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) f Client Officer		M	iemo	o Item						
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify)		4991.00] F	P/R Deo	duct	ion (\$21	7.00 Bi-V	Veek	ly)			
s	UBTOTAL of Receipts This Page (optional)			•			, ,		1	266.0	0		
т	OTAL This Period (last page this line number only	y)		•				,					

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

FOR LINE NUMBER:

(check only one)

PAGE 205 OF

TEIVIZED RECEIPTS		Detailed Summery Dage	X 11a	11b	11c	12						
		Detailed Summary Page	13		15	16	17					
Any information copied from such F or for commercial purposes, other t												
│ NAME OF COMMITTEE (In Full)												
UnitedHealth Group In	corporated PAC (UnitedHealth Group P	AC)									
Full Name of Individual (Last, Fir A. VISWANATHAN, KARTHIK,	, ,	rganization Name	Date of R	Date of Receipt								
Mailing Address 300 CARAWAY	ст		^M 12	/ D D 31		2023	Y					
City	State	Zip Code	Transac	tion ID : PR	2826678	969888	3					
SAN RAMON	CA	94582-5027	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			-y-	-yr- 1	400.0	00					
Name of Employer (for Individual Optum Services, Inc		upation (for Individual) ef Digital Svs Off	Mem	o Item								
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		5000.00	P/R Deduc	tion (\$192.30) Bi-Wee	∍kly)						
Full Name of Individual (Last, Fir B. GLEASON, LAUREN, , ,	st, Middle Initial) or Full C	rganization Name	Date of R	eceipt								
Mailing Address 1607 BLOUIN A	VE		12 ^M	/ D D	2	023	Y					
City	State	Zip Code	Transac	tion ID : PR	2827270	869888	3					
BATON ROUGE	LA	70808-1408	Amount of	f Each Rece	ipt this !	Period						
FEC ID number of contributing federal political committee.	C				-	272.7	2					
Name of Employer (for Individua United HealthCare Services Inc		upation (for Individual) Govt Affs	Mem	Memo Item								
Receipt For:	Aggregate	Year-to-Date V		1								
Primary General Other (specify) ▼		1499.96	P/R Deduct	tion (\$57.69	Bi-Week	ily)						
Full Name of Individual (Last, Fir C. HUMMEL, KRISTI, , ,	st, Middle Initial) or Full C	rganization Name	Date of R	eceipt								
Mailing Address 1 EDEN CIRCLI	E		^M 12	/ D D 31		2023	Y					
City	State	Zip Code	Transac	tion ID : PR	2827479	66988	8					
WESTBOROUGH	MA	01581-3653	Amount of	f Each Rece	pipt this I	Period						
FEC ID number of contributing federal political committee.	C			,	y	400.0	00					
Name of Employer (for Individual) Occ	upation (for Individual)	Mem	no Item								
United HealthCare Services Inc	SVP	P, Talent										
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify)		5000.00	P/R Deduc	tion (\$192.30) Bi-Wee	∍kly)						
SUBTOTAL of Receipts This Page	(optional)			,	, .	1072.7	2					
TOTAL This Period (last page this	line number only)				.							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 206 OF

ITEMIZED RECEIPTS				lse separate schedule(s)	(cł	(check only one)							
				or each category of the Detailed Summary Page		X 11a		11b		1c		12	<u> </u>
	ny information copied from such Reports and Stat								f soli		, con		
or	for commercial purposes, other than using the n	ame and a	lddre	ess of any political committee	to s	olicit co	ntrib	utions	from	such	1 con	nmitte	е.
	NAME OF COMMITTEE (In Full)												
/	UnitedHealth Group Incorporated	I PAC (I	Uni	tedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initial LOCKE, ELLEN, , ,	l) or Full O	rgan	ization Name		Date of	Re	ceipt					
	Mailing Address 732 SOUTH ALFRED STREET					12 31 2023							
	City	State		Zip Code		Trans	acti	ion ID :	: PR2	8315	5070	69888	
	ALEXANDRIA	VA		22314-4004	_	Amount	t of	Each I	Recei	pt th	is Pe	əriod	
	FEC ID number of contributing federal political committee.									.	_	105.6	6
Name of Employer (for Individual) Occupation United HealthCare Services Inc Govt Affs				on (for Individual) s Dir		M	emo	Item					
	Receipt For:	Aggregate	Year	r-to-Date ▼									
	Primary General	33 - 3				P/R Ded	lucti	on (\$38	8.46 E	3i-W€	ekly	/)	
Other (specify) ▼ 1003.77												-	
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rgan	ization Name		Data at							
B.	Mailing Address					Date of	Re	ceipt	D /	V	V	Y	V
							ĺ			Ĺ			
	City	State		Zip Code	_	Amount	tof	Each F	Recei	pt th	is Pe	eriod	
	FEC ID number of contributing											_	-
	federal political committee.	С											
	Name of Employer (for Individual)	Occ	Occupation (for Individual)					Item					
	Receipt For:	Aggregate	Year	r-to-Date ▼									
	Primary General	, iggi oguto	ioui										
	Other (specify)		,										
с.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rgan	ization Name		Date of	Re	ceipt					
	Mailing Address					M M	/		D /	Y	Y	Y	Y
	City	State		Zip Code	_		- 						
	FEC ID number of contributing		-		_	Amount	t of	Each I	Recei	pt th	is Pe	eriod	_
	federal political committee.	С	-			<u> </u>	-	y I		9	_		
	Name of Employer (for Individual)		upati	on (for Individual)		М	emc	tem					
Receipt For: Primary General				r-to-Date ▼									
_	Other (specify)												
s	UBTOTAL of Receipts This Page (optional)			····· •								105.60	6
		h.)			-						123	233.0	8
ΙĨ	OTAL This Period (last page this line number on	ıy)		▶				_		7			

S	CHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 207 OF 263				
IT	EMIZED DISBURSEMENTS	Use sepa for each	(ch		/ one)					
			Summary Page		21b	22 X 23 26 27 28b 28c 29 30b				
	ny information copied from such Reports and State for commercial purposes, other than using the na				iny pers	son for the purpose of soliciting contributions				
\setminus	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group	PAC	C)				
Α.	Full Name (Last, First, Middle Initial) Massachusetts Democratic State Co			Date of Disbursement						
	Mailing Address 11 Beacon Street Suite 410	12 07 2023								
	City Boston	State MA	Zip Code 02108			FEC Identification Number				
	Purpose of Disbursement		02100		_	С				
	Contribution			01	1	Transaction ID : 49596298				
	Candidate Name			Cateo Typ		Amount of Each Disbursement this Period				
		ment For:		١Ŷ		5000.00				
	Senate President	Primary Other (spec	General cify) ▼			Contribution				
	State: District:									
В.	Full Name (Last, First, Middle Initial) Armstrong For Congress	Date of Disbursement								
	Mailing Address 1515 Burnt Boat Drive Box 112									
	City Bismarck	State ND	Zip Code 58503			FEC Identification Number				
	Purpose of Disbursement					C C00670547				
	Contribution			01	1	Transaction ID : 49600744				
	Candidate Name			Categ		Amount of Each Disbursement this Period				
	Armstrong, Kelly, , Rep.,	mont Free 1	2024	Туре		1500.00				
		ement For: 2 Primary	2024 General			100.00				
	State: ND District: 00	Other (spec				Contribution Memo Item				
_	Full Name (Last, First, Middle Initial)									
C.	Mike Bost For Congress Committee	ee				Date of Disbursement				
	Mailing Address PO Box 1212					12 12 2023				
	-	State	Zip Code			FEC Identification Number				
	Murphysboro Purpose of Disbursement	IL	62966		_	C C00546499				
	Contribution Candidate Name			01	1	Transaction ID : 49600746				
	Bost, Michael, , Rep.,			Cateo Typ		Amount of Each Disbursement this Period				
		ment For: 2	2024	1 1		2500.00				
	Senate President	Primary Other (spec	General			Contribution Memo Item				
_	State: IL District: 12									
s	UBTOTAL of Disbursements This Page (optional).				•••• ►	9000.00				
т	OTAL This Period (last page this line number only	/)			···· Þ	, ,				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 208 OF 263					
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only						
		Summary Page	21b	22 X 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC)					
Full Name (Last, First, Middle Initial) A. Friends Of Dave Joyce				Date of Disbursement					
Mailing Address 9856 Archer Lane				12 / D D / Y Y Y Y Y 12 2023					
City Dublin	State OH	Zip Code 43017		FEC Identification Number					
Purpose of Disbursement				C C00527457					
			011	Transaction ID : 49600747					
Candidate Name			Category/	Amount of Each Disbursement this Period					
Joyce, David, P, Rep., Office Sought: Y House Disburs	ement For:	2024	Туре	2500.00					
Senate President	Primary Other (spe	General		Contribution Memo Item					
State: OH District: 14									
Full Name (Last, First, Middle Initial)									
^{B.} Marc For US Inc.				Date of Disbursement					
Mailing Address PO Box 219				12 12 2023					
City	State	Zip Code		FEC Identification Number					
Leeds Purpose of Disbursement	NY	12451		0 000700500					
Contribution			011	C C00789586					
Candidate Name			Category/	Transaction ID : 49600748 Amount of Each Disbursement this Period					
Molinaro, Marc, , Rep.,			Type	Amount of Each Disbursement this Period					
	ement For:	2024		1000.00					
	Primary	General		Contribution					
State: NY District: 19	Other (spe	city)		Memo Item					
Full Name (Last, First, Middle Initial)									
^{C.} John James For Congress, Inc.				Date of Disbursement					
Mailing Address P.O. Box 628				12 12 2023					
City St. Clair Shores	State	Zip Code		FEC Identification Number					
St. Clair Shores Purpose of Disbursement	MI	48080		C C00803502					
Contribution			011	Transaction ID : 49600749					
Candidate Name		Category/	Amount of Each Disbursement this Period						
James, John, , Rep.,			Туре	1500.00					
	ement For:			1500.00					
President	Primary Other (spe	General		Contribution					
State: MI District: 10		(city) V		Memo Item					
				5000.00					
SUBTOTAL of Disbursements This Page (optional)			•••••	5000.00					
TOTAL This Period (last page this line number on	y)		••••••						

SCHEDULE B (FEC Form 3X)			FOR LINE					
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)								
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC	;)				
Full Name (Last, First, Middle Initial) A. Friends Of Neal Dunn				Date of Disbursement				
Mailing Address PO Box 10037				12 / D D / Y Y Y Y 12 2023				
City Tallahassee	State FL	Zip Code 32302		FEC Identification Number				
Purpose of Disbursement		02002		C C00582304				
Contribution			011	Transaction ID : 49600750				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Dunn, Neal, , Rep.,			Туре	0500.00				
Ŭ A	ement For: :	-		2500.00				
President	Primary Other (spe	General cify) ▼		Contribution Memo Item				
State: FL District: 02								
Full Name (Last, First, Middle Initial)B. Jake Ellzey For Congress		Date of Disbursement						
Mailing Address 1005 Congress Avenue Suite 400				12 / D D / Y Y Y Y 12 2023				
City Austin	State TX	Zip Code 78701		FEC Identification Number				
Purpose of Disbursement				С С00770438				
Contribution			011	Transaction ID : 49600751				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Ellzey, John, , Rep., Office Sought: Y House Disburse	ement For:	2024	Туре	1500.00				
	Primary	General						
President	Other (spe			Contribution				
State: TX District: 06								
Full Name (Last, First, Middle Initial)C. Steil For Wisconsin, Inc.				Date of Disbursement				
				M M / D D / Y Y Y				
Mailing Address 1818 Milton Avenue #1448				12 12 2023				
City	State WI	Zip Code		FEC Identification Number				
Janesville Purpose of Disbursement	VVI	53545		C C00677286				
Contribution			011					
Candidate Name	Cate			Transaction ID : 49600752 Amount of Each Disbursement this Period				
Steil, Bryan, , Rep.,			Туре					
	ement For:			2500.00				
President	Primary Other (spe	General cifv) ▼		Contribution				
State: WI District: 01		(), (), (), (), (), (), (), (), (), (),		Memo Item				
SUBTOTAL of Disbursements This Page (optional).				6500.00				
			F					
TOTAL This Period (last page this line number only	/)		••••••					

TEMIZED DISBURSEMENTS Use separate schedul(s) tor each category of the Detailed Summary Page Image and category of the Detailed Summary Page Image and category of the Detailed Summary Page Image and category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for ocommercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Fuil) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middie Initial) Date of Disbursement Contribution A. Moolenaar For Congress Mailing Address 5915 Eastman Avenue Suite 100 Date of Disbursement Contribution City Midland State Zip Code 48640 Purpose of Disbursement Contribution Office Sengit: House President Disbursement For: 2024 Full Name (Last, First, Middie Initial) Moolenaar, John, Rep., Office Sought: House President Disbursement For: 2024 City Boone State Zip Code 28007 President Disbursement City Boone State Disbursement For: 2024 President City Boone State Disbursement For: 2024 President City Boone State	SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER PAGE 210 OF 263				
Detailed Summary Page 20<	ITEMIZED DISBURSEMENTS			(check only	one)				
Any information copied tran such Reports and Statements may not be sold or used by any person for the purpose of oliciting contributions from such committee to solicit contributions from such committee. NAME OF COMMITTEE (in Flui) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initia) A. Maining Address SPI5 Esaman Avenue Suite 100 City Maining Address PO Debursement Contribution Contribution State: Modelsa: Not. Rep. Office Sought: President State: Not 20 point Purpose of Diabursement Contribution Contribution Contribution Contribution Contribution Contribution </td <td></td> <td></td> <td>0,</td> <td></td> <td></td>			0,						
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Malling Address 5915 Eastman Avenue Suite 100 City Midland Propose of Diabursement Contribution Contribution State: Maling Address PO Box 2676 City State Diffee Sought: Prosident State: No Full Name (Last, First, Middle Initial) Contribution Contribution Contribution Contribution Full Name (Last, First, Middle Initial) Contribution Contribution Contribution Contribution Contribution Full Name (Last, First, Middle Initial) Contribution	Any information canied from such Departs and Obst		not be celd an						
VunitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Mailing Address 5915 Eastman Avenue Suite 100 City Milling Address 5915 Eastman Avenue Suite 100 Contribution Contribution Contribution Candidate Name Full Name (Last, First, Middle Initial) Molenaar, Mon. Rep. Office Sought: President President State: Molessenent Contribution Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Contribution Virginia Foxx For Congress Disbursement For: 2024 26007 Purpose of Diabursement Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Full Name (Last, First, Middle Initial) Contribution Purpose of Diabursement Disbursement For: 2024 Songer President State: NC Purpose of Diabursement Contribution Full Name (Last, First, Middle Initial) Contribution	or for commercial purposes, other than using the na								
Full Name (Last, First, Midde Initial) Date of Disbursement Mailing Address 9915 Eastman Avenue Suite 100 State Zip Code City Midland Mill 48640 Purpose of Disbursement Contribution Otto State Otto Contribution Otto State Catogory/ Transaction ID : 49600753 Amount of Each Disbursement His Period State: MI Disbursement For: 2024 Primary General Other (specify) Other (specify) Date of Disbursement this Period State: Mailing Address PO Box 2876 EC Identification Number City Snate Disbursement For: 2024 President Disbursement For: 2024 EC Identification Number Contribution Other (specify) Date of Disbursement this Period Contribution Contribution Other (specify) EC Identification Number Contribution EC Identification Number Contribution Other (specify) State Zip Code Transaction ID : 49600754 Prox, Vripins, Rep. Disbursement For: 2024 General Contribution President Disbursement For: 2									
A Molenaar For Congress Date of Disbursement Mailing Address 5915 Eastman Avenue Suite 100 State Tip 2023 City Mailing Address 5915 Eastman Avenue Suite 100 FEC Identification Number Contribution Candidate Name 011 Category/ Type Transaction ID: 49600733 Amount of Each Disbursement this Period Office Sought: Senate President Other (specify) General Office Sought: Senate Primacy General Other (specify) State: Moling Address PO Box 2876 Contribution Contribution City State Disbursement For: 2024 Period Purpose of Disbursement Contribution Other (specify) Date of Disbursement City State: NC 2260.00 FEC Identification Number City State: Mailing Address PO Box 2876 City Date of Disbursement this Period Contribution Other (specify) General Other (specify) General Contribution Full Name (Last, First, Middle Initial) President Disbursement For: 2024 General Contribution Contribution Contribution<		PAC (U	nitedHealth C	Group PAC)				
Moling Address 5915 Eastman Avenue Suite 100 Image: Contribution City State Zip Code 48640 Purpose of Disbursement Contribution 011 Category/ Type FEC Identification Number Contribution 011 Category/ Type Construction D: 4960073 Transaction D: 4960073 Amount of Each Disbursement this Period Office Sought: House President Disbursement For: 2024 Other (specify) ▼ General Other (specify) ▼ State: Milling Address PO Box 2676 Disbursement For: 2024 Disbursement Date of Disbursement Category/ Type Winginia Foxx For Congress Naling Address PO Box 2676 Disbursement For: 2024 Disbursement For: 2024 EfC Identification Number City Senate Prepose of Disbursement State: NC Zip Code 26007 FEC Identification Number City Senate Prepose of Disbursement For: 2024 Other (specify) General Other (specify) Contribution Category/ Type Disbursement For: 2024 Date of Disbursement this Period Contribution Other (specify) General Contribution Category/ Type Senate President President Contribution Category/ Waco State: NC Zip Code TX Tota Contribution </td <td>-</td> <td></td> <td></td> <td></td> <td>Data of Distances at</td>	-				Data of Distances at				
Mailing Address 5015 Eastman Avenue Suite 100 12 12 2023 City Midland Suite 100 It FEC Identification Number Output Output 011 Constitution Candidate Name Other (specify) Transaction ID : 49600753 Amount of Each Disbursement his Period Contribution Other (specify) Fill Name (Last, First, Middle Initial) Disbursement For: 2024 Contribution State: Miling Address PO Box 2676 Disbursement For: 2024 Date of Disbursement City State Zip Code PCC Identification Number Purpose of Disbursement Other (specify) Date of Disbursement Contribution City State Zip Code PCC Identification Number Purpose of Disbursement Other (specify) FEC Identification Number Contribution Contribution Other (specify) Other (specify) FEC Identification Number Contribution State: NC Disbursement For: 2024 Contribution Contribution Contribution State: NC Disbursement For: 2024 Contribution Contribution Contribution State	A. Moolenaar For Congress								
Milland Mil 48640 Purpose of Disbursement Contribution 011 Category/ Type Coose itsos Transaction ID : 49600753 Amount of Each Disbursement this Period Office Sought: House President Disbursement For: 2024 Primary General Other (specify) Disbursement this Period State: Milling Address PO bis/trict: 02 Contribution City State Zip Code NC Zip Code 28607 Date of Disbursement Purpose of Disbursement Ontribution 011 Category/ Type Contribution Date of Disbursement City State Zip Code NC 2600.00 FEC Identification Number Purpose of Disbursement Disbursement For: 2024 FEC Identification Number Candidate Name Senate President Disbursement For: 2024 Office Sought: House Disbursement For: 2024 Contribution Candidate Name Disbursement For: 2024 Contribution Contribution Candidate Name Senate President Disbursement For: 2024 Pete Sessions For Congress Mailing Address PO Box 7754 Tansaction ID : 4960755	-								
Purpose of Disbursement Contribution 011 Category/ Type Coordinate Name Category/ Type Office Sought: House President Disbursement For: 2024 President Contribution State: MI District: 02 Full Name (Last, First, Middle Initial) Other (specify) Contribution Virginia Foxx For Congress Disbursement NC Disbursement Name NC Zip Code 28607 Disbursement Purpose of Disbursement Contribution 011 Category/ Type Date of Disbursement Office Sought: House Disbursement For: 2024 Senate Disbursement for: 2024 President Office Sought: House Disbursement For: 2024 President President Full Name (Last, First, Middle Initial) Category/ Type President Contribution Candidate Name Disbursement For: 2024 President Disbursement for: 2024 President Date of Disbursement Full Name (Last, First, Middle Initial) Contribution Date of Disbursement Tassaction B: 4960754 Amount of Each Disbursement Full Name (Last, First, Middle Initial) Contribution Date of Disbursement Tassaction B: 4960755 Amount of Each Disbursement Candidate Name Senate					FEC Identification Number				
Contribution 011 Candidate Name 011 Modenaar, John, Rep. House Office Sought: House President President State: MI District: 02 Mailing Address PO Box 2676 City State Purpose of Disbursement 011 Contribution 011 Candidate Name Category/ Fox: Wright, Rep. Disbursement For: 2024 Office Sought: House Disbursement For: 2024 President Other (specify) Date of Disbursement 12 12 2023 Full Name (Last, First, Middle Initial) Contribution Contribution Contribution Contribution Contribution State: NC Disbursement Tof 14 12 2023					C C00561530				
Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2024 The second of the second of	Contribution			011					
Modernar, John, Rep., Type Office Sought: House President Primary General Other (specify) Full Name (Last, First, Middle Initial) Virginia Foxx For Congress Mailing Address PO Box 2676 City Boone Purpose of Disbursement Contribution Candidate Name Fox, Virginia, Rep., Office Sought: President State: NC Zip Code Row Contribution Candidate Name President Disbursement For: President President President Part No Other (specify) Mailing Address PO Box 7754 City State: NC Disbursement For: 2024 President Disbursement For: State: NC Purpose of Disbursement Other (specify) Mailing Address PO Box 7754 Category/ City State Zip Code<	Candidate Name			Category/					
State: M Disbursement Contribution State: MI District: 02 Pull Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement City State Zip Code Boone State Zip Code City State Zip Code Purpose of Disbursement Contribution Other (specify) Candidate Name Contribution Contribution Candidate Name Disbursement For: 2024 Propose of Disbursement President President President: President President Purpose of Disbursement Contribution Contribution State: NC Disbursement For: 2024 President: President President President Purpose of Disbursement Contribution Contribution Contribution Candidate Name State Zip Code Tota Contribution Candidate Name Disbursement Contribution Contribution Contribution Candidate Name Seasons, Pete., Rep. Disbursement Fo	Moolenaar, John, , Rep.,								
State: MI District: 02 Full Name (Last, First, Middle Initial) Other (specify) Date of Disbursement Mailing Address PO Box 2676 12 2023 City State Zip Code PC Contribution 12 12 2023 City State Zip Code PC Contribution 12 2023 FC Identification Number Contribution 011 Candidate Name Candidate Name Contribution Contribution Contribution Fox. Virginia, Rep., Office Sought: House Disbursement For: 2024 Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2024 Contribution Contribution Full Name (Last, First, Middle Initial) Contribution Contribution Contribution Contribution Full Name (Last, First, Middle Initial) Contribution Office Sought: FEC Identification Number Contribution City State: TX Zip Code Transaction ID: 49600755 Amount of Each Disbursement this Period City Sesions, Pete., Rep., Disbursement For: 2024		_			2500.00				
State: MI District: 02 Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement City State Zip Code FEC Identification Number Candidate Name Contribution Office Sought: House Disbursement For: 2024 City State: NC Disbursement For: 2024 Contribution Full Name (Last, First, Middle Initial) Disbursement For: 2024 Disbursement For: 2024 Contribution Full Name (Last, First, Middle Initial) Disbursement For: 2024 Disbursement For: 2024 Date of Disbursement President Disbursement For: 2024 Primary General Date of Disbursement City State Zip Code Tx Torsaction ID : 49600755 Mailing Address PO Box 7754 Category/ Type Date of Disbursement this Period City State Tx Torsaction ID : 49600755 Mailing Address Po Box 7754 Category/ Type Contribution Contribution Category: Senate President Primary Other (specify) General Other (specify) Contribution					Contribution				
3. Virginia Foxx For Congress Date of Disbursement Mailing Address PO Box 2676 12 12 City State Zip Code Boone NC 28607 Purpose of Disbursement 011 Contribution 011 Candidate Name Category/ Fox, Virginia, Rep. Disbursement For: 2024 Senate President President Disbursement For: 2024 State: NC State: NC Pete Sessions For Congress Mailing Address PO Box 7754 City State Wazo Tx Purpose of Disbursement Office Contribution Office Candidate Name Senate Sessions, Pete, Rep., Disbursement For: 2024 Mailing Address PO Box 7754 It Candidate Name Senate Sessions, Pete, Rep., Disbursement For: 2024 Office Sought: House Senate President Other (specify) Category/ Type Cottribution Catego		Other (spe	criy) 🔻						
Mailing Address PO Box 2676 City State Zip Code Purpose of Disbursement 011 Contribution 011 Candidate Name Category/ Fox, Virginia, Rep., House Office Sought: House President Disbursement For: 2024 Senate President President Other (specify) State: NC Purpose of Disbursement Other (specify) State: NC President State City State Yinginia, Rep., Disbursement For: 2024 President Primary Other (specify) Memo Item Date of Disbursement Contribution City State Zip Code Waco Tax Zip Code Candidate Name Senate Disbursement For: 2024 Senate Disbursement For: 2024 Category/ Type Office Sought: House Disbursement For: 2024 Senate President Disbursement For: 2024 Senate Presi	Full Name (Last, First, Middle Initial)								
Mailing Address PO Box 2676 Image: Construction of the second	B. Virginia Foxx For Congress				Date of Disbursement				
City State Zip Code Boone NC 28607 Purpose of Disbursement Ontribution 011 Candidate Name 011 Category/ Type Transaction ID : 49600754 Office Sought: House Disbursement For: 2024 Amount of Each Disbursement this Period State: NC District: 05 Full Name (Last, First, Middle Initial) President Date of Disbursement Pete Sessions For Congress Mailing Address PO Box 7754 Date of Disbursement City State: Zip Code Waco TX Zip Code Contribution 011 Category/ Transaction ID : 49600755 Mailing Address PO Box 7754 FEC Identification Number City State Zip Code Yaco Tx Zip Code Contribution 011 Code Candidate Name Senate Primary Sessions, Pete, .Rep. Disbursement For: 2024 Primary Senate President Other (specify) Contribution Catdidate Name Senate President									
Boone NC 28607 Purpose of Disbursement Contribution 011 011 Candidate Name 011 011 Foxx, Virginia, Rep., Office Sought: House Office Sought: House Disbursement For: 2024 Senate President Other (specify) State: NC District: 05 Full Name (Last, First, Middle Initial) Date of Disbursement Pete Sessions For Congress Mailing Address PO Box 7754 City State: Zip Code Yaco Transaction ID : 49600755 Mailing Address PO Box 7754 Category/ Type Office Sought: House Sessions, Pete., Rep., Disbursement For: 2024 Senate Primary President Category/ Type Office Sought: House Senate Primary President Category/ Type Office Sought: House Senate Primary President Other (specify) State: TX District: 17	Mailing Address PO Box 2676				12 12 2023				
Purpose of Disbursement 011 Candidate Name 011 Candidate Name 011 Foxx, Virginia, Rep., Disbursement For: 2024 Senate President President Other (specify) State: NC Full Name (Last, First, Middle Initial) C Pete Sessions For Congress Mailing Address PO Box 7754 City State Vaco Tx Purpose of Disbursement For: 2024 Sessions, Pete, Rep., Office Sought: Prisident City State Session, Pete, Rep., Office Sought: Prisident Session, Pete, Rep., Disbursement For: 2024 Purpose of Disbursement Other (specify) Sessions, Pete, Rep., Disbursement For: 2024 Senate Primary General Office Sought: Pistrict: 17	-				FEC Identification Number				
Contribution 011 Candidate Name Category/ Type Foxx, Virginia, , Rep., Disbursement For: 2024 Senate President President Other (specify) State: NC Put Name (Last, First, Middle Initial) Pete Sessions For Congress Mailing Address PO Box 7754 City State Purpose of Disbursement Other (specify) Office Sought: State Contribution Other Category/ Transaction ID: 49600755 Mailing Address PO Box 7754 Date of Disbursement Contribution Other Category/ Tx Zip Code Tx Contribution Other Category/ Y Sessions, Pete., Rep., Disbursement For: 2024 Senate President Office Sought: House Senate Disbursement For: 2024 President Primary General Office Sought: President Senate President Other (specify) Contribution		NC	28607		0 000206740				
Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2024 2500.00 Senate President Other (specify) General Contribution State: NC District: 05 Disbursement Contribution Full Name (Last, First, Middle Initial) Pete Sessions For Congress Date of Disbursement Date of Disbursement Mailing Address PO Box 7754 Image: Contribution Image: Contribution Image: Contribution City State Zip Code 76714 FEC Identification Number Purpose of Disbursement Contribution Image: Contribution Image: Contribution Candidate Name Senate Disbursement For: 2024 FEC Identification Number Vaco Transaction ID : 49600755 Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2024 Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2024 Contribution President Primary General Contribution State: TX District: 17	•			011					
Foxx, Virginia, , Rep., Type Office Sought: A House Senate Primary President Other (specify) State: NC District: 05 Full Name (Last, First, Middle Initial) C Pete Sessions For Congress Mailing Address PO Box 7754 City State Vaco Tx Purpose of Disbursement Contribution Candidate Name Sessions, Pete, , Rep., Office Sought: House Session, Pete, , Rep., Office Sought: Disbursement For: 2024 Senate Primary Other (specify) General Office Sought: Disbursement For: 2024 Senate Primary Other (specify) Contribution State: TX District: 17	Candidate Name			Category/					
State: NC State: NC District: 05 Full Name (Last, First, Middle Initial) Pete Sessions For Congress Mailing Address PO Box 7754 City Waco TX Purpose of Disbursement Contribution Candidate Name Sessions, Pete, , Rep., Office Sought: House State: TX Disbursement For: Contribution Candidate Name Sessions, Pete, , Rep., Office Sought: House Disbursement For: Contribution Contribution Contribution Contribution Candidate Name Sessions, Pete, , Rep., Office Sought: House State: TX Disbursement For: Contribution Category/ Type Office Sought: House State: TX District: 17 State: TX District: 17									
State: NC District: 05 Full Name (Last, First, Middle Initial) Date of Disbursement Pete Sessions For Congress Date of Disbursement Mailing Address PO Box 7754 12 2023 City State Zip Code Waco TX 76714 Purpose of Disbursement 011 Candidate Name Category/ Sessions, Pete, , Rep., Disbursement For: 2024 Office Sought: House President Disbursement For: 2024 Senate President President Disbursement For: 2024 Senate President State: TX District: 17		_			2500.00				
State: NC District: 05 Full Name (Last, First, Middle Initial) Date of Disbursement C Pete Sessions For Congress Mailing Address PO Box 7754 City State Zip Code Ywaco TX 76714 Purpose of Disbursement 011 Candidate Name Category/ Sessions, Pete, , Rep., Disbursement For: Office Sought: House President Disbursement For: State: TX District: 17		N			Contribution				
C. Pete Sessions For Congress Mailing Address PO Box 7754 Date of Disbursement City State Zip Code Waco TX Zord Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Sessions, Pete, , Rep., Disbursement For: 2024 Office Sought: House Primary General Other (specify) Contribution State: TX District: 17		Other (spe	CITY)		Memo Item				
Perce Session's For Congress Mailing Address PO Box 7754 City State Zip Code Waco TX Zop Code Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Sessions, Pete, , Rep., Disbursement For: 2024 Office Sought: House President Disbursement For: 2024 President Primary State: TX District: 17	Full Name (Last, First, Middle Initial)								
Mailing Address PO Box 7754 12 12 2023 City State Zip Code FEC Identification Number Waco TX 76714 Countribution 011 Candidate Name 011 Category/ Countribution 011 Category/ Contribution 011 Category/ Transaction ID : 49600755 Amount of Each Disbursement this Period Sessions, Pete, , Rep., Disbursement For: 2024 Primary General Contribution Office Sought: House Disbursement For: 2024 Contribution Contribution State: TX District: 17 Contribution Contribution	C. Pete Sessions For Congress								
Waco TX 76714 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Sessions, Pete, , Rep., 011 Office Sought: Image: House Senate President President Disbursement For: 2024 Primary General Other (specify) Other (specify) Memo Item	Mailing Address PO Box 7754								
Waco TX 76714 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Candidate Name Category/ Type Sessions, Pete, , Rep., Disbursement For: 2024 Office Sought: Primary President Other (specify) State: TX	City	State	Zip Code						
Contribution 011 Candidate Name 011 Sessions, Pete, , Rep., Category/ Type Office Sought: Image: House Senate President Primary Other (specify) General Other (specify)	-				FEC Identification Number				
Candidate Name Category/ Type Sessions, Pete, , Rep., Disbursement For: 2024 Office Sought: House President Primary Other (specify) Other (specify)	Purpose of Disbursement	-			С С00303305				
Sessions, Pete, , Rep., Category/ Type Allount of Each Disbutsement for: 2024 Office Sought: Yerimary Disbutsement For: 2024 Senate President President Other (specify) State: TX				011	Transaction ID : 49600755				
Office Sought: X House Disbursement For: 2024 2500.00 Senate President Other (specify) Contribution State: TX District: 17					Amount of Each Disbursement this Period				
Senate President President Other (specify) ▼	• • • •	ement For	2024	Туре	2500.00				
President Other (specify) Contribution State: TX District: 17		_							
State: TX District: 17									
SUBTOTAL of Disbursements This Page (optional)	State: TX District: 17								
SUBTOTAL of Disbursements This Page (optional)					7500.00				
	SUBTOTAL of Disbursements This Page (optional)			••••••	/500.00				
TOTAL This Period (last page this line number only)	TOTAL This Period (last page this line number onl	y)							

