

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00274431 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 12 / 01 / 2023 through [MM] / [DD] / [YYYY] 12 / 31 / 2023

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

Signature of Treasurer Muldoon, Allison, , , Date [MM] / [DD] / [YYYY] 01 / 31 / 2024

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|---|
| 6. (a) Cash on Hand January 1, <input type="text" value="2023"/> | <input type="text" value=""/> | <input type="text" value="422616.69"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="677192.44"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="123811.32"/> | <input type="text" value="1605291.71"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="801003.76"/> | <input type="text" value="2027908.40"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="264300.00"/> | <input type="text" value="1491204.64"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="536703.76"/> | <input type="text" value="536703.76"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 123233.08 | 1515881.52 |
| (ii) Unitemized | 578.24 | 85410.19 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 123811.32 | 1601291.71 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 123811.32 | 1601291.71 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 4000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 123811.32 | 1605291.71 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 123811.32 | 1605291.71 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 126000.00 | 699000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 105.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 105.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 138300.00 | 792099.64 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 264300.00 | 1491204.64 |
| 32. 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

FEC Form 3X (Rev. 05/2016)

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 123811.32 | 1601291.71 |
| 34. 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 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Regarding the \$100 disbursement to Mellon Bank disclosed on Line 29, on 12/07/2023 the Committee made a non-federal 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:

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Rex, Joan, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Harrington Road
 City Wayzata State MN Zip Code 55391-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Housewife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2023
Transaction ID : 49617455
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. STREB, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 NORTH STAR ROAD
 City UPPER ARLINGTON State OH Zip Code 43221-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Capability
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1159794169888
 Amount of Each Receipt this Period
 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. ELLISTON, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 S 52ND ST
 City OMAHA State NE Zip Code 68132-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1159805969888
 Amount of Each Receipt this Period
 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5048.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. FALK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 LAWRENCE AVE
 City HIGHLAND PARK State NJ Zip Code 08904-1851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1159820269888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. MIGLIORI, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8025 VIA VECCHIA
 City NAPLES State FL Zip Code 34108-7700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Senior Advisor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1159827469888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HOCK, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 WINDMILL HILL
 City WETHERSFIELD State CT Zip Code 06109-2746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1551128969888
 Amount of Each Receipt this Period 23.08
 Memo Item
 P/R Deduction (\$11.54 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 435.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MILLER, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2321 HARBOR LAKE DRIVE
 City ORANGE PARK State FL Zip Code 32003-7799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Ntwk
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1554324369888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ANDERSON, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 AMATO CIRCLE
 City WETHERSFIELD State CT Zip Code 06109-3971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1575957369888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. KELLY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 HAWTHORNE COURT SUITE 304
 City EDINA State MN Zip Code 55436-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1575959769888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. JOHNSON, THAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9741 GLACIER BAY
 City EDEN PRAIRIE State MN Zip Code 55347-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1596304369888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SCHUMACHER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 LARADA LANE
 City EDINA State MN Zip Code 55436-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Strat & Growth Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1596305469888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. THEISEN, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1950 MEADOWWOODS TRAIL
 City LONG LAKE State MN Zip Code 55356-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1596305669888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. ANDERSON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17907 INVERNESS CURVE
 City EDEN PRAIRIE State MN Zip Code 55347-2155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1596309369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BORCA, TROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2112 STROLLING WAY
 City NORTHLAKE State TX Zip Code 76226-3369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1596310469888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BRODIGAN, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2159 BRINKER ST
 City CHANHASSEN State MN Zip Code 55317-9361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.78