S	CHEDULE B (FEC Form 3X)			FO	R LIN	E NUMBER: PAGE 211 OF 263
ITEMIZED DISBURSEMENTS		Use sepa		eck or	nly one)	
	_		category of the Summary Page		21k	
_					288	
	ny information copied from such Reports and State for commercial purposes, other than using the na					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (Group	D PA	C)
_	Full Name (Last, First, Middle Initial)		Date of Disburgement			
Α.	Cole For Congress					Date of Disbursement
	Mailing Address P.O. Box 722256					12 12 2023
	City	State	Zip Code			FEC Identification Number
	Norman	OK	73070			
	Purpose of Disbursement			01	1	C C00379735
	Contribution Candidate Name					Transaction ID : 49600756
	Cole, Tom, , Rep.,			Cateo Typ		Amount of Each Disbursement this Period
		ement For: 2	2024			2500.00
	Senate	Primary	General			
	State: OK District: 04	Other (spe	cify) ▼			Contribution Memo Item
-	Full Name (Last, First, Middle Initial)					
В.	Dan Crenshaw For Congress	Date of Disbursement				
	Mailing Address PO Box 430965					12 12 2023
	City	State	Zip Code			FEC Identification Number
	Houston Purpose of Disbursement	ТХ	77243			0 000000705
	Contribution			01	11	C C00660795
	Candidate Name			Categ	norv/	Transaction ID : 49600757 Amount of Each Disbursement this Period
	Crenshaw, Daniel, , Rep.,			Тур		
		-	2024			2500.00
		Primary	General			Contribution
	State: TX District: 02	Other (spec	cify)			Memo Item
_	Full Name (Last, First, Middle Initial)					
C.	Ron Estes For Congress					Date of Disbursement
	Mailing Address PO Box 782952					12 12 2023
	City	State	Zip Code			FEC Identification Number
	Wichita Purpose of Disbursement	KS	67278			0 00000007
	Contribution			01	1	C C00632067
	Candidate Name					Transaction ID : 49600758 Amount of Each Disbursement this Period
	Estes, Ron, , Rep.,		gory/ pe	Anount of Lach Disbursement this Pellou		
	Office Sought: House Disburse	ment For: 2	2024			2500.00
	Senate	Primary	General			Contribution
	Stoto: KS District: 04	Other (spe	cify) 🔻			Memo Item
	State: KS District: 04					
s	UBTOTAL of Disbursements This Page (optional).				►	7500.00
-	OTAL This Period (last page this line number only	<i>i</i>)				
1'	OTAL This Period (last page this line number only	()			🕨	

SCHEDULE B (FE	C Form 3X)			FOF	RINF	NUMBER:	PAGE 212 OF 263				
ITEMIZED DISBUR	Use sepa for each	-	eck only	/ one)							
			Summary Page		21b 	22 X 23 28b 28c	26 27 29 30b				
Any information copied from	such Reporte and State	mente movir	not he sold or up								
or for commercial purposes,	other than using the na										
	. ,	DAG	и, р	~		、					
/ UnitedHealth Gro	oup Incorporated	PAC (Ur	nitedHealth (Group	PAC	5)					
Full Name (Last, First, M	ddle Initial)										
A. Blaine for Congres	S					Date of Disbursement					
Mailing Address PO Box	98					12 / D D 12	/ Y Y Y Y 2023				
City		State	Zip Code			FFC Identification N	lumbor				
St. Elizabeth		MO	65075			FEC Identification N	lumper				
Purpose of Disbursement		-		04	1	C C00458679					
Contribution				01		Transaction ID					
Luetkemeyer, Blaine, , Rep.,				Categ Typ		Amount of Each Dis	sbursement this Period				
	ouse Disburse	ement For: 2	2024	ιyμ			1500.00				
	enate	Primary	General				-95- 1 -96- 1				
	resident	Other (spec	cify) 🔻			Co Memo Item	ntribution				
State: MO District											
Full Name (Last, First, M						Data of Disburgar					
B. Curtis For Congr	ess					Date of Disburseme					
Mailing Address PO Box	296					12 / D D / Y Y Y Y 12 2023					
City		State	Zip Code			FEC Identification N	lumber				
Provo		UT	84603								
Purpose of Disbursement Contribution					1	C C00647339					
Candidate Name					- L.	Transaction ID : 49600761 Amount of Each Disbursement this Period					
Curtis, John, , Rep.,				Categ Typ		Amount of Each Dis					
Office Sought: X H	ouse Disburse	ement For: 2	2024				2500.00				
		Primary	General			Co	ntribution				
State: UT District	resident : 03	Other (spec	cify)			Memo Item					
Full Name (Last, First, M											
C						Date of Disburseme	ent				
C. Bilirakis for Cong	less					M M / D D	/ Y Y Y Y Y				
Mailing Address PO Box	606					12 12	2023				
City		State	Zip Code			FEC Identification N	lumber				
Tarpon Springs		FL	34688								
Purpose of Disbursement Contribution				01	1	C C00408534					
Candidate Name						Transaction ID : 49600762 Amount of Each Disbursement this Period					
Bilirakis, Gus, Michael, Rep.	,			Categ Typ		Amount of Each Dis					
Office Sought: X H	ouse Disburse	ement For: 2	2024				5000.00				
	enate X	Primary	General			Co	ontribution				
	resident	Other (spec	cify) 🔻			Memo Item					
State: FL District	12										
SUBTOTAL of Disburseme	nts This Page (optional)				🕨		9000.00				
TOTAL This Period (last pa	ge this line number only	/)			🕨						

SCHEDULE B (FEC Form 3X)				NUMBER: PAGE 213 OF 2					
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check onl	y one) 22 🗙 23 🗌 26 🗌 27					
	Detailed	Summary Page	28a	28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the nat									
NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PA	C)					
Full Name (Last, First, Middle Initial)	Date of Dichursement								
A. Pete Stauber For Congress				Date of Disbursement					
Mailing Address 23 W Central Entrance PMB #333									
5	State	Zip Code		FEC Identification Number					
Duluth	MN	55811							
Purpose of Disbursement Contribution			011	С С00650697					
Candidate Name				Transaction ID: 49600763					
Stauber, Peter, Allen, Rep.,			Category/ Type	Amount of Each Disbursement this Period					
	ment For: 2	2024	1960	2500.00					
Senate	Primary	General							
President	Other (spec	cify) 🔻		Contribution Memo Item					
State: MN District: 08									
Full Name (Last, First, Middle Initial)				Data of Disburgement					
^{B.} Carey For Congress				Date of Disbursement					
Mailing Address PO Box 16032				12 12 2023					
,	State	Zip Code		FEC Identification Number					
Columbus	OH	43216							
Purpose of Disbursement Contribution			011	С сооттябоз					
Candidate Name				Transaction ID : 49600764					
Carey, Mike, , Rep.,			Category/ Type	Amount of Each Disbursement this Period					
	ment For:	2024	.) -	1500.00					
Senate	Primary	General		Contribution					
President	Other (spec	cify)		Contribution Memo Item					
State: OH District: 15									
Full Name (Last, First, Middle Initial)									
C. Abraham Lincoln PAC				Date of Disbursement					
Mailing Address 824 S Milledge Ave				12 12 2023					
Mailing Address 824 S Milledge Ave Ste 101									
City	State	Zip Code		FEC Identification Number					
Athens	GA	30605							
Purpose of Disbursement			011	C C00631051					
Contribution Candidate Name		011	Transaction ID : 49600765						
Sandidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburse	ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2500.00					
Senate	Primary	General							
President	Other (spec	cify) 🔻		Contribution Memo Item					
State: District:									
SUBTOTAL of Disbursements This Page (optional).			••••••	6500.00					
TOTAL This Period (last page this line number only	0								
I TAL THIS FERRE (IASE PAGE THIS INTE HUTTIDE OFILY	,		••••••						

	CHEDULE B (FEC Form 3X)		Use separate schedule(s)				NE NUMBER: PAGE 214 OF						214 OF 2	263
IT	EMIZED DISBURSEMENTS	for each category of the				only 21b	y one) 22 🕅 23 🗌 26 🗌 27							
		Detailed	Summary Page			210 28a	28b		23 28c	┢	29	\vdash		
	y information copied from such Reports and State for commercial purposes, other than using the na													
\setminus	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (Grou	ıp F	PAC)								
<u>ب</u>	Full Name (Last, First, Middle Initial)													
Α.	E-PAC			Date of Disbursement										
	Mailing Address PO Box 500							M M / D D / Y Y Y Y 12 12 2023						
	City Glen Falls	State NY	Zip Code 12801				FEC Identification Number							
	Purpose of Disbursement			_			С	COC)5709	45				
	Contribution			0	011			1. Aug	ction	_	. 494	5007	36	
	Candidate Name			Cate	egory	y/					-		nt this Perio	d
				Ţ	ype					-	-		2500.00	٦.
	Office Sought: House Disburse Senate	ement For:	Gonoral						,				2500.00	
	President	Primary Other (spec	General cifv) ▼				1 1			Сс	ontrib	ution		
	State: District:		ony) v				Me	emo	Item					
_	Full Name (Last, First, Middle Initial)													
В.	Bulldog PAC						Date o	_		-	ent			
	Mailing Address PO Box 6687					^M 12	/	D	12	/		2023		
	City	State	Zip Code				FEC lo	lentif	ficatio	n I	Numb	er		
	Lubbock Purpose of Disbursement	ТХ	79493				_			_			-	
	Contribution		0,				C C00672733							
	Candidate Name			Cat	agon		Transaction ID : 49600767 Amount of Each Disbursement this Period					Ч		
				Category/ Type			2500.00					u		
	Office Sought: House Disburse	ment For:	I											
	Senate	Primary	General						/	С	ontrib			
	State: District:	Other (spec	cify)				Me	emo	Item					
	Full Name (Last, First, Middle Initial)													
C.							Date o	f Dis	sburse	em	ent			
	CMR Political Action Committee						MM	/	D	D	/	Y	Y Y Y	
	Mailing Address PO Box 2485						12		1	2			2023	
	City	State	Zip Code				FEC lo	lentit	ficatio	n I	Numh	er		
	Springfield	VA	22152								-unio		_	
	Purpose of Disbursement Contribution				011		С	C00)4694	29				
	Candidate Name			<u> </u>		_			action					d
					egory ype	y/	Amoun		Each	וט	sours	eme	nt this Perio	u
	Office Sought: House Disburse	ment For:	I		-								5000.00	
	Senate	Primary	General							C	ontrib	ution		
	State: District:	Other (spec	cify) 🔻				Me	emo	Item	0		2.1011		
	State: District:									_				
s	UBTOTAL of Disbursements This Page (optional).					►			-				10000.00	
-		->												
ΓŤ	OTAL This Period (last page this line number only	/)							7	_	, ,			

SCHEDULE B (FEC Form 3X)	Use sena	rate schedule(s)	FOR LINE						
ITEMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check only 21b 28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may r me and addr	not be sold or use ess of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC	;)					
Full Name (Last, First, Middle Initial) • Vote to Elect Republicans Now PAC	C (VERN F	PAC)		Date of Disbursement					
Mailing Address 22780 Indian Creek Drive Ste. 100				12 / 12 / 2023					
City Dulles	State VA	Zip Code 20166		FEC Identification Number					
Purpose of Disbursement				C C00431403					
Contribution			011	Transaction ID : 49600769					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For:			2500.00					
Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item					
State: District:									
Full Name (Last, First, Middle Initial) Manchin For West Virginia		Date of Disbursement							
Mailing Address PO Box 5202				12 14 2023					
City Charleston	State WV	Zip Code 25361		FEC Identification Number					
Purpose of Disbursement			_	C C00486563					
Void - Manchin For West Virginia; Check Dated 10	0/19/2023		011	Transaction ID : 49616026					
Candidate Name			Category/	Amount of Each Disbursement this Period					
Manchin, Joe, , Sen., III Office Sought: House Disburse	ement For: 2	2024	Туре						
Senate	Primary	General		- 5000.00					
State: WV District:	Other (spec	cify)		Void - Manchin For West Virgini Memo Item Check Dated 10/19/2023					
Full Name (Last, First, Middle Initial)									
Michigan Republican Party - Fede	eral Accou	unt		Date of Disbursement					
Mailing Address 3450 Alpine Ave NW Box 332				12 14 2023					
City	State	Zip Code		FEC Identification Number					
Grand Rapids Purpose of Disbursement	MI	49544		0					
Void - Michigan Republican Party - Federal Accou	nt: Check Dat	ted	011	С					
Candidate Name	Category/ Type	Transaction ID : 49616027 Amount of Each Disbursement this Period							
Office Sought: House Disburse	ement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 5000.00					
Senate President	Primary General Other (specify) ▼			Void - Michigan Republican Par					
State: District:		///y/▼		Memo Item Federal Account; Check Dated 10/19/2023					
SUBTOTAL of Disbursements This Page (optional).			••••••	- 7500.00					
TOTAL This Period (last page this line number only	/)		••••••	,					

	CHEDULE B (FEC Form 3X)		arate schedule(s)			NUMBER: PAGE 216 OF 263				
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(che	eck only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may r me and addr	not be sold or use ress of any politica	ed by ar al comm	ny perso nittee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group	PAC					
Α.	Full Name (Last, First, Middle Initial) Montanans For Tester					Date of Disbursement				
	Mailing Address PO Box 1135					12 / D D / Y Y Y Y 15 / 2023				
	City Helena	State MT	Zip Code 59624			FEC Identification Number				
	Purpose of Disbursement			_	-	C C00412304				
	Contribution			011	1	Transaction ID : 49616543				
	Candidate Name			Categ		Amount of Each Disbursement this Period				
	Tester, Jon, , Sen., Office Sought: House Disburse	ment For: 2	0024	Тур	e	5000.00				
	Senate President	Primary Other (spec	General			Contribution				
	State: MT District:	e	<i>j</i> / ▼			Memo Item				
_	Full Name (Last, First, Middle Initial)									
В.	Alex Padilla For Senate					Date of Disbursement				
	Mailing Address 777 S. Figueroa St Suite 4050					12 15 2023				
	5	State CA	Zip Code			FEC Identification Number				
	Los Angeles Purpose of Disbursement	CA	90017			C C00765164				
	Contribution			011	011					
	Candidate Name			Category/		Transaction ID : 49616545 Amount of Each Disbursement this Period				
	Padilla, Alex, , Sen.,			Тур						
		ment For: 2				2500.00				
	Senate President	Primary Other (anal	General			Contribution				
	State: CA District:	Other (spec	ury)			Memo Item				
с.	Full Name (Last, First, Middle Initial)					Date of Disbursement				
0.	Rosen For Nevada									
	Mailing Address PO Box 46110					12 15 2023				
	City Las Vegas	State NV	Zip Code 89114			FEC Identification Number				
	Purpose of Disbursement		00114	_		С сообобразр				
	Contribution			011	1	Transaction ID : 49616547				
	Candidate Name			Categ	ory/	Amount of Each Disbursement this Period				
	Rosen, Jacky, , Sen.,			Тур		2500.00				
		ment For: 2	-			2500.00				
	X Senate President	Primary Other (spec	General cify) ▼			Contribution Memo Item				
_	State: NV District:					<u> </u>				
s	UBTOTAL of Disbursements This Page (optional)				🕨	10000.00				
	OTAL This Device (lest page this line good)	<u></u>								
ΙŤ	OTAL This Period (last page this line number only)			··· 🕨					