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1596310669888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DAVIDSON, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6058 HARBOUR TOWN CIR
 City WESTERVILLE State OH Zip Code 43082-8144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1596311669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HIGGINS, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 BELCREST ROAD
 City WEST HARTFORD State CT Zip Code 06107-3304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1596313869888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. TODD, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 467 PRAIRIE WAY SOUTH
 City BAYPORT State MN Zip Code 55003-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR1596319069888
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 511.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. PETERSON, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2260 FOX STREET
 City ORONO State MN Zip Code 55356-8316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Ancillary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1602669969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SEVIGNY, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 CREEKVIEW LANE
 City LORETTO State MN Zip Code 55357-2111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1653445769888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. ARCHER, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2781 SADDLE CLUB ROAD
 City GREENWOOD State IN Zip Code 46143-9211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1806750169888
 Amount of Each Receipt this Period 23.08
 Memo Item
 P/R Deduction (\$11.54 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 435.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 14 OF 263 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. ULLOA, SHAUNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 STRATFORD ROAD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1832379169888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. ANDERSON, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 SIMMONS LANE
 City SEVERNA PARK State MD Zip Code 21146-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Health Equity Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1903550769888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WEYMOUTH, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1185 HOPKINTON RD
 City HOPKINTON State NH Zip Code 03229-2647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR1903636969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. BEATY, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32860 SE DIVERS RD
 City ESTACADA State OR Zip Code 97023-7507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2119467869888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. CAMPBELL, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15000 CAST PEBBLE CIR
 City PARKER State CO Zip Code 80134-4195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Reg Adhr Sr Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2119469969888
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. DEMBROSKI, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1390 FINCH LN
 City GREEN BAY State WI Zip Code 54313-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Act Svs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2119472869888
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 80.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DUNGAN, TARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 HIGH COUNTRY RIDGE
 City SAN ANTONIO State TX Zip Code 78260-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir, Clin Appeals
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2119473269888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. GILDERNICK, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2709 WILLIAMS GRANT
 City DE PERE State WI Zip Code 54115-9456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2119475269888
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. HAYES, PAULINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21851 NEWLAND ST SPACE 117
 City HUNTINGTON BEACH State CA Zip Code 92646-7629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2119477469888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 80.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. KANNE, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4826 PALOMINO COURT
 City ERIE State PA Zip Code 16506-6624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2119479669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. LUKER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3115 S GOTHIC CIRCLE
 City GREEN BAY State WI Zip Code 54313-4384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2119482369888
 Amount of Each Receipt this Period 16.00
 Memo Item
 P/R Deduction (\$8.00 Bi-Weekly)

C. MACEMEADOR, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13531 CARLTON OAKS
 City SAN ANTONIO State TX Zip Code 78232-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2119482569888
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 263 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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

A. MURRAY, CAROLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 834 WOODTACK COVE WAY
 City HENDERSON State NV Zip Code 89002-8294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) SB VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2119484869888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. NYGARD, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8056 CARPENTER CREEK AVENUE
 City LAS VEGAS State NV Zip Code 89113-3685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Reg Adhr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2119485069888
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. OLLMANNWAGNER, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313-5841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Sls Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2119485269888
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 90.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SING, MARTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9407 LLANO VERDE
 City HELOTES State TX Zip Code 78023-4156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Cust Service
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2119490169888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. STETTLER, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11527 TRAILS END RD
 City LEANDER State TX Zip Code 78641-5813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2119490469888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. WRIGHT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10471 STRAND TERRACE
 City SANTA ANA State CA Zip Code 92705-1495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2119494169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 424.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. YOUNG, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36296 N 98TH WAY
 City SCOTTSDALE State AZ Zip Code 85262-3138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2119494469888
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. CUMMINGS, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1929 FAIRMOUNT AVE
 City SAINT PAUL State MN Zip Code 55105-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Finance Leader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2133132669888
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. HULTGREN, BROR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 22ND ST
 City GOLDEN State CO Zip Code 80401-2452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2133133269888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. COLE, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9790 FOXWORTH DRIVE
 City JOHNS CREEK State GA Zip Code 30022-6259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Local Markets VP Brkr Svs
 Receipt For: Primary General Other (specify) ▼ Aggregate 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)