SCHEDULE B (FEC Form 3X)		arate schedule(s)				UMBER:			P	AGE	217 OF 263
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(ch	(check only 21b		one)					
	Detailed	ourninary r ago		2	28a	28b		28c	29		30b
Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorporated	PAC (Un	itedHealth G	rou	рР	AC)						
Full Name (Last, First, Middle Initial)								Date of Disbursement			
Building Relationships in Diverse Ge	eographic	Environment	s PA	١C		M	/	D		YY	YY
Mailing Address 499 South Capitol Street SW Suite 420						12		15			023
City	State	Zip Code				FEC Id	entifi	cation	Numb	ər	
Washington	DC	20003				0		-			-
Purpose of Disbursement Contribution			01	11	11	С	C003	39919	6		
Condidate Name			_		41				ID : 496		
			Cate Tv	gory/ pe	/	Amoun	t of E	ach	Disburs	emen	t this Period
Office Sought: House Disburse	ment For:	I	. y								5000.00
Senate	Primary	General						_	7		- 40-
State: District:	Other (spec	cify) ▼				Me	mo l		Contribu	ition	
Full Name (Last, First, Middle Initial)											
^{B.} Smart Solutions PAC						Date of	f Dist	ourse	ment		
Mailing Address Old Deventorie Are OF						M M	/	D 1			023
Mailing Address 611 Pennsylvania Ave SE Unit 143	<u></u>					12		1		2	023
City Washington	State DC	Zip Code 20003				FEC Id	entifi	cation	Numb	ər	
Purpose of Disbursement	20	20000			_	С	COOF	65447	5		· · · · ·
Contribution			0	11						4666	
Candidate Name			Cate	aorv	/				I D : 496 Disburs		t this Period
			Туре			_					
	ment For:					L.			7		2500.00
Senate	Primary	General				_			Contrib	ution	
State: District:	Other (spec	(iny)				Me	mo l	tem			
Full Name (Last, First, Middle Initial)											
c. Democrats Win Seats (DWS PAC)					Date of	f Dist	ourse	ment		
Mailing Address PO Box 83142	-					^M 12	/	D 15			023
City	State	Zip Code							Nume		
Gaithersburg	MD	20883				FEC Id	entitie	cation	NUMD	ər	_
Purpose of Disbursement						С	C004	42547	0	_	
Contribution			01	11		Tra	ansad	ction	ID : 496	61655	4
Candidate Name			Cate		/	Amount	t of E	Each	Disburs	emen	this Period
Office Sought: House Disburse	ment For:		Ty	pe		· · ·					2500.00
Senate	Primary	General								_	- 40
President	Other (spec	cify) 🔻				Mo	mo l		Contrib	ution	
State: District:						INIC IVIC					
SUBTOTAL of Disbursements This Page (optional).						_				1	0000.00
						H			- 7		1 40 1
TOTAL This Period (last page this line number only	′))						_	

SCHEDULE B (FEC Form 3X)			FC	DRINF	E NUMBER: PAGE 218 OF 263			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			neck on	/ one)			
		Summary Page		21b				
Any information copied from such Reports and State or for commercial purposes, other than using the nat				any per	rson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)								
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	p PA	C)			
Full Name (Last, First, Middle Initial)								
A. Alaskans For Dan Sullivan					Date of Disbursement			
Mailing Address 3705 Arctic Blvd #447					12 15 2023			
City Anchorage	State AK	Zip Code 99503			FEC Identification Number			
Purpose of Disbursement			_	_	C C00570994			
Contribution			0	11	Transaction ID : 49616561			
Candidate Name				gory/	Amount of Each Disbursement this Period			
Sullivan, Daniel, , Sen., Office Sought: House Disburse	mont For	2020	Ту	vpe	500.00			
Senate	ment For: 2 Primary	2026 General						
President	Other (spec				Contribution Memo Item			
State: AK District:								
Full Name (Last, First, Middle Initial) B. Alaskans For Dan Sullivan					Date of Disbursement			
Mailing Address 0705 Austin Dhat //447					12 15 2023			
Mailing Address 3705 Arctic Blvd #447					12 13 2023			
City Anchorage	State AK	Zip Code 99503			FEC Identification Number			
Purpose of Disbursement		99503			C C00570994			
Contribution			0	11	Transaction ID : 49616563			
Candidate Name			Cate	gory/	Amount of Each Disbursement this Period			
Sullivan, Daniel, , Sen.,				vpe				
	ment For: 2				1500.00			
Senate President	Primary Other (anal	General			Contribution			
State: AK District:	Other (spec	Siry)			Memo Item			
Full Name (Last, First, Middle Initial)					Data of Diaburgament			
C. Strategy PAC					Date of Disbursement			
Mailing Address PO Box 1159					12 15 2023			
City	State	Zip Code			FEC Identification Number			
Oshkosh Purpose of Disbursement	WI	54903			0 000407842			
Contribution			0	11	C C00497842			
Candidate Name			Cate	gory/	Transaction ID : 49616565 Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:		Ту	vpe	5000.00			
Senate	Primary	General						
President	Other (spec				Contribution			
State: District:	·				Memo Item			
SUBTOTAL of Disbursements This Page (optional).				····· Þ	7000.00			
				<u> </u>				
TOTAL This Period (last page this line number only	[,])			►				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 219 OF 263			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	/ one)			
		Summary Page	21b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
Γ			28a	28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC	;)			
Full Name (Last, First, Middle Initial)							
A. Ann PAC				Date of Disbursement			
Mailing Address PO Box 3535				12 / 15 / Y Y Y Y 2023			
City	State	Zip Code		FEC Identification Number			
Ballwin	MO	63022					
Purpose of Disbursement			011	C C00531764			
Contribution Candidate Name			011	Transaction ID: 49616568			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:		турс	5000.00			
Senate	Primary	General					
President	Other (spec	cify) 🔻		Contribution Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Richard E Neal For Congress Cor	nmittee			$\begin{array}{c c} \hline \\ \hline \\ 12 \end{array} / \begin{array}{c} \hline \\ 15 \end{array} / \begin{array}{c} \hline \\ 2023 \end{array}$			
Mailing Address 76 Magnolia Terrace							
City	State	Zip Code		FEC Identification Number			
Springfield	MA	01108					
Purpose of Disbursement Contribution			011	C C00226522			
Candidate Name				Transaction ID : 49616572			
Neal, Richard, E., Rep.,			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: X House Disburse	ment For:	2024		5000.00			
	Primary	General		Contribution			
State: MA District: 01	Other (spec	cify)		Memo Item			
Full Name (Last, First, Middle Initial)							
c. Haley Stevens For Congress				Date of Disbursement			
Mailing Address 33717 Woodward Ave #539				12 / D D / Y Y Y Y 12 15 2023			
City	State	Zip Code		FEC Identification Number			
Birmingham	MI	48009					
Purpose of Disbursement Contribution			011	C C00638650			
Condidate Name				Transaction ID : 49616573			
Stevens, Haley, , Rep.,			Category/ Type	Amount of Each Disbursement this Period			
	ment For: 2	2024	76-	5000.00			
Senate	Primary	General		Contribution			
President	Other (spec	cify) 🔻		Contribution Memo Item			
State: MI District: 11							
SUBTOTAL of Disbursements This Page (optional).			••••••	15000.00			
TOTAL This Dariad (last page this line number and	<i>v</i>)						
TOTAL This Period (last page this line number only	·)·····		••••••				

S	CHEDULE B (FEC Form 3X)			FC		NUMBER: PAGE 220 OF 263
IT	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the		neck only	
		Detailed	Summary Page		28a	28b 28c 29 30b
	ny information copied from such Reports and State for commercial purposes, other than using the na					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Un	itedHealth C	Grou	p PAC	;)
^	Full Name (Last, First, Middle Initial)					Date of Disbursement
Α.	Friends of Mark Warner					
	Mailing Address 1751 Potomac Greens Dr					12 15 2023
	City	State	Zip Code			FEC Identification Number
	Alexandria	VA	22314			
	Purpose of Disbursement			0.	11	C C00438713
	Contribution Candidate Name				_	Transaction ID: 49616576
	Warner, Mark, Robert, Sen.,				gory/ /pe	Amount of Each Disbursement this Period
		ment For: 2	2026		20	1000.00
	X Senate	Primary	General			
	President	Other (spec	cify) ▼			Contribution Memo Item
	State: VA District:					
D	Full Name (Last, First, Middle Initial)					Data of Diskursement
В.	Josh Gottheimer For Congress	Date of Disbursement				
	Mailing Address PO Box 584	12 15 / Y Y Y Y 12 15 2023				
	City	State	Zip Code			FEC Identification Number
	Ridgewood					
	Purpose of Disbursement Contribution		0	11	C C00573949	
	Candidate Name			011 Category/ Type		Transaction ID : 49616577
	Gottheimer, Josh, , Rep.,					Amount of Each Disbursement this Period
	Office Sought: X House Disburse	ment For: 2	2024			2500.00
		Primary	General			Contribution
	President	Other (spec	cify)			Memo Item
_	State: NJ District: 05 Full Name (Last, First, Middle Initial)					
C.						Date of Disbursement
•	DelBene for Congress					
	Mailing Address PO Box 477					12 15 2023
	City	State	Zip Code			FEC Identification Number
	Kirkland Purpose of Disbursement	WA	98083			
	Contribution			0,	11	C C00459099
	Candidate Name					Transaction ID : 49616578
	DelBene, Suzan, K., Rep., Type					Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For: 2	2024	,		2500.00
	Senate X	Primary	General			Contribution
	President	Other (spec	cify) 🔻			Memo Item
_	State: WA District: 01					head
s	SUBTOTAL of Disbursements This Page (optional).				····· ►	6000.00
_	OTAL This Period (last page this line number only					
1'	The mist choo has page this line number only	,			····· 🕨	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 221 OF 263			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	r one)			
_		Summary Page	21b				
			28a	28b 28c 29 30b			
Any information copied from such Reports and Stat or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC	:)			
Full Name (Last, First, Middle Initial)							
A. Terri Sewell For Congress				Date of Disbursement			
Mailing Address P.O. Box 1964				12 15 2023			
City	State	Zip Code		FEC Identification Number			
Birmingham Purpose of Disbursement	AL	35201					
Contribution			011	C C00458976			
Contribution Candidate Name				Transaction ID : 49616579			
Sewell, Terri, A., Rep.,			Category/ Type	Amount of Each Disbursement this Period			
	ement For:	2024	78-	5000.00			
Senate >	Primary	General					
State: AL District: 07	Other (spe	cify)		Contribution Memo Item			
Full Name (Last, First, Middle Initial)							
D				Date of Disbursement			
^{D.} Joe Morelle For Congress				M M / D D / Y Y Y Y			
Mailing Address P.O. Box 90914				12 15 2023			
City	State	Zip Code		FEC Identification Number			
Rochester Purpose of Disbursement	NY	14609					
Contribution			011	C C00675108			
Candidate Name				Transaction ID : 49616580 Amount of Each Disbursement this Period			
Morelle, Joseph, , Rep.,			Category/ Type	Amount of Lach Dispursement this Period			
Office Sought: X House Disburs	ement For:	2024		2000.00			
Senate	Primary	General		Contribution			
President	Other (spe	cify)		Memo Item			
State: NY District: 25				-			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Sharice For Congress				M M / D D / Y Y Y Y			
Mailing Address 13851 W. 63rd St. Num 303				12 15 2023			
City	State	Zip Code		FEC Identification Number			
Shawnee	KS	66216					
Purpose of Disbursement Contribution			011	C C00670034			
Condidate Name				Transaction ID : 49616581			
Davids, Sharice, , Rep.,			Category/ Type	Amount of Each Disbursement this Period			
	ement For:	2024		2500.00			
Senate X	P rimary	General		Contribution			
President	Other (spe	cify) 🔻		Memo Item			
State: KS District: 03							
SUBTOTAL of Disbursements This Page (optional))		····· ►	9500.00			
TOTAL This Period (last page this line number on	ly)		••••••	, ,			

	CHEDULE B (FEC Form 3X)		arate schedule(s)	-		E NUMBER: PAGE 222 OF 263		
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(che	eck on 21b 28a			
	y information copied from such Reports and State for commercial purposes, other than using the na							
$\left \right\rangle$	NAME OF COMMITTEE (In Full)							
Ĺ	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group	D PA	C)		
Α.	Full Name (Last, First, Middle Initial) Katherine Clark For Congress					Date of Disbursement		
	Mailing Address 600 Pennsylvania Ave SE #15180					12 15 2023		
	City Washington	State DC	Zip Code 20003			FEC Identification Number		
	Purpose of Disbursement			_	-	C C00541888		
	Contribution			01	1	Transaction ID : 49616582		
	Candidate Name			Categ	<i>,</i> ,	Amount of Each Disbursement this Period		
	Clark, Katherine, , Rep.,			Тур	ре	5000.00		
	Office Sought: X House Disburse Senate President X	ment For: 2 Primary Other (spec	General			Contribution Memo Item		
	State: MA District: 05	1						
B.	Full Name (Last, First, Middle Initial) Moderate Democrats PAC Mailing Address PO Box 70179					Date of Disbursement		
	City Washington	State DC	Zip Code 20024			FEC Identification Number		
	Purpose of Disbursement				4	C C00436022		
	Contribution Candidate Name			01		Transaction ID : 49616583		
	Canadale Name			Categ Typ		Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:		ιyp	56	5000.00		
	Senate	Primary	General					
	President	Other (spec	cify)					
	State: District:							
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement		
	Mailing Address PO Box 3157					12 / D D / Y Y Y Y 15 / 2023		
	City	State	Zip Code			FEC Identification Number		
	Long Branch Purpose of Disbursement	NJ	07740			0 000440208		
	Contribution Candidate Name Cat					C C00410308 Transaction ID : 49616584 Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:		Тур	56	2500.00		
	Senate President	Primary	General			Contribution		
	State: District:	Other (spec	siiy) ▼			Memo Item		
s	UBTOTAL of Disbursements This Page (optional).				···· >	12500.00		
Т	OTAL This Period (last page this line number only	/)			···· Þ	, ,		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 223 OF 263			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a				
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC)			
Full Name (Last, First, Middle Initial) A. Longleaf PAC				Date of Disbursement			
Mailing Address 122 C Street NW Suite 360		1		12 20 2023			
City Washington	State DC	Zip Code 20001		FEC Identification Number			
Purpose of Disbursement				C C00838649			
Contribution			011	Transaction ID : 49620991			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:		i àhe	2500.00			
Senate	Primary	General					
State: District:	Other (spec	cify) 🔻		Contribution Memo Item			
Full Name (Last, First, Middle Initial)							
В.				Date of Disbursement			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate	ment For: Primary	General					
State: District:	Other (spec			Memo Item			
Full Name (Last, First, Middle Initial)							
С.				Date of Disbursement			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement	Purpose of Disbursement						
Candidate Name	Amount of Each Disbursement this Period						
	ment For:						
President	Primary Other (spec	General cify) ▼					
State: District:		···· · · · · · · · · · · · · · · · · ·		Memo Item			
SUBTOTAL of Disbursements This Page (optional)			····· •	2500.00			
TOTAL This Period (last page this line number only)		••••••	126000.00			

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 224 OF 263
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	
		Detailed	Summary Page	28a	28b 28c X 29 30b
	ny information copied from such Reports and State for commercial purposes, other than using the na				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth C	Group PAC	;)
~	Full Name (Last, First, Middle Initial)				
Α.	Friends of John Curran				Date of Disbursement
	Mailing Address 5926 Grand Avenue				12 07 / Y Y Y Y 2023
	City	State	Zip Code		FEC Identification Number
	Downers Grove	IL	60516		
	Purpose of Disbursement			011	С
	Contribution Candidate Name			011	Transaction ID : 49596028
				Category/	Amount of Each Disbursement this Period
	Curran, John, , IL Sen., Office Sought: House Disburse	ement For:		Туре	3000.00
	Senate	Primary	General		
	President	Other (spec			
	State: District:				Memo Item
_	Full Name (Last, First, Middle Initial)				
В.	Elect Dan McConchie				Date of Disbursement
	Mailing Address 14 John Drive		12 07 2023		
	City	State	Zip Code		FEC Identification Number
	Hawthorn Woods Purpose of Disbursement	IL	60047		
	Contribution	m			С
	Candidate Name			011	Transaction ID: 49596033 Amount of Each Disbursement this Period
	McConchie, Dan, , IL Sen.,			Category/ Type	Amount of Lacit Dispursement this Period
	Office Sought: House Disburse	ement For:			500.00
	Senate	Primary	General		Contribution
	President	Other (spec	cify)		Memo Item
	State: District:				<u> </u>
c	Full Name (Last, First, Middle Initial)				Data of Disburgement
C.	Friends of Warren Petersen				Date of Disbursement
	Mailing Address 3425 E. Augusta Ct.				12 / D D / Y Y Y Y 12 07 2023
	City	State	Zip Code		FEC Identification Number
	Queen Creek	AZ	85142		
	Purpose of Disbursement			011	С
	Contribution Candidate Name			011	Transaction ID : 49596034
	Petersen, Warren, , AZ Sen.,	Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ilhe	1000.00		
	Senate	Primary	General		
	President	Other (spec			Contribution
	State: District:	J			
s	UBTOTAL of Disbursements This Page (optional).			·····	4500.00
F				🕨	
т	OTAL This Period (last page this line number only	/)		••••••	, ,

S	CHEDULE B (FEC Form 3X)			FC	OR LINE	NUMBER: PAGE 225 OF 263			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			heck on	y one)			
			Summary Page		21b				
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	I ments may r me and addr	not be sold or use ress of any politica	d by al com	any per	son for the purpose of soliciting contributions			
\setminus	NAME OF COMMITTEE (In Full)								
$\left \right\rangle$	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Grou	p PA	C)			
<u> </u>	Full Name (Last, First, Middle Initial)								
Α.	Mitzi Epstein for AZ Senate					Date of Disbursement			
	Mailing Address 733 E. Stacey Lane					12 07 2023			
	City	State AZ	Zip Code 85284			FEC Identification Number			
	Tempe Purpose of Disbursement	AL.	00204						
	Contribution			0	11	C			
	Candidate Name					Transaction ID : 49596035			
	Epstein, Denise, , AZ Sen.,				egory/ /pe	Amount of Each Disbursement this Period			
		ment For:		.,	/ 00	1000.00			
	Senate	Primary	General						
	President	Other (spec	cify) ▼			Contribution Memo Item			
	State: District:	-							
_	Full Name (Last, First, Middle Initial)								
B.	Lela Alston AZ Senate 2024					Date of Disbursement			
	Mailing Address 69 W Willetta St Apt 1					12 07 2023			
	City Phoenix	State AZ	Zip Code 85003			FEC Identification Number			
	Purpose of Disbursement			_	_	C			
	Contribution			011		Transaction ID : 49596036			
	Candidate Name			Cate	egory/	Amount of Each Disbursement this Period			
	Alston, Lela, , AZ Sen.,			Type					
	Office Sought: House Disburse	ment For:				1000.00			
	Senate	Primary	General			Contribution			
	President	Other (spec	cify)			Memo Item			
	State: District:					L			
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement			
0.	Eva for Arizona								
	Mailing Address 225 E Main St Ste 201					12 07 2023			
	City	State	Zip Code			FEC Identification Number			
	Mesa	AZ	85201						
	Purpose of Disbursement				-				
	Contribution 011					Transaction ID: 49596037			
	Candidate Name	Category/							
	Burch, Eva, , AZ Sen.,	mant Fam		Ту	ype	1000.00			
	Office Sought: House Disburse Senate	ment For: Primary	General						
	President	Other (spec				Contribution			
	State: District:		Siry) 🔻			Memo Item			
s	UBTOTAL of Disbursements This Page (optional).				····· Þ	3000.00			
_		、 、							
IΤ	OTAL This Period (last page this line number only	()			····· ►				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 226 OF 263		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a			
Any information copied from such Reports and State or for commercial purposes, other than using the nar				on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	roup PAC)		
Full Name (Last, First, Middle Initial)						
A. Martinez for Arizona				Date of Disbursement		
Mailing Address PO Box 13125				12 07 / Y Y Y Y 2023		
City	State	Zip Code		FEC Identification Number		
Casa Grande	AZ	85130				
Purpose of Disbursement				С		
Contribution			011	Transaction ID : 49596038		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Martinez, Teresa, , AZ Rep., Office Sought: House Disburse	ment For:		Туре	1000.00		
Senate	Primary	General				
President	Other (spec			Contribution		
State: District:				Memo Item		
Full Name (Last, First, Middle Initial)						
^{B.} Grantham for Arizona				Date of Disbursement		
Mailing Address 2068 E Tiffany Ct				12 07 / Y Y Y Y 12 07		
3	State	Zip Code		FEC Identification Number		
Gilbert	AZ	85298				
Purpose of Disbursement Contribution		I	011	C Transaction ID : 49596039 Amount of Each Disbursement this Period 1000.00		
Candidate Name		I.				
Grantham, Travis, , AZ Rep.,			Category/ Type			
Office Sought: House Disburse	ment For:	I				
Senate	Primary	General		Contribution		
President	Other (spec	cify)		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial)				Date of Disbursement		
C. Alma Hernandez for State Repres	entative	 District 21 				
Mailing Address 1095 S Meyer Ave				12 07 / Y Y Y Y 12 07 2023		
City	State	Zip Code		FEC Identification Number		
Tucson	AZ	85701				
Purpose of Disbursement Contribution			011	С		
Candidate Name		L		Transaction ID : 49596041		
Hernandez, Alma, , AZ Rep.,			Category/ Type	Amount of Each Disbursement this Period		
	ment For:		71.5	1000.00		
Senate	Primary	General		Contribution		
President	Other (spec	cify) 🔻		Memo Item		
State: District:				<u> </u>		
SUBTOTAL of Disbursements This Page (optional)			····· ►	3000.00		
TOTAL This Period (last page this line number only)		•••••• •			

SC	HEDULE B (FEC Form 3X)			FOF	R LINE	NUMBER: PAGE 227 OF 263		
ITE	EMIZED DISBURSEMENTS	Use sepa	-	eck only	v one)			
_	_		category of the Summary Page		21b			
					28a	28b 28c 🗙 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na							
\backslash	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group	PAC	;)		
	Full Name (Last, First, Middle Initial)							
Α.	Melody for Arizona					Date of Disbursement		
	Mailing Address 1077 W 1st St Apt 105					12 07 2023		
	City	State	Zip Code			FEC Identification Number		
	Tempe	AZ	85281			FEC Identification Number		
	Purpose of Disbursement				-	С		
	Contribution			01	1	Transaction ID : 49596042		
	Candidate Name			Categ	ory/	Amount of Each Disbursement this Period		
	Hernandez, Melody, , AZ Rep.,			Тур				
	Office Sought: House Disburse	ment For:				1000.00		
	Senate	Primary	General			Constrikution		
	President	Other (spe	cify) 🔻			Contribution Memo Item		
_	State: District:							
B.	Full Name (Last, First, Middle Initial)					Date of Disbursement		
р.	Contreras for House							
	Mailing Address 12204 W Mohave St					12 07 2023		
	City	State	Zip Code					
	Avondale	AZ	85323			FEC Identification Number		
	Purpose of Disbursement				-	С		
	Contribution			01	1	Transaction ID : 49596044		
	Candidate Name			Categ	jory/	Amount of Each Disbursement this Period		
	Contreras, Lupe, , AZ Sen.,			Тур	be			
		ement For:				1000.00		
	Senate	Primary	General			Contribution		
	President	Other (spe	cify)			Memo Item		
	State: District:							
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement		
0.	Nancy Gutierrez for State Represe	entative ·	- District 18					
	Mailing Address PO Box 35612					12 07 2023		
	City	State	Zip Code			FEC Identification Number		
	Tucson Purpose of Disbursement	AZ	85470			0		
	Contribution			01	1	С		
	Candidate Name				- L	Transaction ID : 49596045		
	Gutierrez, Nancy, , AZ Rep.,			Categ Typ		Amount of Each Disbursement this Period		
		ment For:		ιyμ		1000.00		
	Senate	Primary	General					
	President	Other (spe				Contribution		
	State: District:]				Memo Item		
	1							
s	JBTOTAL of Disbursements This Page (optional).				🕨	3000.00		
⊢					-			
Т	DTAL This Period (last page this line number only	/)			🕨	, ,		

S	CHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 228 OF 263
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check or 211 28	nly one) 22 23 26 27
	y information copied from such Reports and State for commercial purposes, other than using the na				
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PA	C)
_	Full Name (Last, First, Middle Initial)				
Α.	Vote Pingerelli				Date of Disbursement
	Mailing Address 9033 W. Ludlow Drive				12 07 2023
	City	State	Zip Code		FEC Identification Number
	Peoria	AZ	85381		
	Purpose of Disbursement			011	C
	Contribution Candidate Name			UTT	Transaction ID: 49596046
				Category/	Amount of Each Disbursement this Period
	Pingerelli, Beverly, , AZ Rep., Office Sought: House Disburse	mont For		Туре	1000.00
	Senate	ment For: Primary	General		
	President	Other (spe			Contribution
	State: District:		- 37 - 4		Memo Item
_	Full Name (Last, First, Middle Initial)				
В.	Mathis for Arizona				Date of Disbursement
	Mailing Address PO Box 65385	12 07 2023			
	City	State	Zip Code		FEC Identification Number
	Tucson Purpose of Disbursement	AZ	85728		
	Contribution			011	C
	Candidate Name			Cata namul	Transaction ID : 49596047
	Mathis, Christopher, , AZ Rep.,			Category/ Type	Amount of Each Disbursement this Period
	· · · · · · · · · · · · · · · · · · ·	ment For:		.)[500.00
	Senate	Primary	General		Contribution
	President	Other (spe	cify)		Contribution
	State: District:	-			
_	Full Name (Last, First, Middle Initial)				
C.	Contreras for AZ				Date of Disbursement
	Mailing Address 4392 E Sunrise Dr				12 07 2023
	City	Ctoto	Zin Codo		
	City Phoenix	State AZ	Zip Code 85044		FEC Identification Number
	Purpose of Disbursement				
	Contribution			011	Transaction ID : 49596048
	Candidate Name	Amount of Each Disbursement this Period			
	Contreras, Patricia, , AZ Rep.,				
		ment For:		500.00	
	Senate	Primary	General		Contribution
	State: District:	Other (spe	сіту) 🔻		Memo Item
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional).			•••••	2000.00
Т	OTAL This Period (last page this line number only	/)		••••••	

SC	CHEDULE B (FEC Form 3X)			FC	BIN	NE NUMBER: PAGE 229 OF 263
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		neck c	only one)
			Summary Page		2	
			, ,		28	
	y information copied from such Reports and State for commercial purposes, other than using the na					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	p P/	AC)
	Full Name (Last, First, Middle Initial)					
Α.	Vote Wilmeth					Date of Disbursement
	Mailing Address PO Box 73163					12 07 2023
	City	State	Zip Code			FEC Identification Number
	Phoenix	AZ	85050			
	Purpose of Disbursement			~	4.4	C
	Contribution			0	11	Transaction ID : 49596049
	Candidate Name				gory/	Amount of Each Disbursement this Period
	Wilmeth, Justin, , AZ Rep., Office Sought: House Disburse	ement For:		Ty	vpe	1500.00
	Senate	Primary	General			
	President	Other (spec				Contribution
	State: District:		<i></i>			Memo Item
	Full Name (Last, First, Middle Initial)					
B.	Gowan for Senate					Date of Disbursement
	Mailing Address PO Box 1985					12 07 2023
	City					FEC Identification Number
	Sierra Vista Purpose of Disbursement					
	Contribution		011			C
	Candidate Name			_		Transaction ID : 49596050 Amount of Each Disbursement this Period
	Gowan, David, , AZ Sen.,				egory/ vpe	Amount of Lach Dispursement this Period
	Office Sought: House Disburse	ement For:				1000.00
	Senate	Primary	General			Contribution
	President	Other (spec	cify)			Memo Item
	State: District:					
~	Full Name (Last, First, Middle Initial)					Data of Diskursenset
C.	Vote Mesnard					Date of Disbursement
	Mailing Address 1427 W Homestead Ct					12 07 2023
	City	State	Zip Code			
	Chandler	AZ	85286			FEC Identification Number
	Purpose of Disbursement	I	·			C
	Contribution			0	11	Transaction ID : 49596051
	Candidate Name Categories				gory/	Amount of Each Disbursement this Period
	Mesnard, JD, , AZ Sen.,	mont For		Ту	vpe	1000.00
	Office Sought: House Disburse Senate	ement For: Primary	General			
	President	Other (spec				Contribution
	State: District:		<i>,</i> , ,			Memo Item
s	UBTOTAL of Disbursements This Page (optional)				Þ	3500.00
ΙT	OTAL This Period (last page this line number only	y)			🕨	, , ,

SC	CHEDULE B (FEC Form 3X)				E NUMBER: PAGE 230 OF 263
	EMIZED DISBURSEMENTS		arate schedule(s)	(check or	
•••			category of the Summary Page	21	b 22 23 26 27
		Botallou	cumury rugo	28	a 28b 28c 🗙 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na				
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Froup PA	.C)
	Full Name (Last, First, Middle Initial)				Data of Distances at
Α.	Sally Gonzales for State Senate - Di	strict No.	20		Date of Disbursement
	Mailing Address 7444 S. Camino Benem				12 07 2023
	City	State	Zip Code		FEC Identification Number
	Tucson	AZ	85757		
	Purpose of Disbursement				C
	Contribution			011	Transaction ID : 49596052
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Gonzales, Sally, , AZ Sen., Office Sought: House Disburse	ment For:		Туре	500.00
	Senate	Primary	General		
	President	Other (spec			Contribution
	State: District:				Memo Item
	Full Name (Last, First, Middle Initial)				
Β.	Campaign to Elect Stuart Adams				Date of Disbursement
					M = M / D = D / Y = Y = Y
	Mailing Address 3271 E 1875 N				12 07 2023
	City	State UT	Zip Code 84040		FEC Identification Number
	Layton Purpose of Disbursement	01	04040		
	Contribution			011	C
	Candidate Name			Category/	Transaction ID : 49596053 Amount of Each Disbursement this Period
	Adams, J. Stuart, , UT Sen.,			Type	
	Office Sought: House Disburse	ment For:	·		500.00
	Senate	Primary	General		Contribution
	President	Other (spec	cify)		Memo Item
	State: District:				
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement
0.	Committee to Elect Evan Vickers				
	Mailing Address 2166 North Cobble Creek Drive				12 07 2023
	City	State	Zip Code		
	Cedar City	UT	84720		FEC Identification Number
	Purpose of Disbursement				
Contribution				011	Transaction ID: 49596054
	Candidate Name Category				Amount of Each Disbursement this Period
	Vickers, Evan, , UT Sen., Office Sought: House Disburse	ment For:		Туре	500.00
	Senate	Primary	General		
	President	Other (spec			Contribution
	State: District:]	-, .		Memo Item
Г	1				
s	UBTOTAL of Disbursements This Page (optional).				1500.00
Т	OTAL This Period (last page this line number only	")		••••••	, ,

SCHEDULE B (FEC Form 3X) Isseesparate schedule(e) FOR LINE NUMBER: PAGE 231 OF 263. ITEMIZED DISBURSEMENTS Isseesparate schedule(e) Cold Cold Cold Cold Cold Cold Cold Cold
Detailed Suminary Page 20 20 20 20 20 30 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) Image: Contribution from such committee. NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Image: Contribution from such committee. Ar Friends of Ann Millner Image: Contribution from such committee. Date of Disbursement City State Zip Code Ogden Image: Contribution from such committee. Image: Contribution from such committee. Office Sought: House Disbursement For: Image: Contribution from such contribution State: Disbursement For: Other (specify) Image: Contribution from such contribution B Cullimore for Senate Image: Contribution from such contribution Image: Contribution from such contribution Candidate Name Image: Contribution from such contribution Image: Contribution from such contribution Image: Contribution from such contribution B Cullimore for Senate Image: Contribution from such contributio
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initia) A. Friends of Ann Millner Mailing Address 4276 Spring Road City Ogden Purpose of Disbursement Contribution Gandidate Name Millner, Ann., UT Sen., Office Sought: B. Cullimore for Senate Mailing Address 8359 Snow Basin Dr City Sandy Purpose of Disbursement Contribution B. Cullimore for Senate Mailing Address 8359 Snow Basin Dr City Sandy Purpose of Disbursement Contribution Contribution Contribution Contribution B. Cullimore for Senate Mailing Address 8359 Snow Basin Dr City Cultimore, Kirk, JU Sen., Jr. Office Sought: House Disbursement For: Contribution Con
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) A Friends of Ann Millner Mailing Address 4275 Spring Road
Full Name (Last, First, Middle Initial) A. Friends of Ann Millner Mailing Address 4275 Spring Road
A. Friends of Ann Millner Date of Disbursement Mailing Address 4275 Spring Road II III City State Zip Code Ogden UT Bit III Candidate Name Other (specify) Milner, Ann,, UT Sen., IIII Office Sought: House President Disbursement For: President Other (specify) State Disbursement City State President Other (specify) B. Cullimore for Senate Mailing Address 8359 Snow Basin Dr City City State City State City State City State Purpose of Disbursement City State Mailing Address 8359 Snow Basin Dr City State City State Sandy UT Purpose of Disbursement Candidate Name Candidate Name Candidate Name Candidate Name Contribution Candidate Name Contribution Candidate Name Colignore, Kirk., UT Sen., Jr. Disbursement For: <
Friends of Ann Millner Mailing Address 4275 Spring Road City Ogden Purpose of Disbursement Contribution Candidate Name Milner, Ann., UT Sen., Office Sought: House President State: District: House President State: District: Full Name (Last, First, Middle Initial) B. Cullimore for Senate Purpose of Disbursement Contribution Candidate Name Mailing Address 8359 Snow Basin Dr City State UT State Zip Code B. Cullimore for Senate Mailing Address 8359 Snow Basin Dr City State UT Bady Purpose of Disbursement Contribution Candidate Name Cullimore, Kirk., UT Sen., Jr. Office Sought: House Disbursement For: <tr< td=""></tr<>
Mailing Address 4275 Spring Road 12 07 2023 City Ogden State Zip Code 84403 FEC Identification Number Purpose of Disbursement Contribution 011 Category/ Type FEC Identification Number Office Name State: Disbursement For: Senate 011 Primary General Other (specify) Memo Item Full Name (Last, First, Middle Initial) B. Cullimore for Senate Date of Disbursement 12 07 2023 Full Name (Last, First, Middle Initial) B. Cullimore for Senate Date of Disbursement 12 Date of Disbursement Purpose of Disbursement Contribution 011 Category/ Type Transaction ID : 49596056 Amount of Each Disbursement City Sandy State Zip Code 84093 Percose of Disbursement C Cullimore, Kirk, , UT Sen, , Jr. Disbursement For: Senate Other (specify) FEC Identification Number Office Sought: House Disbursement For: Senate Other (specify) Other (specify)
Ogden UT 84403 Purpose of Disbursement 011 Cantribution 011 Candidate Name 011 Millner, Ann, , UT Sen., 011 Office Sought: House President Disbursement For: Senate Primary President Other (specify) ▼ Full Name (Last, First, Middle Initial) B. C Category/ Mailing Address 8359 Snow Basin Dr 011 City State Sandy UT Purpose of Disbursement 011 Contribution 011 Category/ 12 Vill Name (Last, First, Middle Initial) B. B. Cullimore for Senate Mailing Address 8359 Snow Basin Dr 011 City State Zip Code Sandy UT 84093 Purpose of Disbursement 011 Category/ Transaction ID : 49596056 Amount of Each Disbursement Hoir 500.00 Office Sought: House Disbursement For: Office Sought:
Ogden UI 84403 Purpose of Disbursement Onti Onti Candidate Name Onti Category/ Millner, Ann, , UT Sen., Disbursement For: Senate Office Sought: House Disbursement For: Sonoo State: District: Other (specify) Contribution State: District: Contribution Memo Item B. Cullimore for Senate Other (specify) Date of Disbursement Mailing Address 8359 Snow Basin Dr Till Other (specify) City State Zip Code State Other (specify) Purpose of Disbursement Other (specify) FEC Identification Number C City State Zip Code State Other (specify) Purpose of Disbursement Other (specify) Transaction ID : 49596056 Amount of Each Disbursement this Period Cullimore, Kirk, , UT Sen., Jr. Disbursement For: Senate Primary General Other (specify) Office Sought: House Disbursement For: Sonoo Sonoo Contribution Office Soug
Contribution 011 Transaction ID: 49596055 Candidate Name Category/ Type Transaction ID: 49596055 Millner, Ann, , UT Sen., Disbursement For: President Senate Primary General Memo Item Contribution Memo Item Contribution State: District: Disbursement For: President State Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Mailing Address 8359 Snow Basin Dr Memo Item Memo Item City State Zip Code 84093 FEC Identification Number Purpose of Disbursement Oth Category/ Type Transaction ID: 49596056 Amount of Each Disbursement this Period Oth Category/ Type Transaction ID: 49596056 Office Sought: House Disbursement For: Primary Other (specify) Contribution Contribution Disbursement For: President Sould other (specify) Contribution
Candidate Name Category/ Type Transaction ID : 49596055 Millner, Ann, , UT Sen., Office Sought: House Disbursement For: Senate Senate President Other (specify) State: Contribution State: District: Other (specify) Contribution Full Name (Last, First, Middle Initial) B. Cullimore for Senate Date of Disbursement Mailing Address 8359 Snow Basin Dr Date of Disbursement 2023 City State Zip Code 84093 Purpose of Disbursement Ontribution Contribution Candidate Name Other (specify) FEC Identification Number Cullimore, Kirk, , UT Sen., Jr. Disbursement For: Senate Other (specify) Office Sought: House Disbursement For: Other (specify) Contribution
Millner, Ann, , UT Sen., Category/ Type Amount of Each Disbursement fins Period Office Sought: House Disbursement For: 500.00 President Other (specify) Contribution State: District: Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement B. Cullimore for Senate Mailing Address 8359 Snow Basin Dr City State Zip Code Sandy UT 84093 Purpose of Disbursement O11 Category/ Type Office Sought: House Disbursement For: Senate Office Sought: Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) Other (specify) Memo Item
Office Sought: House Disbursement For: 500.00 Senate President Other (specify) Contribution State: District: Other (specify) Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Mailing Address 8359 Snow Basin Dr Date of Disbursement City State Zip Code Sandy UT Zip Code Purpose of Disbursement 011 Contribution 011 Cardidate Name Office Sought: Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) Other (specify) Memo Item
Senate Primary General Contribution State: District: Memo Item Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Mailing Address 8359 Snow Basin Dr Image: Mailing Address 8359 Snow Basin Dr Date of Disbursement City State Zip Code FEC Identification Number Purpose of Disbursement 011 Transaction ID : 49596056 Contribution 011 Transaction ID : 49596056 Cullimore, Kirk, , UT Sen., Jr. Disbursement For: Senate Office Sought: House Disbursement For: 500.00 Senate Primary General Contribution Other (specify) Other (specify) Memo Item
State: District: Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement B. Cullimore for Senate Date of Disbursement Mailing Address 8359 Snow Basin Dr 12 07 2023 City State Zip Code 84093 FEC Identification Number Purpose of Disbursement 011 Category/ Transaction ID : 49596056 Cullimore, Kirk, , UT Sen., Jr. Disbursement For: 500.00 500.00 Office Sought: House Disbursement For: 500.00 Other (specify) Other (specify) General Contribution
State: District: Full Name (Last, First, Middle Initial) B. Cullimore for Senate Mailing Address 8359 Snow Basin Dr City State Zip Code Sandy UT 84093 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Cullimore, Kirk, , UT Sen., Jr. Disbursement For: Senate Primary General President Other (specify)
B. Cullimore for Senate Date of Disbursement Mailing Address 8359 Snow Basin Dr City State Zip Code Sandy UT Zip Code Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Cullimore, Kirk, , UT Sen., Jr. Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) Contribution Mailing Address Mailing Address
Cultimore for Senate Mailing Address 8359 Snow Basin Dr City Sandy Purpose of Disbursement Contribution Candidate Name Cullimore, Kirk, , UT Sen., Jr. Office Sought: House Disbursement For: Senate Primary General Other (specify)
Mailing Address 8359 Snow Basin Dr 12 07 2023 City State Zip Code 84093 FEC Identification Number Purpose of Disbursement 011 Candidate Name 011 Category/ Transaction ID : 49596056 Cullimore, Kirk, , UT Sen., Jr. Office Sought: House Disbursement For: 500.00 Office Sought: President Primary General Contribution Other (specify) Other (specify) Memo Item
Sandy UT 84093 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Candidate Name Category/ Type Cullimore, Kirk, , UT Sen., Jr. Disbursement For: Office Sought: House President Other (specify)
Sandy U1 84093 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Cullimore, Kirk, , UT Sen., Jr. Category/ Type Office Sought: House Disbursement For: 500.00 Senate Primary Other (specify) Contribution
Contribution 011 Candidate Name 011 Cullimore, Kirk, , UT Sen., Jr. Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Other (specify) Memo Item
Candidate Name Category/ Type Cullimore, Kirk, UT Sen., Jr. Disbursement For: Office Sought: House Disbursement For: Senate President Other (specify) Other (specify) Memo Item
Cullimore, Kirk, , UT Sen., Jr. Category/ Type Office Sought: House Disbursement For: Senate President Primary Other (specify)
Office Sought: House Disbursement For: 500.00 Senate Primary General President Other (specify) Memo Item
President Other (specify) Contribution
President Other (specify) Memo Item
State District
Full Name (Last, First, Middle Initial) C. Lorm Story
Jerry Stevenson Campaign Fund
Mailing Address 466 South 1700 West
City State Zip Code FEC Identification Number
Layton UT 84041
Purpose of Disbursement Contribution 011 C
Candidate Name Transaction ID : 49596057
Candidate Name Category/ Amount of Each Disbursement this Period Stevenson, Jerry, , UT Sen., Type
Office Sought: House Disbursement For: 300.00
Senate Primary General Contribution
President Other (specify) Memo Item
State: District:
SUBTOTAL of Disbursements This Page (optional)
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)			FOR L	INE NUMBER: PAGE 232 OF 263
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		
		Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any j	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)				
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group P	AC)
Full Name (Last, First, Middle Initial)				
A. Committee to Elect Don Ipson				Date of Disbursement
Mailing Address 539 Diagonal Street				12 07 2023
City	State	Zip Code		FEC Identification Number
St. George	UT	84770		
Purpose of Disbursement			011	
Contribution Candidate Name				Transaction ID : 49596058
Ipson, Don, , UT Sen.,			Category	Amount of Each Disbursement this Period
	ement For:		Туре	300.00
Senate	Primary	General		
President	Other (spe			Contribution Memo Item
State: District:	1			Mento Rent
Full Name (Last, First, Middle Initial)				
^{B.} Thomas Shope for State Senator	- District	No. 16		Date of Disbursement
Mailing Address PO Box 1230				12 07 2023
Mailing Address PO Box 1230				
City	State	Zip Code		FEC Identification Number
Coolidge	AZ	85128		
Purpose of Disbursement Contribution			011	C
Contribution Candidate Name				Transaction ID : 49596059
Shope, Thomas, , AZ Sen., Jr.			Category Type	Amount of Each Disbursement this Period
	ment For:	1	туре	1000.00
Senate	Primary	General		Contribution
President	Other (spec	cify)		Contribution Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				
C. Vote Kerr				Date of Disbursement
Mailing Address 8400 S. Dean Road				12 07 2023
Walling Address 0400 S. Deall RUad				
City	State	Zip Code		FEC Identification Number
Buckeye	AZ	85326		
Purpose of Disbursement			011	
Contribution Candidate Name				Transaction ID : 49596060
Kerr, Sine, , AZ Sen.,	Amount of Each Disbursement this Period			
	ement For:		Туре	1000.00
Senate	Primary	General		
President	Other (spe	cify) 🔻		Contribution Memo Item
State: District:	-			
SUBTOTAL of Disbursements This Page (optional).				2300.00
TOTAL This Period (last page this line number only	/)			•

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 233 OF 263	
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Group PAC	;)	
Full Name (Last, First, Middle Initial)				Date of Disbursement	
A. Committee to Elect Jefferson Moss					
Mailing Address 1668 Aspen Circle				12 07 2023	
City	State	Zip Code		FEC Identification Number	
Saratoga Springs	UT	84045			
Purpose of Disbursement			011	C	
Contribution			011	Transaction ID : 49596061	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Moss, Jefferson, , UT Rep.,			Туре	500.00	
	ement For:			500.00	
Senate	Primary	General		Contribution	
State: District:	Other (spe	cny) ▼		Memo Item	
Full Name (Last, First, Middle Initial) B. Arizonans for Matt Gress				Date of Disbursement	
				M = M / D = D / Y = Y = Y	
Mailing Address 1934 E Camelback Road Ste 12	0, Box			12 07 2023	
City	State	Zip Code		FEC Identification Number	
Phoenix	AZ	85016			
Purpose of Disbursement			011	C	
Contribution Candidate Name				Transaction ID : 49596068	
			Category/	Amount of Each Disbursement this Period	
Gress, Matt, , AZ Rep., Office Sought: House Disburse	mont For		Туре	500.00	
Office Sought: House Disburse	ement For:	Gaparal		300.00	
President	Primary	General		Contribution	
State: District:	Other (spe	uny)		Memo Item	
Full Name (Last, First, Middle Initial)					
c. Committee to Elect Angela Rome	ro			Date of Disbursement	
Mailing Address 1098 South Emery Street				12 07 2023	
	Otata	Zin Code			
City Salt Lake City	State UT	Zip Code 84104		FEC Identification Number	
Purpose of Disbursement		04104		0	
Contribution			011	С	
Candidate Name				Transaction ID : 49596072	
Romero, Angela, , UT Rep.,	Category/ Type	Amount of Each Disbursement this Period			
	ement For:			300.00	
Senate	Primary	General			
President	Other (spe			Contribution	
State: District:				Memo Item	
SUBTOTAL of Disbursements This Page (optional)			•••••	1300.00	
TOTAL This Period (last page this line number onl	y)		····· ►	, ,	

SCHEDULE B (FEC Form 3X)			FOR	LINE NUMBER: PAGE 234 OF 26
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(chec	
		Summary Page		21b 22 23 26 27 28a 28b 28c ¥ 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may i me and addi	not be sold or use ress of any politica	d by any al commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)				
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group I	PAC)
Full Name (Last, First, Middle Initial)				
A. Elect Robert Spendlove				Date of Disbursement
Mailing Address 2492 East Barcelona Drive				12 / D D / Y Y Y Y 2023
City	State	Zip Code		FEC Identification Number
Sandy	UT	84093		
Purpose of Disbursement				
Contribution			011	Transaction ID : 49596082
Candidate Name			Categor	
Spendlove, Robert, , UT Rep.,			Туре	
	ment For:			250.00
Senate	Primary	General		Contribution
President	Other (spe	cify) 🔻		Contribution Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				
^{B.} Ray Ward Committee to Elect				Date of Disbursement
				M M / D D / Y Y Y Y
Mailing Address 954 E Millbrook Way				12 07 2023
,	State	Zip Code		FEC Identification Number
Bountiful	UT	84010		C
	Purpose of Disbursement			
Contribution			011	Transaction ID : 49596083
Candidate Name			Categor	
Ward, Raymond, , UT Rep.,			Туре	250.00
	ment For:	Comoral		230.00
Senate	Primary	General		Contribution
State: District:	Other (spe	сиу)		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Committee to Elect Curt Bramble				
Mailing Address 3663 North 870 East				12 07 2023
Maining Address 5005 North 670 East				
City	State	Zip Code		
Provo	UT	84604		FEC Identification Number
Purpose of Disbursement		·		C
Contribution			011	Transaction ID : 49596084
Candidate Name			Categor	
Bramble, Curtis, , UT Sen.,			Туре	
Office Sought: House Disburse	ment For:			300.00
Senate	Primary	General		Contribution
President	Other (spe	cify) 🔻		Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional).				. •
TOTAL This Period (last page this line number only	′)			• •