B. LEWIS, KURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 961 RIVER FOREST DRIVE
 City MAINEVILLE State OH Zip Code 45039-7720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2203967569888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BEAULE, JEAN-FRANCOIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4990.38

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2225813669888
 Amount of Each Receipt this Period 390.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 794.60
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. KANTOLA, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7031 HALSTEAD DRIVE
 City MINNETRISTA State MN Zip Code 55364-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2247627069888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. OBRIEN, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 LOUGHLIN AVE
 City COS COB State CT Zip Code 06807-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2247627369888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CRONN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1122 COLORADO STREET SUITE 2399
 City AUSTIN State TX Zip Code 78701-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2270522969888
 Amount of Each Receipt this Period
 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 884.58 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. FRASCINO, MJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4575 SOUTH ATLANTIC AVENUE # 6311
 City PONCE INLET State FL Zip Code 32127-7096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2402316569888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. JACOBS, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19495 VINE RIDGE ROAD
 City EXCELSIOR State MN Zip Code 55331-9173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Proj Mgr II
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2402317369888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. KEPLEYCARRIER, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3219 PENINSULA DRIVE
 City JAMESTOWN State NC Zip Code 27282-8717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2402317769888
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 88.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MCGRATH, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5801 CHOWEN AVE S
 City EDINA State MN Zip Code 55410-2759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2402318569888
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. MORRISONDAVIS, ANDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 LAKESHIRE COURT
 City OWINGS MILLS State MD Zip Code 21117-1246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Acct Mgt Cons Clnt Svc
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2402318969888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. ROSSI, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 BUFFALO TOM DRIVE
 City GREENSBORO State NC Zip Code 27455-8344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2402319669888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 88.08 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. HIGA, JOY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 ELM AVENUE
 City MANHATTAN BEACH State CA Zip Code 90266-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compl Off & SVP Reg Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2402446269888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ALEXANDER, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6412 HIGHLAND DRIVE
 City CHEVY CHASE State MD Zip Code 20815-6608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Senior Advisor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2405428869888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WEE, KATHLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5045 OVERLOOK ROAD NW
 City WASHINGTON State DC Zip Code 20016-1911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2408545069888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 26 OF 263 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. BALTHAZOR, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2002 SUGARWOOD DRIVE
 City ORONO State MN Zip Code 55356-9339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2437120769888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. COSGRIFF, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1875 HUNTER LANE
 City MENDOTA HEIGHTS State MN Zip Code 55118-4110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2437121669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. EDELSON, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 DREXEL AVENUE
 City EDINA State MN Zip Code 55424-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2437127169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. RAINEY, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8850 COUNTY ROAD 26
 City MINNETRISTA State MN Zip Code 55359-9445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2437127569888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HEYMAN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 SHERRILL AVENUE
 City CHEVY CHASE State MD Zip Code 20815-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strategy & Partnerships
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2444265769888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LANGER, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5110 OAK RAMBLING DRIVE
 City KATY State TX Zip Code 77494-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2445015469888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. SIEGEL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 LAKEWOOD DRIVE
 City BLOOMFIELD HILLS State MI Zip Code 48304-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2445017169888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. MCMAHON, DIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 WILDHURST ROAD
 City EXCELSIOR State MN Zip Code 55331-8461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) President UHG & COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2491457069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. NATHAN, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1643 SPRING CREEK DRIVE
 City SARASOTA State FL Zip Code 34239-5046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Senior Advisor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2491457369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SMITH, KARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3917 TERRY PLACE
 City ALEXANDRIA State VA Zip Code 22304-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2540175369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PURDY, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3615 THORNAPPLE STREET
 City CHEVY CHASE State MD Zip Code 20815-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2541300669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RAMSAY, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 543 E LURAY AVE
 City ALEXANDRIA State VA Zip Code 22301-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2542542269888
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. DAVENPORT, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 PELHAM ROAD
 City PHILADELPHIA State PA Zip Code 19119-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2552313669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BRYANT, JEREMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 MYSTIQUE WAY
 City ROSWELL State GA Zip Code 30075-2087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Mgmt NA Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2552961369888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. COLEMAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 842 NAGLE STREET
 City HOUSTON State TX Zip Code 77003-1266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2552961469888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. EHLMAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10051 VALLEY RIDGE COURT
 City LAS VEGAS State NV Zip Code 89148-7602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2552962269888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. FLANNERY, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2552962369888
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. JAMES, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 KINGS POINT DRIVE
 City LARGO State FL Zip Code 33774-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2552963269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. KIDAMBI, NARASIMHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18477 85TH AVE N
 City MAPLE GROVE State MN Zip Code 55311-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Anlys
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2552963869888
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. LOVELADY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5378 BUENA VISTA DR
 City FRISCO State TX Zip Code 75034-2253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2552964269888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MORRIS, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2624 N HARTLAND COURT
 City CHICAGO State IL Zip Code 60614-4955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Acct Mgmt Natl Acct
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 399.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2552965069888
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. POTTER, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6131 PELICAN BAY BOULEVARD
 ST THOMAS 9
 City NAPLES State FL Zip Code 34108-8113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 899.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2552965469888
 Amount of Each Receipt this Period 69.22
 Memo Item
 P/R Deduction (\$34.61 Bi-Weekly)