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER PAGE 235 OF 263		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)		
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and State		not be sold or use				
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)		
Full Name (Last, First, Middle Initial)						
A. Committee to Elect Lincoln Fillmore				Date of Disbursement		
Mailing Address 10167 South 1190 W				12 / D D / Y Y Y Y 12 07 / 2023		
City	State	Zip Code		FEC Identification Number		
South Jordan	UT	84095				
Purpose of Disbursement Contribution			011	С		
Contribution Candidate Name				Transaction ID : 49596085		
Fillmore, Lincoln, , UT Sen.,			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For:			250.00		
Senate	Primary	General		, , ,		
State: District:	Other (spe	cify) 🔻		Contribution Memo Item		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
^{B.} Wayne Harper Campaign						
Mailing Address 2094 Surrey Circle						
City	State	Zip Code		FEC Identification Number		
Tayorsville Purpose of Disbursement	UT	84129				
Contribution			011	С		
Candidate Name			Category/	Transaction ID: 49596086 Amount of Each Disbursement this Period		
Harper, Wayne, , UT Sen.,			Type	Amount of Each Disbursement this Fehou		
Office Sought: House Disburse	ement For:			250.00		
Senate	Primary	General		Contribution		
State: District:	Other (spec	cify)		Memo Item		
Full Name (Last, First, Middle Initial)						
 C. Committee to Elect Kathleen Rieb 	e			Date of Disbursement		
	-					
Mailing Address 9040 South Greenhills Drive				12 07 2023		
City	State	Zip Code		FEC Identification Number		
Cottonwood Heights	UT	84093				
Purpose of Disbursement Contribution			011	С		
Condidate Name				Transaction ID : 49596087		
Riebe, Kathleen, , UT Sen.,	Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:		21 °	250.00		
Senate	Primary	General		Contribution		
President	Other (spe	cify) 🔻		Memo Item		
State: District:						
SUBTOTAL of Disburgaments This Bage (antianal)				750.00		
SUBTOTAL of Disbursements This Page (optional).			••••••			
TOTAL This Period (last page this line number only	/)		••••••	, ,		

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 236 OF 263		
I Т	EMIZED DISBURSEMENTS	for each Detailed S	rate schedule(s) category of the Summary Page	(check only 21b 28a	$\begin{array}{c} 1 \\ 0 \text{ one} \\ \hline 22 \\ 28b \\ 28b \\ 28c \\ \hline \mathbf{X} \\ 29 \\ 30b \\ \end{array}$		
	ny information copied from such Reports and State for commercial purposes, other than using the na						
\mathbb{N}	NAME OF COMMITTEE (In Full)						
\backslash	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	iroup PAC	;)		
<u> </u>	Full Name (Last, First, Middle Initial)						
Α.	Scott Sandall Campaign Fund				Date of Disbursement		
	Mailing Address 635 N Hillcrest Circle				12 07 2023		
	City	State	Zip Code		FEC Identification Number		
	Tremonton	UT	84337				
	Purpose of Disbursement			011	C		
	Contribution Candidate Name			011	Transaction ID : 49596088		
	Sandall, Scott, , ,			Category/	Amount of Each Disbursement this Period		
		ment For:		Туре	250.00		
	Senate	Primary	General				
	President	Other (spec	cify) 🔻		Contribution Memo Item		
	State: District:						
	Full Name (Last, First, Middle Initial)						
В.	Committee to Elect Walt Brooks				Date of Disbursement		
	Mailing Address 393 West 300 North		1		12 07 2023		
	City St. Coorse	State UT	Zip Code 84770		FEC Identification Number		
	St. George Purpose of Disbursement	01	04//0		\mathbf{C}		
	Contribution			011	Transaction ID : 49596089 Amount of Each Disbursement this Period		
	Candidate Name			Category/			
	Brooks, Walt, , UT Rep.,			Туре			
		ment For:			250.00		
	Senate	Primary	General		Contribution		
	State: District:	Other (spec	city)		Memo Item		
_	Full Name (Last, First, Middle Initial)						
C.	Vote Hendrix				Date of Disbursement		
	Mailing Address 1718 S. 140th Place				12 07 Y Y Y Y 2023		
	City	State	Zip Code				
	Gilbert	AZ	85295		FEC Identification Number		
	Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·		C		
	Contribution			011	Transaction ID : 49596090		
	Candidate Name	Category/	Amount of Each Disbursement this Period				
	Hendrix, Laurin, , AZ Rep., Office Sought: House Disburse	Туре	1000.00				
	Senate	Primary	General				
	President	Other (spec			Contribution		
_	State: District:						
s	UBTOTAL of Disbursements This Page (optional).			······ >	1500.00		
F				•			
т	OTAL This Period (last page this line number only	/)		····· ►	, ,		

SC	CHEDULE B (FEC Form 3X)			F	OR LINE	NUMBER: PAGE 237 OF 263
ITI	EMIZED DISBURSEMENTS		rate schedule(s) category of the		heck on	ly one)
			Summary Page		21b	
	y information copied from such Reports and Stater for commercial purposes, other than using the name				any per	son for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	ip PA	C)
	Full Name (Last, First, Middle Initial)					
Α.	Committee to Elect Jon Hawkins					Date of Disbursement
	Mailing Address 1536 E 300 S					12 07 2023
	5	State	Zip Code			FEC Identification Number
	Pleasant Grove	UT	84062			
	Purpose of Disbursement			~	11	C
	Contribution)11	Transaction ID : 49596091
	Candidate Name				egory/	Amount of Each Disbursement this Period
	Hawkins, Jon, , UT Rep.,			Ţ	уре	250.00
		ment For:	Carrent			230.00
	President	Primary	General			Contribution
	State: District:	Other (spec	ary) 🔻			Memo Item
	Full Name (Last, First, Middle Initial)					
B.						Date of Disbursement
	Committee to Elect Calvin Mussel	man				
	Mailing Address 4137 S 4100 W					12 07 2023
		State	Zip Code			FEC Identification Number
	West Haven	UT	84401			
	Purpose of Disbursement)11	C
	Contribution Candidate Name			Category/ Type		Transaction ID: 49596092
	Musselman, Calvin, , UT Rep.,					Amount of Each Disbursement this Period
		ment For:	ent For			250.00
	Senate	Primary	General			
	President	Other (spec				Contribution
	State: District:		,, , ,			Memo Item
	Full Name (Last, First, Middle Initial)					
C.	Committee to Elect Casey Snider					Date of Disbursement
	Mailing Address 225 West 8800 South					12 / D D / Y Y Y Y 12 07 2023
	City	State	Zip Code			FEC Identification Number
	Paradise	UT	84328			
	Purpose of Disbursement				_	
	Contribution			0)11	Transaction ID : 49596145
	Candidate Name			egory/	Amount of Each Disbursement this Period	
	Snider, Casey, , UT Rep.,				ype	050.00
		ment For:				250.00
	Senate	Primary	General			Contribution
	State: District:	Other (spec	ary) 🔻			Memo Item
_	State: District:					
s	UBTOTAL of Disbursements This Page (optional)				····· Þ	750.00
_						
T	OTAL This Period (last page this line number only))			····· ►	, ,

SCHEDULE B (FEC Form 3X)	11		FOR LINE	NUMBER: PAGE 238 OF 263
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nat				
NAME OF COMMITTEE (In Full)				
> UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC	;)
Full Name (Last, First, Middle Initial)				Date of Disbursement
Committee to Elect Jordan Teusche	r			
Mailing Address 5413 West Burntside Avenue				12 07 Y Y Y Y 2023
City South Jordon	State UT	Zip Code		FEC Identification Number
South Jordan Purpose of Disbursement	01	84009		0
			011	С
Contribution Candidate Name				Transaction ID : 49596147
			Category/	Amount of Each Disbursement this Period
Teuscher, Jordan, , UT Rep.,			Туре	250.00
	ment For:			200.00
Senate	Primary	General		Contribution
President	Other (spec	city) 🔻		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				
^{B.} Friends of Ryan Wilcox				Date of Disbursement
-				
Mailing Address 1240 Douglas Street				12 07 2023
City	State	Zip Code		FEC Identification Number
Ogden	UT	84404		
Purpose of Disbursement			011	C
Contribution			011	Transaction ID : 49596149
Candidate Name			Category/	Amount of Each Disbursement this Period
Wilcox, Ryan, , UT Rep.,			Туре	050.00
	ment For:			250.00
Senate	Primary	General		Contribution
President	Other (spec	cify)		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				
C. Cox for Governor				Date of Disbursement
				M M / D D / Y Y Y Y
Mailing Address 111 Social Hall Avenue				12 07 2023
City	State	Zip Code		
Salt Lake City	UT	84111		FEC Identification Number
Purpose of Disbursement				С
Contribution			011	
Candidate Name				Transaction ID : 49596151 Amount of Each Disbursement this Period
Cox, Spencer, , ,			Category/ Type	Amount of Each Disbursement this Fehou
	ment For:		- 7 - 7	5000.00
Senate	Primary	General		
President	Other (spec			Contribution
State: District:	(-196)	<i>,</i> , ,		Memo Item
SUBTOTAL of Disbursements This Page (optional).			▶	5500.00
TOTAL This Period (last page this line number only)			
	,			

SCHEDULE B (FEC Form 3X)	11		FOR L	INE NUMBER: PAGE 239 OF 263
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		
	Detailed	Summary Page		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Any information copied from such Reports and Stat or for commercial purposes, other than using the na			d by any	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)				
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	roup F	YAC)
Full Name (Last, First, Middle Initial)				
A. Escamilla for Senate				Date of Disbursement
Mailing Address 1004 North Morton Drive				12 07 2023
City Salt Laka City	State UT	Zip Code 84116		FEC Identification Number
Salt Lake City Purpose of Disbursement		04110		
Contribution			011	C
Candidate Name		I	<u> </u>	Transaction ID : 49596155
Escamilla, Luz, , UT Sen.,			Category Type	Amount of Each Disbursement this Period
	ement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	300.00
Senate	Primary	General		
President	Other (spe	cify) 🔻		Contribution Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				Data of Distance and
^{B.} Karianne Campaign to Elect				Date of Disbursement
Mailing Address 4334 West 1700 S				12 07 2023
Walling / Wallood 4004 West 1700 0				
City	State	Zip Code		FEC Identification Number
Syracuse	UT	84075		
Purpose of Disbursement			011	
Contribution Candidate Name				Transaction ID : 49596160
Lisonbee, Karianne, , UT Rep.,			Category Type	Amount of Each Disbursement this Period
· · · · · · · · · · · · · · · · · · ·	ement For:		Type	500.00
Senate	Primary	General		
President	Other (spe			Contribution
State: District:				Memo Item
Full Name (Last, First, Middle Initial)				
C. Debbie Sarinana for HD21				Date of Disbursement
Mailing Address 11728 Marquette Ave. NE				12 07 2023
Waining Address 11720 Walduette Ave. NL				
City	State	Zip Code		FEC Identification Number
Albuquerque Purpose of Disbursement	NM	87123		
Contribution			011	
Candidate Name		I		Transaction ID : 49596167
Sarinana, Debra, , NM Rep.,			Category Type	// Amount of Each Disbursement this Period
	ement For:	I	71	500.00
Senate	Primary	General		
President	Other (spe	cify) 🔻		Contribution Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional))			▶ 1300.00
TOTAL This Period (last page this line number on	ly)			
	,,			

SC	CHEDULE B (FEC Form 3X)			FC	DR LI	INE NUMBER: PAGE 240 OF 2	263
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(ch			
			Summary Page			21b 22 23 26 27 28a 28b 28c X 29 30b	
	y information copied from such Reports and State for commercial purposes, other than using the na				any p	person for the purpose of soliciting contributions	
\backslash	NAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	р Р.	AC)	
	Full Name (Last, First, Middle Initial)						
Α.	Committee to Elect Rod Montoya					Date of Disbursement	
	Mailing Address 4902 Camaron Avenue					12 07 2023	
	City	State	Zip Code			FEC Identification Number	
	Farmington	NM	87402				
	Purpose of Disbursement			0	4.4		
	Contribution			0	11	Transaction ID: 49596170	
	Candidate Name				gory/	Amount of Each Disbursement this Period	d
	Montoya, Rodney, , NM Rep., Office Sought: House Disburse	ment For:		Ty	/pe	500.00	٦.
	Senate	Primary	General				
	President	Other (spe				Contribution	
	State: District:		ony) v			Memo Item	
	Full Name (Last, First, Middle Initial)						
В.	HerndonforNM					Date of Disbursement	
	Mailing Address PO Box 27724					12 07 2023	
	City	State	Zip Code			FEC Identification Number	
	Albuquerque Purpose of Disbursement	NM	87125				
	Contribution	011				C	
	Candidate Name	Category/			1.0	Transaction ID : 49596171	-1
	Herndon, Pamelya, , NM Rep.,				egory/ /pe	/ Amount of Each Disbursement this Perio	a
		ment For:		.,	1	500.00	
	Senate	Primary	General			Contribution	
	President	Other (spe	cify)				
	State: District:						
_	Full Name (Last, First, Middle Initial)						
C.	Conservatives for Toma					Date of Disbursement	
	Mailing Address 6290 W Parkside Ln					12 07 Y Y Y Y 2023	
	City	State	Zip Code				
	Glendale	AZ	85310			FEC Identification Number	
	Purpose of Disbursement			-			
	Contribution			0,	11	Transaction ID : 49596172	
	Candidate Name				gory/	Amount of Each Disbursement this Perio	d
	Toma, Ben, , AZ Rep.,			Ту	/pe	1000.00	٦.
	Office Sought: House Disburse Senate	ment For: Primary	General				
	President	Other (spe				Contribution	
	State: District:		ony) v			Memo Item	
							_
s	UBTOTAL of Disbursements This Page (optional).					2000.00	
Т	OTAL This Period (last page this line number only	/))	•	

SC	HEDULE B (FEC Form 3X)			F	OR LINF	NUMBER: PAGE 241 OF 263		
ITE	ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			/ one)		
			Summary Page		21b	22 23 26 27 28b 28c X 29 30b		
	y information copied from such Reports and States for commercial purposes, other than using the nar					on for the purpose of soliciting contributions		
\backslash	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	ip PAC			
-	Full Name (Last, First, Middle Initial)							
Α.	Marian Matthews for HD 27					Date of Disbursement		
	Mailing Address P.O. Box 21256	12 07 2023						
	City	State	Zip Code			FEC Identification Number		
	Albuquerque	NM	87154					
	Purpose of Disbursement			0)11	C		
	Contribution Candidate Name					Transaction ID: 49596176		
	Matthews, Marian, , NM Rep.,				egory/ ype	Amount of Each Disbursement this Period		
		ment For:		·.	ype	500.00		
	Senate	Primary	General					
	President	Other (spec	cify) ▼			Contribution Memo Item		
	State: District:							
	Full Name (Last, First, Middle Initial)							
B.	Committee to Elect T. Ryan Lane					Date of Disbursement		
	Mailing Addroso 402 C Main Aug		12 07 2023					
	Mailing Address 103 S. Main Ave		12 07 2023					
		State	Zip Code			FEC Identification Number		
	Aztec NM 87410 Purpose of Disbursement							
	Contribution			C	011	С		
	Candidate Name			0.04		Transaction ID : 49596178 Amount of Each Disbursement this Period		
	Lane, T., , NM Rep.,				egory/ ype			
	Office Sought: House Disburser	ment For:	I	-		500.00		
	Senate	Primary	General			Contribution		
	President	Other (spec	cify)			Memo Item		
	State: District:							
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement		
0.	Campaign to Elect Harry Garcia Sta	ate Repr	esentative D	istri	ct 69			
	Mailing Address 31 Garcia Blvd					12 07 2023		
	5	State NM	Zip Code			FEC Identification Number		
	Grants Purpose of Disbursement	INIVI	87020			С		
	Contribution			0	011			
	Candidate Name Catego					Transaction ID : 49596182 Amount of Each Disbursement this Period		
	Garcia, Harry, , NM Rep.,				ype			
		ment For:				500.00		
	Senate	Primary	General			Contribution		
	State: District:	Other (spec	city) 🔻			Memo Item		
s	UBTOTAL of Disbursements This Page (optional)				····· Þ	1500.00		
T(OTAL This Period (last page this line number only))			····· ►			

I

SCHEDULE B (FEC Form 3X)				lice concrete cohodula(a)					NE NUMBER: PAGE 242 OF 263						
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			heck	c only 21b	one) 22 23 26 27								
				Detailed	Summary Page		$\left - \right $	210 28a	22 28b	$\left \right $	23 28c	× 29	\vdash	30b	
		ied from such Reports urposes, other than us										of soliciti			
\ ^	NAME OF COMM	/ITTEE (In Full)													
	UnitedHealt	th Group Incorp	orated	PAC (Ur	itedHealth (Grou	ıp F	PAC)						
	Full Name (Last,	First, Middle Initial)							_						
Α.	Hatathlie for	Arizona							Date o	f Dis	burse	ment			
N	Mailing Address P.O. Box 2845								12 07 Y Y Y Y 12 07						
	City Fuba City			State AZ	Zip Code 86045				FEC Id	lentifi	catior	n Numbe	er		
	Purpose of Disbu	rsement			00040				\mathbf{C}	-					
	Contribution					(011		С	-					
	Candidate Name						000					ID: 495		5 t this Pe	riod
	Hatathlie, Theresa,	, AZ Sen.,					egor ype	y/	Amoun	U	_acn	DISDUISE	-men	it ullis Pe	iiuu
	Office Sought:	House	Disburse	ment For:			7120							500.00	1
	-	Senate		Primary	General									1	
		President		Other (spec	cify) 🔻				Me	emo l		Contribu	tion		
S	State:	District:													
В. _	Consuelo Hernandez for State Representative - Distric								Date o		D	D /			1
N	Mailing Address 2230 E. Nevada Street								12		0		2	2023	<u>ا</u>
	City			State AZ	Zip Code			T	FEC Id	lentifi	catior	Numbe	er		
	Fucson Purpose of Disbu														
	Contribution						011		C						
τ	Candidate Name					Cat	0007	V/				ID: 495		9 It this Pe	riod
I	Hernandez, Consue	elo, , AZ Rep.,				Category/ Type			Anouli	. 01 [_0011	Sisbuist			iou
ō	Office Sought:	House	Disburse	ment For:					L		-			500.00	
		Senate		Primary	General					7		Contribu	tion		
~	Nato:	President		Other (spec	cify)				Me	emo l					
	State:	District:							-						
C	Bennett for	First, Middle Initial)							Date o	f Dis	burse	ment			
_	Mailing Address								м м 12	/	D 07			023	1
_	City			State	Zip Code					_			_		-
	Prescott			AZ	86305				FEC ld	lentifi	catior	Numbe	er		
_	Purpose of Disbu	rsement			-		_		С						
_	Contribution					(011		_	ansa	ction	ID : 495	9619	2	
	Candidate Name Category/						y/						t this Pe	riod	
_	Bennett, Ken, , ,					Т	ype			-				500.00	
C	Unice Sought:	fice Sought: House Disbursement For:									- I		_	500.00	
		Senate President		Primary Other (spec	General				- N			Contribu	ition		
5	State:	District:			, , , , , , , , , , , , , , , , , , ,				Me	emo l	tem				
									_		_			_	
SU	BTOTAL of Dist	oursements This Page	(optional).											1500.00	
-												,			- 1
то	TAL This Period	(last page this line nu	umber only	/)					- L.		,				- 1

SC	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 243 OF 263			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)			
			Summary Page	21b 28a	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$			
	y information copied from such Reports and State for commercial purposes, other than using the na			ed by any perso	on for the purpose of soliciting contributions			
\backslash	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PAC	;)			
	Full Name (Last, First, Middle Initial)							
Α.	Tim Dunn for AZ Senate				Date of Disbursement			
	Mailing Address 6324 E. Telegraph Street				12 07 Y Y Y Y Y 12 07			
	City	State	Zip Code		FEC Identification Number			
	Yuma	AZ	85365					
	Purpose of Disbursement			011	С			
	Contribution Candidate Name				Transaction ID: 49596195			
	Dunn, Tim, , AZ Rep.,			Category/ Type	Amount of Each Disbursement this Period			
		ement For:		ilhe	500.00			
	Senate	Primary	General					
	President	Other (spec	cify) 🔻		Contribution			
	State: District:							
_	Full Name (Last, First, Middle Initial)							
Β.	Brian Fernandez for State Senate	- District	: 23		Date of Disbursement			
	Mailing Address PO Box 545	12 07 <u>Y Y Y Y Y</u> 12 07						
	City	State AZ	Zip Code 85366		FEC Identification Number			
	Yuma							
	Purpose of Disbursement Contribution			011	С			
	Candidate Name				Transaction ID : 49596212			
	Fernandez, Brian, , AZ Rep.,			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ment For:		71	500.00			
	Senate	Primary	General		Contribution			
	President	Other (spec	cify)		Memo Item			
	State: District:				<u> </u>			
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement			
С.	Elect Mike Schultz							
	Mailing Address 4904 W 5850 S				12 / D D / Y Y Y Y Y 12 07 2023			
	City	State	Zip Code		FEC Identification Number			
	Hooper	UT	84315					
	Purpose of Disbursement Contribution			011	С			
	Candidate Name	Transaction ID : 49596215						
	Schultz, Mike, , UT Rep.,	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	Туре	500.00					
	Senate	Primary	General		Contribution			
	President	Other (spec	cify) 🔻		Contribution Memo Item			
_	State: District:							
s	UBTOTAL of Disbursements This Page (optional).				1500.00			
т	OTAL This Period (last page this line number only	/)		••••••	, ,			

	CHEDULE B (FEC Form 3X)		arate schedule(s)	-		NUMBER: PAGE 244 OF 263		
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check	k only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b		
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nat	ments may r me and addr	not be sold or use ress of any politica	ed by any al committ	perso tee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\backslash	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group F	PAC)		
Α.	Full Name (Last, First, Middle Initial) Jen Longdon for House		Date of Disbursement					
	Mailing Address PO Box 7295					12 / D D / Y Y Y Y 12 07 2023		
	City Phoenix	State AZ	Zip Code 85011			FEC Identification Number		
	Purpose of Disbursement					С		
	Contribution			011		Transaction ID : 49596220		
	Candidate Name			Categor	y/	Amount of Each Disbursement this Period		
	Longdon, Jennifer, , AZ Rep., Office Sought: House Disburse	ment For:		Туре		500.00		
	Senate President	Primary Other (spec	General cify) ▼			Contribution		
	State: District:					Memo Item		
B.	Full Name (Last, First, Middle Initial) Chris4Arizona		Date of Disbursement					
	Mailing Address 4117 E Charter Oak Rd	12 07 2023						
	City Phoenix		FEC Identification Number					
	Purpose of Disbursement					С		
	Contribution Candidate Name			011	_	Transaction ID: 49596223		
	Marsh, Christine, Porter, AZ Sen.,			Categor Type	у/	Amount of Each Disbursement this Period		
		ment For:		туре		1000.00		
	Senate	Primary	General			Contribution		
	State: District:	Other (spec	cify)			Contribution Memo Item		
	Full Name (Last, First, Middle Initial)							
C.	Marcelino for Arizona					Date of Disbursement		
	Mailing Address PO Box 21264					12 07 2023		
	City	State	Zip Code			FEC Identification Number		
	Phoenix Purpose of Disbursement	AZ	85036					
	Contribution			011		C		
	Candidate Name Quinonez, Marcelino, , AZ Rep.,			Categor Type	y/	Transaction ID : 49596224 Amount of Each Disbursement this Period		
	-	ment For:		.,,,,,	-+	500.00		
	Senate President	Primary Other (spec	General cify) ▼			Contribution Memo Item		
	State: District:	·						
s	UBTOTAL of Disbursements This Page (optional).				•	2000.00		
т	OTAL This Period (last page this line number only	′)						

S	CHEDULE B (FEC Form 3X)			FC	OR LINE	NUMBER: PAGE 245 OF 263		
IT	ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			y one)		
			Summary Page		21b	22 23 26 27 28b 28c X 29 30b		
	ny information copied from such Reports and State for commercial purposes, other than using the na				any pers	on for the purpose of soliciting contributions		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Grou	p PAC	2)		
	Full Name (Last, First, Middle Initial)							
Α.	Judy for AZ	Date of Disbursement						
	Mailing Address 420 E Campo Bello Dr					12 07 Y Y Y Y Y 12 07		
	City	State	Zip Code			FEC Identification Number		
	Phoenix	AZ	85022					
	Purpose of Disbursement			0	11	C		
	Contribution			0		Transaction ID : 49596226		
	Candidate Name				egory/	Amount of Each Disbursement this Period		
	Schwiebert, Judy, , AZ Rep., Office Sought: House Disburse	ment For:		ľ	/pe	1000.00		
	Senate	Primary	General					
	President	Other (spec				Contribution		
	State: District:		Siry) 🔻			Memo Item		
	Full Name (Last, First, Middle Initial)							
В.	Vote Frank Carroll	Date of Disbursement						
	Mailing Address PO Box 5514	12 07 2023						
	City	State AZ	Zip Code 85376			FEC Identification Number		
	Sun City West							
		rpose of Disbursement				C		
	Contribution Candidate Name				011	Transaction ID : 49596228		
	Carroll, Frank, , AZ Sen.,				egory/	Amount of Each Disbursement this Period		
		ment For:		Туре	1000.00			
	Senate	Primary	General					
	President	Other (spec				Contribution		
	State: District:		27			Memo Item		
	Full Name (Last, First, Middle Initial)							
C.	Committee to Elect Mike Kennedy	,				Date of Disbursement		
	Mailing Address 659 East 200 North					12 07 2023		
	City	State	Zip Code			FEC Identification Number		
	Alpine	UT	84004					
	Purpose of Disbursement				11	C		
	Contribution					Transaction ID : 49596229		
					egory/	Amount of Each Disbursement this Period		
	Kennedy, Mike, , , Office Sought: House Disburse	ment For:		13	/pe	500.00		
	Senate	Primary	General					
	President	Other (spec				Contribution		
	State: District:		<i>,</i> , ,			Memo Item		
s	UBTOTAL of Disbursements This Page (optional).				····· >	2500.00		
т	OTAL This Period (last page this line number only	′)			····· ►			

The mark category of this detailed Summary Regimers Image: Application of the sector of the sec		CHEDULE B (FEC Form 3X)	Use sens	arate schedule(s)			NUMBER: PAGE 246 OF 263
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME CP COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initia) Campaign for Jennifer Plumb Mailing Address 1387 Severes Circle Cirty Contribution Candidate Name Contribution Canidate Name Contribution Canidate Name Distance Disbursement Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Canidate Name Contribution Contribution Canidate Name Contribution Contribution Canidate Name Contribution Maing Address 1367 Cedanwood Lane Contribution Contribu	1T	EMIZED DISBURSEMENTS	for each	category of the	(ch	21b	22 23 26 27
✓ UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) ✓ UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) ✓ Campaign for Jennifer Plumb Mailing Address 4893 Skycrest Circle City State Purpose of Disbursement Contribution Office Sought President Office Sought President Contribution Mailing Address 1367 Cedanwood Lane City City City State: Disbursement Contribution	An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may i me and addr	not be sold or used ress of any politica	d by a al com	any perso mittee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
Full Name (Last, First, Middle Initial) Date of Disbursement A Campaign for Jennifer Plumb Date of Disbursement Mailing Address 4893 Skycrest Circle 112 07 2023 City State 011 Transaction ID : 49596231 Condidate Name Disbursement Contribution 011 Candidate Name Disbursement For: 011 Transaction ID : 49596231 Construction Disbursement For: 011 Contribution State: District: Disbursement For: 011 Purpose of Disbursement Disbursement For: 011 Contribution State: District: Disbursement For: 07 2023 Purpose of Disbursement Contribution 011 12 07 2023 City State: Disbursement For: 07 2023 Address 8393 South 2010 West Cify State: Disbursement For: 011 07 2023 Contribution 011 Contribution 011 07 2023 Cify State: Disbursement For: 010 011 011	\backslash	NAME OF COMMITTEE (In Full)					
A- Campaign for Jennifer Plumb Date of Disbursement Mailing Address 4933 Skycrest Circle 12 / 07 / 2023 City State Set Lac City UT Candidate Name UT Contribution Other (specify) Purpose of Disbursement Contribution State: Disbursement Disbursement Contribution Mailing Address 1367 Cedarwood Lane Other (specify) City Logan Logan UT Bistrict: Disbursement For: Office Sought: House		· ·	PAC (Ur	nitedHealth G	Group	o PAC	;)
Mailing Address 4893 Skycrest Circle III IIII IIIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Α.						Date of Disbursement
City State Zip Code Salt Lake City UT Zip Code Purpose of Disbursement Office Sought Image: Contribution Candidate Name Office Sought House Disbursement For: Office Sought Sentate Other (specify) General Office Sought Sentate Other (specify) General Office Sought Sentate Other (specify) General State: Disbursement Other (specify) General B Friends of Chris Wilson Date of Disbursement Date of Disbursement Candidate Name Other (specify) State Other (specify) Office Sought: House Disbursement For: Office Sought Soudoo Office Sought: House Disbursement For: Soudoo Contribution State: Disfor: Dismate Disbursement For: Soudoo Contribution Full Name (Last, First, Middle Initia) Contribution Memo Item Soudoo Contribution Full Name (Last, First, Middle Initia) Contribution Etcl Identification Number Contribution							
Sait Lake City UT 84108 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Purpose of Disbursement 011 State: District: Purpose of Disbursement 0ther (specify) ▼ State: Disbursement Contribution 0ther (specify) ▼ Mailing Address 1367 Cedarwood Lane 0ther (specify) ▼ City State Disbursement 0ther (specify) ▼ Office Sought: House Disbursement 0ther (specify) ▼ Office Sought: Disbursement For: Disbursement Contribution Committee to Elect Ken Ivory General Mailing Address 8333 South 2010 West 0ther (specify) City West Jordan UT Purpose of Disbursement Disbursement For: Office So		Mailing Address 4893 Skycrest Circle					12 07 2023
Cardidate Name 011 Transaction ID : 49596231 Candidate Name Purth, Jut Sam, Dr. Transaction ID : 49596231 Office Sought: House Disbursement For: 300.00 State: District: General Other (specify) State: District: Contribution Memo Item Mailing Address 1367 Cedarwood Lane 011 Category/ State City State Disbursement Contribution Candidate Name 011 Category/ Transaction ID : 49596231 Mailing Address 1367 Cedarwood Lane 011 Transaction ID : 49596235 Candidate Name Other (specify) Transaction ID : 49596235 Amount of Each Disbursement Contribution Transaction ID : 49596235 Candidate Name Other (specify) Transaction ID : 49596235 Mount of Each Disbursement For: Disbursement For: 300.00 Contribution Other (specify) Transaction ID : 49596236 Candidate Name UT 84088 Prevident Purpose of Disbursement Other (specify) Date of Disbursement Candidate Name UT 84							FEC Identification Number
Cardidate Name 011 011 Cardidate Name Cardidate Name Cardidate Name Pumb, Jen, UT Sen, Dr. Disbursement For: State Office Sought: House Disbursement For: State President Other (specify) Contribution Full Name (Last, First, Middle Initial) Date of Disbursement B. Friends of Chris Wilson Mailing Address 1367 Cedarwood Lane 011 City State Zip Code Qayan UT 8431 Purpose of Disbursement 011 Candidate Name Disbursement For: 300.00 Office Sought: House Disbursement For: 300.00 Office Sought: House Disbursement For: 300.00 Office Sought: House Disbursement For: Subtrott President Other (specify) Bate of Disbursement Contribution Cardidate Name UT 2/2 0 7 1 2023 Full Name (Last, First, Midle Initial) Contribution Office Sought: House President Purpose of Disbursement Other (specify) <td></td> <td>Purpose of Disbursement</td> <td></td> <td>-</td> <td>_</td> <td>_</td> <td>С</td>		Purpose of Disbursement		-	_	_	С
Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: 300.00 President District: Memo Item Centribution State: District: Disbursement For: 007 2023 Full Name (Last, First, Middle Initial) B. Friends of Chris Wilson Date of Disbursement Mailing Address 1367 Cedarwood Lane 011 Category/ Type Tansaction D: :49596235 City State 2/p Code 84341 Precident Precident Purpose of Disbursement Contribution 011 Category/ Type Amount of Each Disbursement for: 300.00 Candidate Name Disbursement For: 900.00 300.00 Contribution State: Disbursement 011 Category/ Type Memo Item Contribution Full Name (Last, First, Middle Initial) Contribution 011 Date of Disbursement Contribution City Banate President UT 84088 Period Tansaction ID : 49596235 Candidate Name UT Sate Zip Code 84088 Contribution Tansaction ID : 4		Contribution			01	1	
Office Sought: House Disbursement For: 00.00 State: District: District: 00.00 Full Name (Last, First, Middle Initial) B Friends of Chris Wilson Date of Disbursement Mailing Address 1367 Cedarwood Lane 011 011 12 07 2023 City UT 84341 Piceose of Disbursement 011 12 07 2023 Candidate Name 011 Category/ Type State 21p Code Amount of Each Disbursement 011 Candidate Name Disbursement For: 900.00 07 2023 Amount of Each Disbursement Full Name (Last, First, Middle Initial) Contribution 011 Contribution 011 Contribution Contribution 011 Contribution Contribution 011 Contribution Contrib					Cate	gory/	
Since Origin Format Disbursement Contribution State: Disbursement Contribution Disbursement City Office Sought: House Disbursement For: Senate Office Sought: House Disbursement Contribution City Office Sought: House Disbursement For: Office Sought: House Disbursement For: State Contribution Chity State: Disbursement For: Contribution Contribution Full Name (Last, First, Middle Initial) Other (specify) Date of Disbursement Contribution Full Name (Last, First, Middle Initial) Other (specify) General Contribution Contribution City Senate Disbursement For: 300.00 Contribution Contribution Candidate Name UT 84088 011 Contribution Contribution Candidate Name Disbursement For: Office Sought: House Disbursement For: Contribution City Wess (ordan UT Baoas 011 Contribution Contribution Candi					Ту	pe	200.00
State: President District: Other (specify) Full Name (Last, First, Middle Initial) Friends of Chris Wilson Mailing Address 1367 Cedarwood Lane City Logan Purpose of Disbursement Candidate Name Wilson, Chris, UT Sen, Office Sought: House President State: District: House Disbursement Contribution Office Sought: House President Office Sought: House Other (specify) Purpose of Disbursement Contribution Office Sought: House Disbursement For: Office Sought:			1	Gaparal			300.00
State: District: Memo Item Full Name (Last, First, Middle Initial) B. Friends of Chris Wilson Date of Disbursement Mailing Address 1367 Cedarwood Lane 12 07 2023 City Logan UT 84341 Purpose of Disbursement 011 FCC Identification Number Contribution 011 Category/ Transaction ID : 49596235 Amount of Each Disbursement this Period Office Sought: House Disbursement For: Other (specify) Contribution State: District: Other (specify) Contribution Contribution Full Name (Last, First, Middle Initial) Contribution Contribution Contribution Full Name (Last, First, Middle Initial) Committee to Elect Ken Ivory Date of Disbursement Mailing Address 8393 South 2010 West 011 Category/ Transaction ID : 49596236 Candidate Name UT 84088 Purpose of Disbursement this Period West Jordan Disbursement For: 011 Contribution Candidate Name UT 84088 Purpose of Disbursement this Period Very, Ken, , UT Rep., Disbursement For:			-				Contribution
B. Friends of Chris Wilson Date of Disbursement Mailing Address 1367 Cedarwood Lane 12 ' 07 ' 2023 City State Zip Code UT 84341 FEC Identification Number Purpose of Disbursement Ontribution 011 Candidate Name Office Sought: House Disbursement For: President Primary General Contribution Full Name (Last, First, Middle Initial) Committee to Elect Ken Ivory Mailing Address 8393 South 2010 West Date of Disbursement City State UT Zip Code FEC Identification Number Purpose of Disbursement Contribution Contribution Contribution City State UT Zip Code FEC Identification Number Purpose of Disbursement UT 84088 FEC Identification Number Office Sought: House Disbursement For: 011 Category/ Mailing Address 8393 South 2010 West 011 Category/ Transaction ID : 49596236 Gandidate Name Disbursement For: 011 Category/ 00.00 Office Sought: House				(ilig)			Memo Item
Filends of Chils Wilson Mailing Address 1367 Cedarwood Lane City State Zip Code Logan UT Bd341 Purpose of Disbursement Office Sought: House Contribution Office Sought: House Office Sought: House Disbursement For: Office Sought: Senate Other (specify) Full Name (Last, First, Middle Initial) Contribution Committee to Elect Ken Ivory Date of Disbursement Mailing Address 8393 South 2010 West Office Sought: City UT Zip Code West Jordan UT Zip Code Purpose of Disbursement Other (specify) Date of Disbursement Category/ Transaction ID : 49596235 Amount of Each Disbursement Torn of Category/ City UT Zip Code West Jordan UT Zip Code Purpose of Disbursement Other (specify) Transaction ID : 49596236 Contribution Other (specify) Category/ Transaction ID : 49596236 Mount of Each Disbursement this Period Office Sought:		Full Name (Last, First, Middle Initial)					
City State Zip Code Ugan UT 84341 Purpose of Disbursement Ontribution 011 Candidate Name Office Sought: House Office Sought: House Disbursement For: State: District: General Office Sought: President Other (specify) State: District: Balance Full Name (Last, First, Middle Initial) Contribution Contribution Contribution UT 84088 Purpose of Disbursement Office Sought: House Purpose of Disbursement Office Sought: House Office Sought: House Disbursement For: Contribution Office Sought: House Office Sought: House Disbursement For: Office Sou	B.	Friends of Chris Wilson					
Logan UT 84341 Purpose of Disbursement 011 Candidate Name 011 Wilson, Chris, JT Sen., 011 Office Sought: House Disbursement For: Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C Committee to Elect Ken Ivory Malling Address 8393 South 2010 West Other (specify) City State Very Set of Disbursement Other (specify) Mailing Address 8393 South 2010 West Other (specify) City State Very Set of Disbursement Other (specify) Contribution Other (specify) Mailing Address 8393 South 2010 West Other (specify) City West Jordan Purpose of Disbursement Other (specify) Office Sought: House Disbursement For: Other (specify) Senate Primary President Other (specify) State: Disbursements This Page (optional) SubtrottaL of Disbursements This [ine number only) </td <td></td> <td>Mailing Address 1367 Cedarwood Lane</td> <td></td>		Mailing Address 1367 Cedarwood Lane					
Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Office Sought: House President Disbursement For: State: District: State: District: Mailing Address 8393 South 2010 West City State West Jordan 011 Purpose of Disbursement For: 011 Candidate Name 011 City State West Jordan 011 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Vory, Ken., UT Rep., 011 Office Sought: House Disbursement For: 011 Candidate Name 011 Vory, Ken., UT Rep., 011 Office Sought: House Disbursement For: 011 Senate Primary General Contribution Candidate Name 011 Ivory, Ken., UT Rep., 011 Office Sought: House Disbursement For					FEC Identification Number		
Contribution 011 Candidate Name 011 Candidate Name Category/ Type Office Sought: House Disbursement For: 300.00 President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C Committee to Elect Ken Ivory Mailing Address 8393 South 2010 West Date of Disbursement City State West Jordan UT Vory, Ken, , UT Rep., Other (specify) Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: 300.00 Contribution Contribution Category/ Type 300.00 Office Sought: House Disbursement For: 300.00 Contribution Contribution State: District: SUBTOTAL of Disbursements This Page (optional)		5		C			
Candidate Name Category/ Type Wilson, Chris, , UT Sen, Disbursement For: Senate 300.00 President Disbursement For: President 300.00 State: District: Contribution Full Name (Last, First, Middle Initial) Committee to Elect Ken Ivory Date of Disbursement Mailing Address 8393 South 2010 West UT Zip Code 84088 EC Identification Number City State UT Zip Code 84088 FEC Identification Number Purpose of Disbursement Contribution 011 Category/ Type FEC Identification Number Committee to Elect Ken Ivory Memo Item 011 Contribution 011 Category/ Type Transaction ID: 49596236 Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate 300.00 Contribution State: District: Other (specify) ▼ General Contribution Subtortal of Disbursements This Page (optional)		Contribution			011		
Wilson, Chris, , UT Sen., Type Office Sought: House Senate President President Other (specify) State: District: Full Name (Last, First, Middle Initial) Committee to Elect Ken Ivory Mailing Address 8393 South 2010 West Date of Disbursement City State Purpose of Disbursement Other (specify) Candidate Name Other (specify) Nory, Ken., UT Rep., Other (specify) Office Sought: House Senate Primary General Other (specify) Mailing Address 8393 South 2010 West FEC Identification Number City State Office Sought: Other (specify) Very, Ken., UT Rep., Other (specify) Office Sought: House Senate Primary President Other (specify) Subtrottal of Disbursements This Page (optional)		Candidate Name			Cate	aorv/	
Senate Primary General Contribution State: District: Contribution Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Committee to Elect Ken Ivory Mailing Address 8393 South 2010 West Date of Disbursement City State Zip Code West Jordan UT 84088 Purpose of Disbursement O111 Candidate Name 011 Candidate Name Disbursement For: Senate President President Disbursement For: Senate Primary President Other (specify) State: Disbursements This Page (optional)							
State: District: Full Name (Last, First, Middle Initial) Committee to Elect Ken Ivory Mailing Address 8393 South 2010 West City West Jordan Purpose of Disbursement Contribution Cantidate Name Office Sought: House President Office Sought: State: Disbursements This Page (optional)			1				300.00
State: District: Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement C. Committee to Elect Ken Ivory Mailing Address 8393 South 2010 West 12 City State West Jordan UT Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Ivory, Ken, , UT Rep., Disbursement For: Office Sought: House President Disbursement For: State: Disbursements This Page (optional)							Contribution
C. Committee to Elect Ken Ivory Date of Disbursement Mailing Address 8393 South 2010 West Image: Contribution fragment Image: Contribution fragment Candidate Name Other (specify) Other (specify) Vory, Ken, , UT Rep., Disbursement For: Senate Office Sought: House Disbursement For: 300.00 State: Disbursements This Page (optional)			Other (spec	Siry)			Memo Item
Committee to Elect Ken Ivory Mailing Address 8393 South 2010 West City State Zip Code West Jordan UT 84088 Purpose of Disbursement 011 Candidate Name 011 Vory, Ken, , UT Rep., 011 Office Sought: House President Disbursement For: Senate Primary Other (specify) Contribution SubtrotAL of Disbursements This Page (optional)	_	Full Name (Last, First, Middle Initial)					
Mailing Address 8393 South 2010 West 12 07 2023 City State Zip Code FEC Identification Number West Jordan 011 FEC Identification Number Purpose of Disbursement 011 Category/ Contribution 011 Category/ Candidate Name 011 Category/ Ivory, Ken, , UT Rep., Disbursement For: 300.00 Office Sought: House Disbursement For: 300.00 State: District: Other (specify) Contribution Subtrottal of Disbursements This Page (optional)	С.	Committee to Elect Ken Ivory					
West Jordan UT 84088 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Ivory, Ken, , UT Rep., 011 Office Sought: House President Disbursement For: Senate Primary President Other (specify) State: District:		Mailing Address 8393 South 2010 West					
West Jordan UT 84088 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Vory, Ken, , UT Rep., 011 Office Sought: House President Disbursement For: Senate Primary President Other (specify) State: District:		-		· ·			FEC Identification Number
Contribution 011 Candidate Name Category/ Type Ivory, Ken, , UT Rep., Disbursement For: Office Sought: House President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)			UT	84088			
Candidate Name Category/ Vory, Ken, , UT Rep., Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Contribution State: Disbursements This Page (optional)		1			01	1	С
Ivory, Ken, , UT Rep., Category/ Type Office Sought: House Senate Primary President Other (specify) State: Disbursements This Page (optional)		Candidate Name					
Office Sought: House Disbursement For: 300.00 Senate Primary General Contribution President Other (specify) Memo Item State: District: 900.00							Amount of Each Disbursement this Period
State: District: Other (specify) Contribution SUBTOTAL of Disbursements This Page (optional)			ment For:			·	300.00
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)		Senate	Primary	General			Contribution
SUBTOTAL of Disbursements This Page (optional)			Other (spec	cify) 🔻			
SUBTOTAL of Disbursements This Page (optional)	_	State: District:					1
TOTAL This Period (last page this line number only)	s	UBTOTAL of Disbursements This Page (optional).				►	
	т	OTAL This Period (last page this line number only	/)				, ,

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 247 OF 263	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorporated	l PAC (Ur	nitedHealth C	Group PAC)	
Full Name (Last, First, Middle Initial)				Date of Disbursement	
A. Committee to Re-Elect Cheryl Acto					
Mailing Address 5143 W Wheatcrest Circle	12 07 2023				
City	State	Zip Code		FEC Identification Number	
West Jordan	UT	84081			
Purpose of Disbursement			011	C	
Contribution			011	Transaction ID : 49596237	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Acton, Cheryl, , UT Rep.,			Туре	050.00	
	ement For:			250.00	
Senate	Primary	General		Contribution	
President	Other (spe	cify) 🔻		Memo Item	
State: District:					
Full Name (Last, First, Middle Initial)					
^{B.} Vote Dr. Barlow				Date of Disbursement	
Mailing Address 940 Signal Hill	Mailing Address 940 Signal Hill				
City	State	Zip Code		FEC Identification Number	
Fruit Heights	UT	84037			
Purpose of Disbursement		C			
Contribution			011	Transaction ID : 49596238	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Barlow, Stewart, , UT Rep.,			Туре	050.00	
	ement For:			250.00	
Senate	Primary	General		Contribution	
President	Other (spe	cify)		Memo Item	
State: District:					
Full Name (Last, First, Middle Initial)					
C. Committee to Elect Jennifer Daile	ev-Provos	st		Date of Disbursement	
	, 				
Mailing Address 812 North Sandhurst Drive				12 07 2023	
City	State	Zip Code			
Salt Lake City	UT	84103		FEC Identification Number	
Purpose of Disbursement	· - ·			С	
Contribution			011	Transaction ID : 49596239	
Candidate Name	Candidate Name				
Dailey-Provost, Jennifer, , ,					
-	ement For:		Туре	250.00	
Senate	Primary	General			
President	Other (spe			Contribution	
State: District:		-, ,		Memo Item	
[
SUBTOTAL of Disbursements This Page (optional)		•	750.00	
	,				
TOTAL This Period (last page this line number on	ly)				
			-	7 7 7	

SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE					
ITEMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c X 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
ight angle UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PAC	;)				
Full Name (Last, First, Middle Initial)				Date of Disbursement				
A. The Committee to Elect Steve Elias	The Committee to Elect Steve Eliason							
Mailing Address 8157 South Grambling Way				12 07 Y Y Y Y Y 12 07				
City	State	Zip Code		FEC Identification Number				
Sandy	UT	84094						
Purpose of Disbursement			011	C				
Contribution			011	Transaction ID: 49596240				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Eliason, Steven, , UT Rep.,			Туре	250.00				
	ement For:			250.00				
Senate	Primary	General		Contribution				
President	Other (spe	cify) 🔻		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial)	Date of Disbursement							
^{B.} Citizens for Stephanie Gricius	Citizens for Stephanie Gricius							
·								
Mailing Address 2573 East Horizon Drive		1		12 07 2023				
City	State	Zip Code		FEC Identification Number				
Eagle Mountain	UT	84005						
Purpose of Disbursement			011	C				
Contribution			011	Transaction ID : 49596241				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Gricius, Stephanie, , UT Rep.,	. =		Туре	250.00				
	ement For:			250.00				
Senate	Primary	General		Contribution				
President	Other (spec	cify)		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial)								
C. Sandra Hollins for State House				Date of Disbursement				
Mailing Address 518 North 800 West				12 07 2023				
City	State	Zip Code						
Salt Lake City	UT	84116		FEC Identification Number				
Purpose of Disbursement				С				
Contribution			011					
Candidate Name			Catagory	Transaction ID : 49596242 Amount of Each Disbursement this Period				
Hollins, Sandra, , UT Rep.,			Category/ Type	Amount of Each Disbursement this Fehou				
-	ement For:		76-	250.00				
Senate	Primary	General						
President	Other (spe			Contribution				
State: District:		<i></i>		Memo Item				
SUBTOTAL of Disbursements This Page (optional)			•	750.00				
			····· •					
TOTAL This Period (last page this line number only	/)							
	-		F	7 7 7				