B. SAMSEL, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 WAVERLY RD
 City HUNTINGTON State CT Zip Code 06484-5835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2552965769888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. TINKER, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 AMOHI WAY
 City LOUDON State TN Zip Code 37774-3009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2552966869888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.22 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. WACKER, AARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4704 CAVAN ROAD
 City MOUND State MN Zip Code 55364-1877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Principal Engineer, TLCP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2552967069888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. PROSKAUER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 DERBY STREET
 City NEWTON State MA Zip Code 02465-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Architecture
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2553475069888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. ZERAF, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61234 ADMIRAL DRIVE
 City WASHINGTON TOWNSHIP State MI Zip Code 48094-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2553475769888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. REIDY, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 BLAKEFIELD DRIVE
 City BRENTWOOD State TN Zip Code 37027-8479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2554013369888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ALEXANDER, JOY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5116 NORTH TIOGA WAY
 City LAS VEGAS State NV Zip Code 89149-5830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2560064169888
 Amount of Each Receipt this Period
 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. CLUTE, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7756 N 85TH STREET
 City OMAHA State NE Zip Code 68122-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2560064469888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. COY, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6970 SUZANNE COURT
 City SCHENECTADY State NY Zip Code 12303-5285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2560064569888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. GAZELEY, PAULA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 MAYFAIR ROAD
 City WYNANTSKILL State NY Zip Code 12198-8018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clint Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2560064869888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. GIANCURSIO, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 MIDNIGHT RIDGE DR
 City LAS VEGAS State NV Zip Code 89135-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2560064969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 432.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. LOBERG, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2837 EAST PARK PLACE
 City MILWAUKEE State WI Zip Code 53211-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.01

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2560065569888
 Amount of Each Receipt this Period 276.94
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. MILICH, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2702 BIRCHMERE COURT
 City KATY State TX Zip Code 77450-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2560066069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. VAIL, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 CLEVELAND AVENUE
 City SAYVILLE State NY Zip Code 11782-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2560066869888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 689.54 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DICKMAN, KRISTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2533 ONYX DRIVE
 City SHAKOPEE State MN Zip Code 55379-2770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2560398169888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. NOEL, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4316 FREMONT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55409-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2560398869888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WULF, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 N 11TH ST
 City WAUSAU State WI Zip Code 54403-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2560398969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 440.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. OBRIEN, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 BARRINGTON DRIVE
 City BEDFORD State NH Zip Code 03110-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2560821469888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. LUND, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11471 NORTH SHORE DRIVE
 City GRANTSBURG State WI Zip Code 54840-8059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2561457669888
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. WILLSON, JOSH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 ADAMS CT
 City COLLEYVILLE State TX Zip Code 76034-6811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs AM Ins SIs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2564802569888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 182.92 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. CARLSON, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10618 WEST RIVER ROAD
 City BROOKLYN PARK State MN Zip Code 55443-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prd
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2564802669888
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. HANSEN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 SHADY ISLAND CIRCLE
 City MOUND State MN Zip Code 55364-9218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4994.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2564802769888
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GOODWIN, MARYELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3216 PLAYERS VIEW CIRCLE
 City LONGWOOD State FL Zip Code 32779-3154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2564802969888
 Amount of Each Receipt this Period
 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 620.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. MARDEN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 VAN MULEN STREET
 City MAHWAH State NJ Zip Code 07430-2977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2564803369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MOQUIST, DARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5313 MINNEHAHA BLVD
 City EDINA State MN Zip Code 55424-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Natl Regnl Pres
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2564803469888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BELLMAN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9120 BRANCH HOLLOW DR
 City DALLAS State TX Zip Code 75243-7510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB RVP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2564803569888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. CARTER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1363 CHIPPENDALE RD
 City HOUSTON State TX Zip Code 77018-5257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt: 12 / 31 / 2023
Transaction ID : PR2565448769888
 Amount of Each Receipt this Period: 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. KUNST, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4872 103RD STREET
 City PLEASANT PRAIRIE State WI Zip Code 53158-6516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1999.92

Date of Receipt: 12 / 31 / 2023
Transaction ID : PR2566302169888
 Amount of Each Receipt this Period: 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. STEARNS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5118 FAIRGLEN LANE
 City CHEVY CHASE State MD Zip Code 20815-6517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Assistant to the OCEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: 12 / 31 / 2023
Transaction ID : PR2571777969888
 Amount of Each Receipt this Period: 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PARRILLO, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 WOODSUM DRIVE
 City NEWBURY State NH Zip Code 03255-6232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2002.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2571778269888
 Amount of Each Receipt this Period 154.00
 Memo Item
 P/R Deduction (\$77.00 Bi-Weekly)

B. HINTON, DUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W132N6475 MARACH RD
 City MENOMONEE FALLS State WI Zip Code 53051-6085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2571978769888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GRAY, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6098 CLOPTON DRIVE
 City GREENSBORO State NC Zip Code 27455-8373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Pricing
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2572588569888
 Amount of Each Receipt this Period 79.60
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 618.20 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. ROBINSON, MARCUS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 590 SPENDER TRACE
 City DUNWOODY State GA Zip Code 30350-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO, IFP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 898.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2572588969888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. JACQUET, SHAUN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61040 E SHALE ROAD
 City ORACLE State AZ Zip Code 85623-7481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2572589369888
 Amount of Each Receipt this Period
 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. CARLSON, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4511 BROWDALE AVENUE
 City EDINA State MN Zip Code 55424-1142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4996.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2572590069888
 Amount of Each Receipt this Period
 392.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 804.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. BECK, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 GLORIA LANE
 City CADIZ State KY Zip Code 42211-8824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2572590369888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. OBRIEN, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 931 FRENCH ST
 City NEW ORLEANS State LA Zip Code 70124-3806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2572590669888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. MILLER, KIMBERLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 CELONOVA PLACE
 City FOOTHILL RANCH State CA Zip Code 92610-1942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2572591269888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. WIFFLER, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3680 GRANDE BAY COURT
 City MELBOURNE BEACH State FL Zip Code 32951-3155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2572992769888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BENSON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2206 EAGLE VALLEY LN
 City WAUSAU State WI Zip Code 54403-8154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir SIs Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 374.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2573518969888
 Amount of Each Receipt this Period
 28.84
 Memo Item
 P/R Deduction (\$14.42 Bi-Weekly)