SCHEDUL	E B (FEC Form 3X)			FOR LIN	IE NUMBER: PAGE 249 OF 263			
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the		nly one)			
			Summary Page	21				
				d by any pe	Ba 28b 28c X 29 30b erson for the purpose of soliciting contributions to solicit contributions from such committee.			
<u></u>	COMMITTEE (In Full)		, pondo					
	Health Group Incorporated	PAC (Ur	nitedHealth G	Group PA	AC)			
/	(Last, First, Middle Initial)			1 /	,			
•	ttee to Elect Tim Jimenez	Date of Disbursement						
Commi					M M / D D / Y Y Y Y			
Mailing Add	dress 573 East 1420 North	1			12 07 2023			
City		State UT	Zip Code		FEC Identification Number			
North Tooe	le Disbursement		84074					
Contributi				011	С			
Candidate					Transaction ID : 49596243 Amount of Each Disbursement this Period			
	n, , UT Rep.,			Category/ Type	Amount of Each Dispursement this Period			
Office Sou	ght: House Disburs	ement For:			250.00			
	Senate	Primary	General					
04-4-	President	Other (spe	ecify) 🔻		Contribution Memo Item			
State:	District:							
D	(Last, First, Middle Initial)	Data of Dichuragment						
B. Marsha	a Judkins for State House				Date of Disbursement			
Mailing Add	dress 838 N 2400 W							
City		State UT	Zip Code 84601		FEC Identification Number			
Provo	Dishuraamant							
Contributi	pose of Disbursement				C			
Candidate				011	Transaction ID : 49596244			
	rsha, , UT Rep.,			Category/ Type	Amount of Each Disbursement this Period			
Office Sou		ement For:		1900	250.00			
	Senate	Primary	General		Contribution			
	President	Other (spe	cify)					
State:	District:							
	(Last, First, Middle Initial)				Data of Dista			
^{C.} Commi	ttee to Elect Rosemary Le	sser			Date of Disbursement			
Mailing Add	dress 1145 East 4600 South PO Box 150156				12 07 2023			
City		State	Zip Code		FEC Identification Number			
Ogden	Disbursement	UT	84415					
Contributi				011	C			
Candidate			Transaction ID : 49596245					
	semary, , UT Rep., Dr.	Category/ Type	Amount of Each Disbursement this Period					
Office Sou	ght: House Disburs	ement For:			250.00			
	Senate	Primary	General		Contribution			
a .	President	Other (spe	cify) 🔻		Memo Item			
State:	District:							
SUBTOTAL	of Disbursements This Page (optional)			••••••	750.00			
TOTAL This	Period (last page this line number onl	y)		•••••• •				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 250 OF 263				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		one)				
		Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b				
Any information copied from such Reports and Stat or for commercial purposes, other than using the ne			d by any perso	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporated	I PAC (Ur	nitedHealth G	Group PAC)				
Full Name (Last, First, Middle Initial)								
A. Committee to Elect Anthony Louber	ommittee to Elect Anthony Loubet							
Mailing Address 5436 S Black Mica Circle								
City Kearns	State UT	Zip Code 84118		FEC Identification Number				
Purpose of Disbursement		1		С				
Contribution			011	Transaction ID : 49596246				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Loubet, Anthony, , UT Rep.,			Туре	250.00				
	ement For:	Corporal		250.00				
Senate President	Primary Other (spe	cify) ▼		Contribution Memo Item				
State: District:								
Full Name (Last, First, Middle Initial) B. Ambraca M. Costallana Comparing				Date of Disbursement				
Ambrose M Castellano Campaigi	n Fund							
Mailing Address 1570 Pacheco St.				12 / D D / Y Y Y Y 12 07 2023				
City	State	Zip Code		FEC Identification Number				
Santa Fe	NM	87505						
Purpose of Disbursement Contribution			011	С				
Candidate Name				Transaction ID : 49596247 Amount of Each Disbursement this Period				
Castellano, Ambrose, , NM Rep.,			Category/ Type					
	ement For:		71	500.00				
Senate	Primary	General		Contribution				
President	Other (spe	cify)		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial)				Date of Disbursement				
Committee to Elect Jim Dunnigar	۱							
Mailing Address 3070 Eugene Hill Way				12 07 2023				
City	State	Zip Code		FEC Identification Number				
Taylorsville	UT	84129						
Purpose of Disbursement Contribution			011	С				
Candidate Name			Transaction ID: 49596248 Amount of Each Disbursement this Period					
Dunnigan, Jim, , UT Rep.,								
	ement For:		Туре	500.00				
Senate	Primary	General		Contribution				
President	Other (spe	cify) 🔻		Contribution Memo Item				
State: District:				<u> </u>				
SUBTOTAL of Disbursements This Page (optional))		····· >	1250.00				
TOTAL This Period (last page this line number on	ıy)		••••••					

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 251 OF 263			
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only				
		Detailed	Summary Page	28a	28b 28c X 29 30b			
	y information copied from such Reports and State for commercial purposes, other than using the na							
$\left \right\rangle$	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	roup PAC	;)			
<u> </u>	Full Name (Last, First, Middle Initial)							
Α.	Montenegro for House				Date of Disbursement			
	Mailing Address 15680 W Campbell Ave	12 07 Y Y Y Y 12 07						
	City	State	Zip Code		FEC Identification Number			
	Goodyear	AZ	85395					
	Purpose of Disbursement			014	C			
	Contribution Candidate Name			011	Transaction ID : 49596249			
	Montenegro, Steve, , AZ Rep.,			Category/	Amount of Each Disbursement this Period			
		ment For:		Туре	1500.00			
	Senate	Primary	General					
	President	Other (spec			Contribution			
	State: District:				Memo Item			
	Full Name (Last, First, Middle Initial)							
В.	Vote Livingston For House LD28				Date of Disbursement			
	Mailing Address 9559 W. Menadota Drive		Zip Code		12 07 2023			
	City		FEC Identification Number					
	Peoria Purpose of Disbursement		0					
	Contribution	011	C					
-	Candidate Name			Category/	Transaction ID : 49596250 Amount of Each Disbursement this Period			
	Livingston, David, , AZ Rep.,			Type				
	Office Sought: House Disburse	ment For:			1500.00			
	Senate	Primary	General		Contribution			
	State: District:	Other (spec	cify)		Memo Item			
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement			
•	A New Day for NM							
	Mailing Address 8100 Wyoming Blvd NE, Ste M4-3	336			12 07 2023			
	City	State	Zip Code		FEC Identification Number			
	Albuquerque Purpose of Disbursement	NM	87113					
	Contribution			011	С			
	Candidate Name		Transaction ID : 49596251 Amount of Each Disbursement this Period					
	Hochman-Vigil, Dayan, , NM Rep.,	Category/						
i		ment For:	l		500.00			
	Senate	Primary	General		Contribution			
	President	Other (spec	cify) 🔻		Memo Item			
	State: District:				<u> </u>			
รเ	JBTOTAL of Disbursements This Page (optional).				3500.00			
		、 、						
	DTAL This Period (last page this line number only	′)		····· ►	, ,			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 252 OF 263		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na				on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC)		
Full Name (Last, First, Middle Initial) A. Utah Republican Senate Campaign	Committe	e		Date of Disbursement		
Mailing Address 1123 N Fairfield Road PO Box 1949				12 07 Y Y Y Y 12 07		
City Layton	State UT	Zip Code 84041		FEC Identification Number		
Purpose of Disbursement				С		
Contribution			011	Transaction ID : 49596252		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For: Primary	General		1000.00		
President	Other (spe			Contribution Memo Item		
State: District:						
Full Name (Last, First, Middle Initial) B. Utah House Republican Election (Mailing Address 370 East South Temple		Date of Disbursement				
Ste 580				12 07 2023		
City Salt Lake City	State UT	Zip Code 84111		FEC Identification Number		
Purpose of Disbursement				С		
Contribution			011	Transaction ID : 49596253		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General		1000.00 Contribution		
State: District:		.,		Memo Item		
Full Name (Last, First, Middle Initial) C. SenDemPAC				Date of Disbursement		
Mailing Address 1004 North Morton Drive				12 / D D / Y Y Y Y Y 12 07 2023		
City Salt Lake City	State UT	Zip Code 84116		FEC Identification Number		
Purpose of Disbursement				С		
Contribution Candidate Name			011 Category/ Type	Transaction ID : 49596254 Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For:	I		500.00		
Senate President	Primary Other (spe	General cify) ▼		Contribution		
State: District:	. · ·			Memo Item		
SUBTOTAL of Disbursements This Page (optional).				2500.00		
TOTAL This Period (last page this line number only	/)		••••••			

SC	HEDULE B (FEC Form 3X)			F	OR LINE	NUMBER: PAGE 253 OF 263				
ITI	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(C	heck only					
			Summary Page		21b 28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may r me and addr	not be sold or us ress of any polition	ed by	any pers	on for the purpose of soliciting contributions				
\backslash	NAME OF COMMITTEE (In Full)									
/	UnitedHealth Group Incorporated	PAC (Un	itedHealth	Grou	ıp PAC	C)				
	Full Name (Last, First, Middle Initial)					Data of Diskurs and				
Α.	New Mexico Senate Democrats					Date of Disbursement				
	Mailing Address 313 Moon Street NE					12 07 2023				
	City	State	Zip Code			FEC Identification Number				
	Albuquerque	NM	87123							
	Purpose of Disbursement				011	C				
	Contribution Candidate Name					Transaction ID : 49596255				
					egory/ ype	Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ment For:				3000.00				
	Senate	Primary	General							
	President	Other (spec	cify) 🔻			Contribution Memo Item				
	State: District:					<u> </u>				
В.	Full Name (Last, First, Middle Initial)		_			Date of Disbursement				
ט.	New Mexico House Republican C	ampaign	Committee							
	Mailing Address P.O. Box 92832		12 07 / Y Y Y Y 12 07 2023							
	City		FEC Identification Number							
	Albuquerque NM 87199									
	Purpose of Disbursement			(011	С				
	Candidate Name			l and		Transaction ID : 49596256 Amount of Each Disbursement this Period				
					egory/ ype	Amount of Lach Dispursement this Period				
	Office Sought: House Disburse	ment For:				2000.00				
	Senate	Primary	General			Contribution				
	President	Other (spec	cify)			Memo Item				
	State: District:					land .				
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement				
5.	Utah House Dems Leadership Co	uncil								
	Mailing Address 1145 East 4600 South PO Box 150446		12 07 2023							
	-	State	Zip Code			FEC Identification Number				
	Ogden Purpose of Disbursement	UT	84415			0				
	Contribution 011 Candidate Name Category/ Type					C				
						Transaction ID : 49596270 Amount of Each Disbursement this Period				
	Office Sought: House Disbursement For:					500.00				
	Senate	Primary	General			Contribution				
	State: District:	Other (spec	city) 🔻			Memo Item				
	State. District.									
s	UBTOTAL of Disbursements This Page (optional)				••••• ►	5500.00				
т	OTAL This Period (last page this line number only)			····· Þ	, ,				

SCHEDULE B (FEC		arate schedule(s)	FOR LINE (check only						
			category of the Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b				
					on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (I	n Full)								
UnitedHealth Grou	· ·	PAC (Ur	nitedHealth C	Group PAC	;)				
Full Name (Last, First, Mid A. Paul Rosino for Sel	,		Date of Disbursement						
Mailing Address 4133 SW					M M / D D / Y Y Y Y 12 07 2023				
City Okłabama City		State OK	Zip Code 73173		FEC Identification Number				
Oklahoma City Purpose of Disbursement		UK	73173						
Contribution				011	С				
Candidate Name				Catogory/	Transaction ID : 49596296 Amount of Each Disbursement this Period				
Rosino, Paul, , OK Sen.,				Category/ Type	Amount of Each Dispursement this fellou				
Office Sought: Ho	use Disburse	ement For:	I		1500.00				
	nate	Primary	General		Contribution				
State: District:	sident	Other (spe	cify) 🔻		Contribution Memo Item				
Full Name (Last, First, Mid	dle Initial)								
B. Friends of Kyle Hi					Date of Disbursement				
Mailing Address 509 E Gra	ant Place	1		12 07 2023					
City Bristow		State OK		FEC Identification Number					
Purpose of Disbursement					С				
Contribution				011	Transaction ID : 49596297 Amount of Each Disbursement this Period				
Candidate Name				Category/					
Hilbert, Kyle, , OK Rep.,	I			Туре	1000.00				
Office Sought: Ho		ement For:	Constal		1000.00				
	nate sident	Primary Other (spe	General		Contribution				
State: District:			ury <i>)</i>		Memo Item				
Full Name (Last, First, Mid	dle Initial)								
C. Joey Garcia for W	est Virginia				Date of Disbursement				
Mailing Address 207 Circle	Drive				12 07 2023				
City		State	Zip Code		FEC Identification Number				
Fairmont		WV	26554						
Purpose of Disbursement Contribution				011	С				
Candidate Name					Transaction ID : 49596299 Amount of Each Disbursement this Period				
Garcia, Joey, , WV Del.,					Amount of Each Disbursement this renou				
Office Sought: Ho	use Disburse	ement For:		Туре	2000.00				
	Senate Primary General				Contribution				
	sident	Other (spe	cify) 🔻		Memo Item				
State: District:									
SUBTOTAL of Disbursement	s This Page (optional)			····· •	4500.00				
TOTAL This Period (last pag	e this line number only	y)		••••••	, ,				

	CHEDULE B (FEC Form 3X)		arata schodula(a)			NUMBER: PAGE 255 OF 263					
ITI	EMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page			v one) 22 23 26 27 28b 28c X 29 30b					
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may i me and addi	not be sold or used ress of any politica	d by a Il com	any perso mittee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
\backslash	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	irou	o PAC	;)					
Δ	Full Name (Last, First, Middle Initial)					Date of Disbursement					
Λ.	Committee to Elect Ryan Weld										
	Mailing Address PO Box 123					12 07 2023					
	City Wellsburg	State WV	Zip Code 26070			FEC Identification Number					
	Purpose of Disbursement	***	20070			\sim					
	Contribution			01	1	С					
	Candidate Name			Cate	aon//	Transaction ID : 49596300 Amount of Each Disbursement this Period					
	Weld, Ryan, , WV Sen.,			Ty							
	Office Sought: House Disburse	ement For:		-		1300.00					
	Senate	Primary	General								
	State: District:	Other (spec	cify) 🔻			Contribution Memo Item					
	Full Name (Last, First, Middle Initial)										
B.	Gearheart for the 37th					Date of Disbursement					
	Mailing Address 131 Henderson Drive	12 07 2023									
	City Bluefield	State WV	Zip Code 24701			FEC Identification Number					
	Purpose of Disbursement	_	С								
	Contribution			0'	11	Transaction ID : 49596301					
	Candidate Name			Cate	gory/	Amount of Each Disbursement this Period					
	Gearheart, Marty, , WV Del.,			Туре							
		ment For:			1500.00						
	President	Primary Other (spec	General			Contribution					
	State: District:	Other (spec	Siry)			Memo Item					
	Full Name (Last, First, Middle Initial)										
C.	Friends of Mike Oliverio					Date of Disbursement					
	Mailing Address PO Box 4654					12 07 2023					
	City	State	Zip Code			FEC Identification Number					
	Morgantown	WV	26504								
	Purpose of Disbursement			01	1	C					
	Contribution Candidate Name			_		Transaction ID : 49596302					
	Oliverio, Michael, , WV Sen., II			Cate Ty		Amount of Each Disbursement this Period					
	Office Sought: House Disbursement For:			. y		1500.00					
	Senate	Primary	General			Contribution					
	President	Other (spec	cify) ▼			Contribution Memo Item					
_	State: District:										
s	UBTOTAL of Disbursements This Page (optional).				🕨	4300.00					
Т	OTAL This Period (last page this line number only	/)			🕨						
					-						

S	CHEDULE B (FEC Form 3X)			FOR	RLINE	NUMBER: PAGE 256 OF 263					
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		ck only	/ one)					
			Summary Page		21b 28a	22 23 26 27 28b 28c X 29 30b					
	y information copied from such Reports and State for commercial purposes, other than using the nar				ny perso	on for the purpose of soliciting contributions					
\setminus	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group	PAC	;)					
	Full Name (Last, First, Middle Initial)										
Α.	Hanshaw for House - 2024					Date of Disbursement					
	Mailing Address 5035 Wallback Road					12 07 Y Y Y Y Y 12 07					
	City Wallback	State WV	Zip Code 25285			FEC Identification Number					
	Purpose of Disbursement		23203		_	С					
	Contribution			011	i	Transaction ID : 49596304					
	Candidate Name			Catego	ory/	Amount of Each Disbursement this Period					
	Hanshaw, Roger, , WV Del.,			Тур	e	2222 22					
		ment For:				2800.00					
	Senate President	Primary Other (spec	General			Contribution					
	State: District:	Other (spec	siry) ▼			Memo Item					
	Full Name (Last, First, Middle Initial)										
B.	Westfall for West Virginia					Date of Disbursement					
	Mailing Address 117 Timberland Drive	g Address 117 Timberland Drive									
	City	State Zip Code									
	Ripley Purpose of Disbursement	Shursement WV 25271				<u> </u>					
	Contribution			011	1	C Transaction ID : 49596305 Amount of Each Disbursement this Period					
	Candidate Name			Catego	orv/						
	Westfall, Steve, , WV Del.,			Туре	-						
		ment For:				2800.00					
	Senate President	Primary	General			Contribution					
	State: District:	Other (spec	лу)			Memo Item					
_	Full Name (Last, First, Middle Initial)										
C.	Beshear Coleman 2023 Inaugural					Date of Disbursement					
	Mailing Address 250 West Main Street Ste. 2900					12 11 2023					
	City	State	Zip Code			FEC Identification Number					
	Lexington Purpose of Disbursement	KY	40507			0					
	Contribution					C					
	andidate Name Category/ Type					Transaction ID : 49598016 Amount of Each Disbursement this Period					
	Office Sought: House Disburse					25000.00					
	Senate	Primary	General			Contribution					
	President	Other (spec	cify) 🔻			Memo Item					
	State: District:										
s	UBTOTAL of Disbursements This Page (optional).				··· ►	30600.00					
т	OTAL This Period (last page this line number only	·)			🕨	, ,					

SCHEDULE B (FEC Form 3X)		victo ochodula(a)	FOR LINE					
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	/ one) 22 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and States or for commercial purposes, other than using the nar	ments may i me and addi	not be sold or used ress of any political	d by any pers I committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	roup PAC					
Full Name (Last, First, Middle Initial) A. Colorado Way Forward				Date of Disbursement				
Mailing Address 191 University Blvd				12 / D D / Y Y Y Y 12 2023				
City Denver	State CO	Zip Code 80206		FEC Identification Number				
Purpose of Disbursement		00200		С				
Contribution			011					
Candidate Name			Category/ Type	Transaction ID: 49600685 Amount of Each Disbursement this Period				
	ment For:		туре	5000.00				
President	Senate Primary General President Other (specify) ▼							
State: District:				L				
 Full Name (Last, First, Middle Initial) All Together Colorado 				Date of Disbursement				
Mailing Address 191 University Blvd Ste. 118			12 12 2023					
Denver	State CO	Zip Code 80206		FEC Identification Number				
Purpose of Disbursement		011	C					
Contribution Candidate Name	Contribution Candidate Name							
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburser	ment For:			5000.00				
Senate	Primary	General		Contribution				
State: District:	Other (spec	city)		Memo Item				
Full Name (Last, First, Middle Initial)				Data of Distances and				
C. Brenda Stanley for State Senate -	2022			Date of Disbursement				
Mailing Address 4313 N Easy Street				12 12 2023				
,	State	Zip Code		FEC Identification Number				
Oklahoma City	OK	73150						
Purpose of Disbursement Contribution			011	С				
Candidate Name	andidate Name Category/							
Stanley, Brenda, , OK Sen.,	Stanley, Brenda, , OK Sen., Type							
Office Sought: House Disburset	ment For:	Gonoral		500.00				
President	Primary Other (spec	General cify) ▼		Contribution				
State: District:		(ilig)		Memo Item				
SUBTOTAL of Disbursements This Page (optional)			····· •	10500.00				
TOTAL This Period (last page this line number only))		····· •	· · · · · · · · · · · · · · · · · · ·				

S	CHEDULE B (FEC Form 3X)			FC	DR LINF	NUMBER: PAGE 258 OF 263					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		neck on	/ one)					
			Summary Page		21b						
A -	uninformation conical from such Departs and Other	monte	aat ba salal		28a						
	y information copied from such Reports and State for commercial purposes, other than using the na										
\backslash	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Grou	p PA	C)					
	Full Name (Last, First, Middle Initial)										
Α.	Friends of Jeff Boatman 2024					Date of Disbursement					
	Mailing Address 9006 E 101st St.					12 12 2023					
	City	State	Zip Code			FEC Identification Number					
	Tulsa	OK	74133			FEC Identification Number					
	Purpose of Disbursement										
	Contribution			0	11	Transaction ID : 49600694					
	Candidate Name				egory/	Amount of Each Disbursement this Period					
	Boatman, Jeff, , OK Rep.,	. –		Ту	vpe	1000.00					
		ement For:				1000.00					
	Senate	Primary	General			Contribution					
	State: District:	Other (spec	uny) 🔻			Memo Item					
	Full Name (Last, First, Middle Initial)										
B.						Date of Disbursement					
	Jim Perry Committee										
	Mailing Address 3504 Lakeview Trail	12 12 2023									
	City	State Zip Code NC 28504									
	Kinston			FEC Identification Number							
	•	Purpose of Disbursement				C					
	Contribution			0	11	Transaction ID : 49600695 Amount of Each Disbursement this Period 2000.00					
	Candidate Name				egory/						
	Perry, Jim, , NC Sen.,	mant Far		ly	vpe						
	Office Sought: House Disburse	ment For:	Gaparal			2000.00					
	President	Other (spec	Primary General			Contribution					
	State: District:		Siry)			Memo Item					
	Full Name (Last, First, Middle Initial)										
C.	Jason Saine Committee					Date of Disbursement					
	Mailing Address 417 East Main Street Suite 103					12 12 2023					
	City	State	Zip Code			FEC Identification Number					
	Lincolnton	NC	28092								
	Purpose of Disbursement Contribution O11 Candidate Name					C					
						Transaction ID : 49600696					
	ine, Jason, , NC Rep., Category/					Amount of Each Disbursement this Period					
		ment For:		iy	20	2000.00					
	Senate										
	President	Other (spec				Contribution					
	State: District:	1				Memo Item					
s	UBTOTAL of Disbursements This Page (optional).				····· >	5000.00					
ΙT	OTAL This Period (last page this line number only	/)			🕨	, ,					