C. MCGONIGLE, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19010 VALLEY DRIVE
 City MINNETONKA State MN Zip Code 55345-6148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Prd
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2574973169888
 Amount of Each Receipt this Period
 90.90
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 504.34 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. HARE, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9029 SHEEP RANCH CT
 City LAS VEGAS State NV Zip Code 89143-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2574979469888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. MASTERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1894 VILLAGE GLEN DRIVE
 City SAINT JOHNS State FL Zip Code 32259-9215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2574979669888
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. WOHNOUTKA, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17597 HIBISCUS AVE
 City LAKEVILLE State MN Zip Code 55044-3906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2574981969888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. CIANFROCCO, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 CHAMPLAIN PLACE
 City GIBSONIA State PA Zip Code 15044-8079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) President, Optum
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2574986269888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BURNETT, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4816 PENN AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-5259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Tech Infrast Engineering
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2574988269888
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. STRAIT, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4362 SPORTSMAN CLUB RD
 City JOHNSTOWN State OH Zip Code 43031-9461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.78

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2574989369888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 490.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. LANG, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1210 RIVER TERRACE DRIVE
 City BLOOMINGTON State MN Zip Code 55431-4230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2574991469888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. NEWKIRK, MEGHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10162 BEAVER CIR
 City CYPRESS State CA Zip Code 90630-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Growth Strat
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575008769888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. SJOBLAD, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 2ND STREET NE #510
 City MINNEAPOLIS State MN Zip Code 55413-2541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575009169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. FLOWER, MARTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N54W20825 CARTERS CROSSING CIR
 City MENOMONEE FALLS State WI Zip Code 53051-6281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 399.88

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575011669888
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

B. FORKER, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5109 WEST 56TH STREET
 City EDINA State MN Zip Code 55436-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4991.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575013469888
 Amount of Each Receipt this Period 434.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. KEMMER, HEIDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 WEST ROCKROSE PLACE
 City CHANDLER State AZ Zip Code 85248-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 367.64

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575021369888
 Amount of Each Receipt this Period 28.28
 Memo Item
 P/R Deduction (\$14.14 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 493.04 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MADDOX, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7810 HANOVER ST
 City DALLAS State TX Zip Code 75225-8220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575039569888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HEATH, SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1292 CASTLE CT
 City GOLDEN VALLEY State MN Zip Code 55427-4453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575048769888
 Amount of Each Receipt this Period
 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. FITZPATRICK, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3936 CAMPELLO CURVE
 City CHASKA State MN Zip Code 55318-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dvlp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575053769888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. LINDSAY, VIVIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 SW 39 ST
 City DAVIE State FL Zip Code 33331-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575054969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ALLEN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11359 ENTREVAUX DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) M A VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575060269888
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. ZAETTA, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 PRINCE STREET
 City ALEXANDRIA State VA Zip Code 22314-3314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575068369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 923.04 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. VERCHICK, TAMI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9916 DUSTY WINDS AVE
 City LAS VEGAS State NV Zip Code 89117-5986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Director Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575068969888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ISMERT, JENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8494 E HAWAII LN
 City DENVER State CO Zip Code 80231-2732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Planning & Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575070069888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ENLOW, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 196 SOMERSLY PL
 City LEXINGTON State KY Zip Code 40515-5717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575071069888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. NICHOLS, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16900 CROWN BRIDGE DRIVE
 City DELRAY BEACH State FL Zip Code 33446-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575074569888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BECK, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W155 N5314 SHARPTAIL COURT
 City MENOMONEE FALLS State WI Zip Code 53051-6771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575074969888
 Amount of Each Receipt this Period
 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. ONEILL, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 CHESTNUT RIDGE RD
 City QUEENSBURY State NY Zip Code 12804-7317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575089469888
 Amount of Each Receipt this Period
 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 451.14 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. VIESTA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 COMPASS COURT
 City OYSTER BAY State NY Zip Code 11771-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4988.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575098569888
 Amount of Each Receipt this Period
 396.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. CHAMPION, PHEBE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 TAPATIO ST
 City HENDERSON State NV Zip Code 89074-1934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575108369888
 Amount of Each Receipt this Period
 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. HAYDEN, KARI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6109 BANEY COURT
 City MINNETONKA State MN Zip Code 55345-6301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575110369888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 522.92 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MADDIGAN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 845 FAITH COURT
 City LONGMONT State CO Zip Code 80501-4712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Product
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575114869888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. DOERFLER, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9163 WASSERMANN CT
 City VICTORIA State MN Zip Code 55386-4592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575131569888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. HUNT, ZOE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4030 SERANGO COURT
 City WEST LINN State OR Zip Code 97068-2840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575136269888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. DEWALL, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7662 RIDGEVIEW WAY
 City CHANHASSEN State MN Zip Code 55317-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575145369888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MCGANN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 VILLAGE ROAD
 City FLORHAM PARK State NJ Zip Code 07932-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acct Mgmt SB KA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575146969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. PETERSOHN, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16413 BIRCH STREET
 City OVERLAND PARK State KS Zip Code 66085-7842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) GP Reg VP of SIs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575148369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. THOMAS, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 KING JAMES AVE
 City SAINT CHARLES State IL Zip Code 60174-7827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575156469888
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. RAZVI, NIGHET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 S CLINTON AVENUE
 City OAK PARK State IL Zip Code 60304-1823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 369.98