Interact Category of the Detailed Summary Page 21b 22 23 26 27 Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Friends of Rick Edmonds Mailing Address 19214 Chardonnay Ave City Bann Rouge State Purpose of Disbursement Contribution Candidate Name Edmonds, Rick, LA Rep. Office Sought: House Piesident Purpose of Disbursement Contribution Cating Chiny Red House Purpose of Disbursement Contribution Cating Cating Office Sought: President Office Sought: House Purpose of Disbursement Cating Virg State: District: President		CHEDULE B (FEC Form 3X)			FC	OR LINE	NUMBER: PAGE 259 OF 263				
Are information copied from such Reports and Statements may not be sold or used by any person for the puppose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Friends of Rick Edmonds Mailing Address 19214 Chardonnay Ave City State Contribution	ITEMIZED DISBURSEMENTS			for each category of the			22 23 26 27				
✓ UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Friends of Rick Edmonds Mailing Address 19214 Chardonnay Ave City Baton Rouge Lia Contribution Glice Sought: Bate of Disbursement For: Disbursement For: Contribution Pailse of Disbursemen	Ar or	for commercial purposes, other than using the na	ments may i me and addi	not be sold or user ress of any politica	d by a al com	any personittee to	on for the purpose of soliciting contributions				
Full Name (Last, First, Middle Initial) Date of Disbursement Friends of Rick Edmonds Date of Disbursement Mailing Address 19214 Chardonnay Ave 12 2023 City State 70817 City State 70817 City State 000.00 City State 000.00 City State 001 Cite of Disbursement Contribution Contribution City State 210 Code Waiting Address PO Box 10 State 25168 City State 210 Code Purpose of Disbursement 011 2 City State 210 Code Purpose of Disbursement 011 2 City State 210 Code Purpose of Disbursement 011 2 Contribution 011 2 Candidate Name 000.00 Contribution Candidate Name 011 2 State: Disbursement For: 0100.00 Contribution 011 2 Cite of Disburseme	\backslash	NAME OF COMMITTEE (In Full)									
A Friends of Rick Edmonds Date of Disbursement Mailing Address 19214 Chardonnay Ave 12 12 2023 City State Zip Code FEC Identification Number Contribution Ott Galegopy Transaction ID : 49600897 Contribution Ott State Disbursement for: 100.00 Contribution Other (specify) General 100.00 State: Disbursement for: 100.00 100.00 State: Disbursement Contribution 011 State: Disbursement 011 2023 City State Zip Code Mailing Address PO Box 10 City State Zip Code FEC Identification Number Full Name (Last, First, Middle Initial) Disbursement For: 12 12 2023 City State Zip Code VV 25168 FEC Identification Number Purpose of Disbursement Other (specify) General Other (specify) Transaction ID : 9600731 Mailing Address PO Box 10 Contribution Contribution Contribution Contribution Cardidate Name Prinary General Other (specify) Transaction ID : 9600731 Mailing Address PO Box 203		· ·	PAC (Ur	nitedHealth G	Grou	p PAC	;)				
Mailing Address 19214 Chardonnay Ave Image: Code State S	Α.			Date of Disbursement							
City State Zip Code PEC Identification Number Contribution 011 Transaction ID : 4600097 Candidate Name Disbursement For: 011 Contribution 011 Category/ State: Disbursement For: 011 Purpose of Disbursement For: Disbursement For: 000.00 Purpose of Disbursement Other (specify) General Mailing Address PO Box 10 011 Category/ City State Zip Code Purpose of Disbursement 011 Category/ Candidate Name Disbursement For: 1022 City State Zip Code Purpose of Disbursement 011 Category/ Contribution 011 Category/ Contribution 011 Category/ Office Sought: House Disbursement For: 1000.00 Office Sought: House Disbursement For: 1000.00 Contribution 011 Category/ 1000.00 State: Disbursement For: 1000.00 Contribution City <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
Bato Rouge LA 70817 Purpose of Disbursement 011 Candidate Name Disbursement For: 011 Contribution 011 Category/ State: Disbursement For: President Other (specify) ▼ State: Disbursement For: 000.00 President Other (specify) ▼ State: Disbursement Contribution State: Disbursement Contribution City State Disbursement Purpose of Disbursement 011 Contribution Category/ Transaction ID: 49600731 Amount of Each Disbursement for: Disbursement for: Office Sought: Disbursement For: President Other (specify) State: Disbursement<		Mailing Address 19214 Chardonnay Ave					12 12 2023				
Purpose of Disbursement 011 Candidate Name 011 Candidate Name Category/ Edmonds, Rick, LA Rep. Disbursement For: District Disbursement For: State: Disbursement District Disbursement State: Disbursement Maiing Address PO Box 10 Date of Disbursement City State Purpose of Disbursement 011 Candidate Name 011 Juffice, Sign, D., WV Sen., Disbursement For: Office Sought: President Juffice, Sign, D., WV Sen., Disbursement For: Office Sought: Disbursement For: District: Disbursement For: Office Sought: President District: Disbursement For: Office Sought: President Disbursement Contribution Candidate Name District: Diffice: Disbursement For: Office Sought: President State: Disbursement Purpose of Disbursement Contribution Candidate Name <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>FEC Identification Number</td>							FEC Identification Number				
Candidate Name 011 011 Candidate Name Cadegonyi Office Sought: House Disbursement For: 0100.00 State: Disbursement For: Disbursement 011 State: Disbursement Office Sought: House President Disbursement State: Disbursement Candidate Name Quity State: Disbursement Contribution 011 Quity State VV 2023 FEC Identification Number Purpose of Disbursement Contribution 011 Candidate Name Disbursement For: State: Disbursement For: Office Sought: House President Office (specify) State: Disbursement For: State: Disbursement For: President Office Sought: Huame (Last, First, Middle Initia) Ec Identification Number Fill Name (Last, First, Middle Initia) Ec Identification Number Purpose of Disbursement		5					C				
Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: President Cetegory/ Type Amount of Each Disbursement this Period State: District: District: Memo Item Contribution State: District: District: District: District: Mailing Address: PO Box 10 Etcl Identification Number Disbursement Contribution Office Sought: House Disbursement For: Propose of Disbursement For: President Office Sought: President State: Disbursement Disbursement For: President Disbursement For: President Office Sought: House Full Name (Last, First, Middle Initial) Escate President Disbursement For: President Date of Disbursement State: Disbursement Office Sought: House Disbursement For: President Date of Disbursement City Senate President Office Office Sought: Disbursement For: President Contribution City Senate Disbursement For: President Office Senate Disbursement for: President Office Office Sought:		•			0	11					
Edmonds, Rick, LA Rop. Type Office Sought: House President Disbursement For: President District: Full Name (Last, First, Middle Initial) Contribution City Red House Purpose of Disbursement Contribution Contribu		Candidate Name			Coto	aon/					
Office Sought: House Disbursement For: 1000.00 State: Disbirict: Other (specify) General Contribution State: Disbirict: Disbursement Disbursement Disbursement City State Zip Code President Disbursement Contribution Office Sought: House Disbursement For: Disbursement Contribution Office Sought: House Office Sought: Office Sought: Disbursement For: State: Disbursement Office Sought: House Disbursement For: Transaction ID : 9900731 Amount of Each Disbursement Other (specify) State Zip Code President State: District: Disbursement For: 1000.00 Contribution State: Disbursement For: Senate President Disbursement For: 1000.00 State: Disbursement Other (specify) Transaction ID : 9900733 Amount of Each Disbursement this Period Transaction ID : shout of Each Disbursement For: President Other (specify) Transaction Number City Senate Disburse		Edmonds, Rick, , LA Rep.,					Amount of Lach Dispursement this Fehou				
State: District: Contribution Full Name (Last, First, Middle Initial) Adling Address PO Box 10 City Red House Purpose of Disbursement Candidate Name Jetties, Glenn, D., WV Sen., Office Sought: House President Office Sought: President State: District: House President Office Sought: President Contribution Contribution Contribution Office Sought: President State: District: Purpose of Disbursement For: Office Sought: House President Office Sought: President Office Sought: President Other (specify) General Office Sought: President Contribution Candidate Name Contribution Candidate Name President Office Sought: House		Office Sought: House Disburse	ment For:				1000.00				
State: District: Other (specify) Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement Glenn Jeffries for State Senate Date of Disbursement Mailing Address PO Box 10 011 City Red House Purpose of Disbursement 011 Candidate Name 011 Jeffries, Gienn, D., WV Sen, Disbursement For: Benate Disbursement For: President Disbursement For: Benate President State: Disbursement For: President State City State Wysox State President Other (specify) Full Name (Last, First, Middle Initial) Date of Disbursement Friends of Tina Pickett Mailing Address PO Box 203 City State Zip Code Wysox PA Zip Code Prosolent Other (specify) Transaction ID : 49600733 Amount of Each Disbursement for: Senate Other (specify) Office Sought: House Disbursement For: Contribution G		Senate	Primary	General							
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address PO Box 10 Image: Contribution City State Zip Code Purpose of Disbursement Other (specify) Contribution Image: Contribution Candidate Name Disbursement For: Senate President District: Disbursement For: Friends of Tina Pickett Other (specify) Mailing Address PO Box 203 State City State Vysox State Contribution Image: Contribution Contribution Contribution Contribution Contribution State: Disbursement For: President Other (specify) State: Disbursement Contribution Contribution Candidate Name Contribution Propose of Disbursement Contribution Candidate Name Disbursement For: Prickett, Tina, L., PA Rep. Disbursement For: Office Sought: House Disbursement For: Office Sought: Benate Primary			Other (spec	cify) ▼							
3. Glenn Jeffries for State Senate Date of Disbursement Mailing Address PO Box 10 12 ' 12 ' 2023 City State Zip Code Purpose of Disbursement 011 Candidate Name 011 Jeffries, Glenn, D., WV Sen., 011 Office Sought: House Pirpose of Disbursement this Disbursement For: State: District: Pull Name (Last, First, Middle Initial) Friends of Tina Pickett Mailing Address PO Box 203 City Vigox Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursement City Wysox Parage of Disbursement Contribution Candidate Name Purpose of Disbursement Contribution Category/ Purpose of Disbursement Contribution Category/ President Primary General Other (specify) State: Di											
Mailing Address PO Box 10 12 12 2023 City State Zip Code FEC Identification Number Purpose of Disbursement 011 Category/ Transaction ID: 49600731 Candidate Name Other (specify) Amount of Each Disbursement this Period Office Sought: House Disbursement For: 1000.00 Contribution Other (specify) Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Transaction ID: 49600733 Address PO Box 203 State Zip Code FEC Identification Number Office Sought: State Zip Code PA Transaction ID: 49600733 Amount of Each Disbursement Contribution Transaction ID: 49600733 Amount of Each Disbursement Contribution Other (specify) Transaction ID: 49600733 Amount of Each Disbursement this Period City Senate Disbursement For: Other (specify) Transaction ID: 49600733 Candidate Name President Other (specify) Contribution General Other (specify)	В.										
Red House WV 25168 Purpose of Disbursement 011 Candidate Name 011 Jeffries, Glenn, D., WV Sen., Disbursement For: Office Sought: House Distresement For: 0ther (specify) State: District: Full Name (Last, First, Middle Initial) Friends of Tina Pickett Mailing Address PO Box 203 City Wysox Purpose of Disbursement Purpose of Disbursement Contribution City Wysox Purpose of Disbursement Contribution Category/ Office Sought: House Disbursement For: Candidate Name Purpose of Disbursement Contribution Category/ Office Sought: House Disbursement For: Senate Primary President Other (specify) ▼ State: District: Subtrottal of Disbursements This Page (optional) Subtrottal of Disbursements This Page (optional)		Mailing Address PO Box 10	Address PO Box 10								
Purpose of Disbursement Contribution 011 Candidate Name 011 Category/ Type Office Sought: House President Disbursement For: Disbursement For: 000.00 State: District: 0ther (specify) Disbursement Full Name (Last, First, Middle Initial) Other (specify) Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement City State Zip Code PA Transaction ID: 49600733 Running Address PO Box 203 FEC Identification Number C City State Zip Code PA Transaction ID: 49600733 Amount of Each Disbursement Office Sought: House Disbursement For: Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Contribution Candidate Name Disbursement For: 1000.00 Contribution State: Disbursement For: 0ther (specify) Contribution State: Disbursement This Page (optional)											
Contribution 011 Candidate Name Genr, D., WV Sen., Office Sought: House President Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) Disbursement Friends of Tina Pickett Disbursement Mailing Address PO Box 203 Disbursement City State Wysox PA Purpose of Disbursement Other (specify) Office Sought: House Disbursement Other Candidate Name Other Purpose of Disbursement Other Candidate Name Other Purpose of Disbursement Other Candidate Name Disbursement For: Office Sought: House Disbursement For: President Disbursement For: 1000.00 Contribution Contribution Contribution State: District: Disbursement For: 000.00 Office Sought: House Disbursement For: 0000.00 State:						C					
Candidate Name Category/ Type Jeffries, Glenn, D., WV Sen., House Office Sought: House President Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) Friends of Tina Pickett Mailing Address PO Box 203 City State Purpose of Disbursement Contribution Category/ Type Office Sought: House Purpose of Disbursement Contribution Category/ Pickett, Tina, L., PA Rep., Office Sought: House President Disbursement For: Senate Other (specify) State: District: Subtrottal of Disbursements This Page (optional)		•			0	11	Transaction ID : 49600731				
Jeffries, Glenn, D., WV Sen, Type Office Sought: House Disbursement For: 1000.00 Senate President Other (specify) Contribution State: District: District: Date of Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement City State Zip Code Purpose of Disbursement Other (specify) FEC Identification Number Contribution Other (specify) FEC Identification Number Contribution Other (specify) Transaction ID : 49600733 Candidate Name President Other (specify) Transaction ID : 49600733 Pickett, Tina, L., PA Rep., Disbursement For: 1000.00 Contribution Office Sought: House Disbursement For: 1000.00 Contribution State: District: Other (specify) General Contribution Contribution State: District: House Disbursement For: 000.00 Contribution State: District: Other (specify) General 0000.00 Memo Item		Candidate Name			Cato	ngon//					
State District: District: Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement City State Zip Code Wysox PA Zip Code Purpose of Disbursement 011 Contribution 011 Candidate Name Disbursement For: Pickett, Tina, L., PA Rep., Disbursement For: Office Sought: House Disbursement For: President Other (specify) General State: Disbursements This Page (optional)		Jeffries, Glenn, D., WV Sen.,									
State: District: Full Name (Last, First, Middle Initial) Friends of Tina Pickett Mailing Address PO Box 203 City Wysox Purpose of Disbursement Contribution Contribution Cantidate Name Pickett, Tina, L., PA Rep., Office Sought: House Disbursement For: President Disbursement For: Office Sought: Disbursements This Page (optional)		Office Sought: House Disburse	ment For:				1000.00				
State: District: Full Name (Last, First, Middle Initial) Friends of Tina Pickett Mailing Address PO Box 203 City Wysox Purpose of Disbursement Contribution Candidate Name Pickett, Tina, L., PA Rep., Office Sought: House Disbursement For: Senate President Office Sought: House Disbursements This Page (optional)		Senate	Primary	General			Contribution				
State: District: Full Name (Last, First, Middle Initial) Friends of Tina Pickett Mailing Address PO Box 203 City Wysox Purpose of Disbursement Contribution Candidate Name Pickett, Tina, L., PA Rep., Office Sought: House President Disbursement For: State: Disbursements This Page (optional)		President	Other (spec	cify)							
Friends of Tina Pickett Date of Disbursement Mailing Address PO Box 203 Image: Contribution for the second sec		State: District:									
Priferios of Tina Pickett Mailing Address PO Box 203 City State Zip Code Wysox PA 18854 Purpose of Disbursement 011 Candidate Name 011 Candidate Name 011 Candidate Name 011 Pickett, Tina, L., PA Rep., Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) Contribution SubtrotAL of Disbursements This Page (optional)		Full Name (Last, First, Middle Initial)									
Mailing Address PO Box 203 12 12 12 2023 City State Zip Code FEC Identification Number Wysox PA 18854 FEC Identification Number Purpose of Disbursement 011 Category/ Transaction ID : 49600733 Candidate Name 011 Category/ Type Office Sought: House Disbursement For: 1000.00 Office Sought: President Other (specify) Contribution State: District: 3000.00 3000.00	C.	Friends of Tina Pickett					Date of Disbursement				
Wysox PA 18854 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Pickett, Tina, L., PA Rep., 011 Office Sought: House President Disbursement For: Senate Primary President Other (specify) Subtrotal of Disbursements This Page (optional)		Mailing Address PO Box 203									
Wysox PA 18854 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Pickett, Tina, L., PA Rep., 011 Office Sought: House President Disbursement For: President Other (specify) State: District:		City	State	Zip Code			FEC Identification Number				
Contribution Candidate Name Pickett, Tina, L., PA Rep., Office Sought: House Disbursement For: Senate President Other (specify) Subtrotal of Disbursements This Page (optional)		,	PA	18854							
Candidate Name Candidate Name Pickett, Tina, L., PA Rep., Office Sought: House Disbursement For: Senate President Other (specify) Subtrotal of Disbursements This Page (optional)		1					C				
Pickett, Tina, L., PA Rep., Category/ Type Andulit of Each Disbutsement for: Senate Office Sought: House Disbutsement For: Other (specify) 1000.00 State: District: Contribution Contribution SUBTOTAL of Disbutsements This Page (optional)						11	Transaction ID : 49600733				
Office Sought: House Disbursement For: 1000.00 Senate Primary General Contribution State: District: Other (specify) ✓ SUBTOTAL of Disbursements This Page (optional)		Pickett, Tina, L., PA Rep.,					Amount of Each Disbursement this Period				
Senate Primary General President Other (specify) State: District:						vpe	1000.00				
State: District: Other (specify) Contribution SUBTOTAL of Disbursements This Page (optional)											
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)											
SUBTOTAL of Disbursements This Page (optional)			Other (spec	Giry) 🔻			Memo Item				
SUBTOTAL of Disbursements This Page (optional)											
TOTAL This Period (last page this line number only)	s	UBTOTAL of Disbursements This Page (optional).				····· ►					
	Т	OTAL This Period (last page this line number only	/)			►					

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 260 OF 263						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	y one)						
		Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the national states of the state			d by any pers	on for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC	C)						
Full Name (Last, First, Middle Initial)										
A. Friends of Ben Queen				Date of Disbursement						
Mailing Address PO Box 1311				12 12 2023						
City Bridgeport	State WV	Zip Code 26330		FEC Identification Number						
Purpose of Disbursement				С						
Contribution			011	Transaction ID : 49600734						
Candidate Name			Category/	Amount of Each Disbursement this Period						
Queen, Ben, , WV Sen., Office Sought: House Disburse	ment For:		Туре	600.00						
Senate	Primary	General								
President	Other (spec	cify) 🔻		Contribution Memo Item						
State: District:	1									
Full Name (Last, First, Middle Initial)										
B. Moore Capito for WV				Date of Disbursement						
Mailing Address PO Box 2788	Address PO Box 2788									
City	State Zip Code									
Charleston Purpose of Disbursement	WV		0							
Contribution			011	С						
Candidate Name			Category/	Transaction ID : 49600737 Amount of Each Disbursement this Period						
Capito, Moore, , WV Del.,			Type							
Office Sought: House Disburse	ment For:	¹		2800.00						
Senate	Primary	General		Contribution						
State: District:	Other (spec	city)		Memo Item						
Full Name (Last, First, Middle Initial)										
C. West Virginia Republican Senate	Committe	ee		Date of Disbursement						
Mailing Address PO Box 58027				12 / D D / Y Y Y Y 12 / 2023						
City	State	Zip Code		FEC Identification Number						
South Charleston	WV	25309		C						
Contribution	Purpose of Disbursement 011									
Candidate Name										
Office Sought: House Disburse	ment For:		71	3000.00						
Senate	Primary	General		Contribution						
President	Other (spec	cify) 🔻		Memo Item						
State: District:										
SUBTOTAL of Disbursements This Page (optional).			••••••	6400.00						
TOTAL This Period (last page this line number only	/)		••••••							

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 261 OF 263				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only 21b	one) 22 23 26 27				
	Detailed	Summary Page	28a	28b 28c X 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
/ UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PAC)				
Full Name (Last, First, Middle Initial)								
A. West Virginia Republican Legislative	e Commit	tee		Date of Disbursement				
Mailing Address 66 Spring Haven Trail				12 / 12 / 2023				
City	State	Zip Code		FEC Identification Number				
Shinnston	WV	26431						
Purpose of Disbursement			011	С				
Contribution Candidate Name				Transaction ID : 49600739				
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:			2000.00				
Senate	Primary	General		Contribution				
State: District:	Other (spec	city) 🔻		Memo Item				
Full Name (Last, First, Middle Initial)								
		0		Date of Disbursement				
^{B.} West Virginia Democratic House I	_egislativ	e Committee	e					
Mailing Address 1427 Lee Street E #2				12 12 2023				
City	State	Zip Code		FEC Identification Number				
Charleston Purpose of Disbursement								
Contribution			011	C Transaction ID : 49600741 Amount of Each Disbursement this Period 1000.00 Contribution				
Candidate Name			Category/					
			Type					
Office Sought: House Disburse	ment For:	I						
Senate	Primary	General						
State: District:	Other (spec	city)		Memo Item				
Full Name (Last, First, Middle Initial)								
•	0			Date of Disbursement				
West Virginia Democratic Senate			e	M M / D D / Y Y Y Y				
Mailing Address PO Box 11035				12 12 2023				
City	State	Zip Code		FEC Identification Number				
Charleston	WV	25339						
Purpose of Disbursement			011	С				
Contribution Candidate Name	011	Transaction ID : 49600742 Amount of Each Disbursement this Period						
	andidate Name Category Type							
Office Sought: House Disburse								
President	Other (spec	cify) 🔻		Contribution Memo Item				
State: District:								
SUBTOTAL of Disbursements This Page (optional).				4000.00				
			▶					
TOTAL This Period (last page this line number only	/)		••••••	, ,				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			NUMBER: PAGE 262 OF 263							
		Detailed Summary Page		21b 28a	22 28b	23		26 29	27 30b			
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	not be sold or usec ress of any political	d by a com	any perso imittee to	on for the solicit c	e purpos ontributio	e of s	olicitir om su	g contributions ch committee.			
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorporated	I PAC (Ur	nitedHealth G	rou	p PAC)							
Full Name (Last, First, Middle Initial)					Date	of Disbu	rsomo	nt				
DiSanto for Senate					M							
Mailing Address PO Box 6638					12		12		2023			
City	State	Zip Code			FEC	Identifica	tion N	umbe	r			
Harrisburg	PA	17112			100							
Purpose of Disbursement	200		0.	11	С							
Void - DiSanto for Senate; Check Dated 11/21/20 Candidate Name	JZ3	L	_	_		ransacti						
DiSanto, John, , PA Sen.,				egory/	Amou	nt of Ea	ch Dis	burse	ursement this Period			
	ement For:		Ty	vpe					- 1000.00			
Senate	Primary	General					Vai	4 Di				
State: District:	Other (spe	cify) 🔻			Ν	lemo Ite	m Dat	ted 11	Santo for Senate; Ch /21/2023			
Full Name (Last, First, Middle Initial)												
B. Greater Phoenix Chamber of Co	mmerce F	PAC			Date	of Disbu	rseme	nt				
Mailing Address 2575 E. Camelback Rd. Ste. 410	-						15		2023			
City Phoenix	State AZ	Zip Code 85016			FEC	Identifica	tion N	umbe	r			
Purpose of Disbursement					С							
Contribution	011											
Candidate Name		L	Cate	gory/	Transaction ID : 49616542 Amount of Each Disbursement this Period							
				vpe	5000.00							
Office Sought: House Disburs	ement For:	Conorol							5000.00			
President	Other (spe	General			-		Co	ntribut	ion			
State: District:	Other (spe	city)			N	lemo Ite	m					
Full Name (Last, First, Middle Initial)												
C. Republican Legislative Delegatio	n Campai	ign Committe	e, Ir	nc.	Date	of Disbu		nt				
Mailing Address PO Box 44422					12 / D D / Y Y Y Y 12 15 2023							
City	State	Zip Code			FFC	Identifica	tion N	umbe	·			
Baton Rouge	LA	70804						311100				
Purpose of Disbursement			0,	11	С							
Candidate Name	Candidate Name					Transaction ID : 49616571 Amount of Each Disbursement this Period						
				egory/ /pe	Amou			bui se				
	ement For:				L.			-11-	3000.00			
Senate	Primary	General			-		Co	ntribut	ion			
State: District:	Other (spe	uiy) ▼			Ν	lemo Ite	m					
SUBTOTAL of Disbursements This Page (optional)								7000.00			
	,			•••••	1			-				
TOTAL This Period (last page this line number on	ly)			····· ►	L			,				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 263 OF 263				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	rone) 22 23 26 27 28b 28c X 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	iroup PAC	;)				
Full Name (Last, First, Middle Initial) A. Mellon Bank		Date of Disbursement						
Mailing Address PO Box 329		-		12 22 2023				
City Pittsburgh	State PA	Zip Code 15230-0329		FEC Identification Number				
Purpose of Disbursement		13230 0323		С				
Bank Error - See memo			001	Transaction ID : 49765379				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:	I	1990	100.00				
State: District:	Primary Other (spe	cify) ▼		Bank Error - See memo Memo Item				
Full Name (Last, First, Middle Initial)								
B.				Date of Disbursement				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement				С				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
Senate	ement For: Primary	General						
State: District:	Other (spe	cify)		Memo Item				
Full Name (Last, First, Middle Initial)				Date of Disbursement				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement	Purpose of Disbursement							
Candidate Name	Amount of Each Disbursement this Period							
Office Sought: House Disburse	ement For: Primary	General						
State: District:	Other (spe			Memo Item				
SUBTOTAL of Disbursements This Page (optional)			•••••	100.00				
TOTAL This Period (last page this line number only	y)		••••••	138300.00				