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575168669888
 Amount of Each Receipt this Period 28.46
 Memo Item
 P/R Deduction (\$14.23 Bi-Weekly)

C. HAMANN, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7638 RIDGEVIEW WAY
 City CHANHASSEN State MN Zip Code 55317-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

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)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 374.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MELLO, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 179 HILTON LANE
 City SWANSEA State MA Zip Code 02777-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575191369888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. DEMARIS, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 OLIVER AVE S
 City MINNEAPOLIS State MN Zip Code 55405-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg eComm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575191869888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MUELLER, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 380 4TH AVE SOUTH
 City NAPLES State FL Zip Code 34102-6383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575192269888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. CONDON, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 268 OAK LANDING WAY
 City SEVERNA PARK State MD Zip Code 21146-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575203169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. REDMOND, GRETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 N MAIN STREET #444
 City STILLWATER State MN Zip Code 55082-6758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Underwriting Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4996.20

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575211369888
 Amount of Each Receipt this Period 474.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MARTIN, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7091 HIGHOVER DRIVE
 City CHANHASSEN State MN Zip Code 55317-7572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Group Fin Leader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575213669888
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 888.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. MEYERHOFER, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6624 IROQUOIS TRAIL
 City EDINA State MN Zip Code 55439-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575214669888
 Amount of Each Receipt this Period
 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. WILSON, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 SALEM CHURCH ROAD
 City SUNFISH LAKE State MN Zip Code 55118-4719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575218669888
 Amount of Each Receipt this Period
 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. GOODMAN, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3717 BUCKEYE DRIVE
 City MCKINNEY State TX Zip Code 75071-8453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sis
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575220169888
 Amount of Each Receipt this Period
 28.84
 Memo Item
 P/R Deduction (\$14.42 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. SHORS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4649 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR257522369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SANTORO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 OLD FIRE ROAD
 City TRUMBULL State CT Zip Code 06611-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575222669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GRUNDHOEFER, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 SIDNEY BAKER STREET SOUTH SUITE 400 PMB 519
 City KERRVILLE State TX Zip Code 78028-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575232769888
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SHUEY, JOANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2694 WEST CREEK DRIVE
 City FRISCO State TX Zip Code 75033-4759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHC SIs RVP KA
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575241669888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. DIMARTINO, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49605 KEYCOVE ST
 City CHESTERFIELD State MI Zip Code 48047-2361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575248169888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BRANT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 ROCKY BROOK ROAD
 City WILTON State CT Zip Code 06897-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575250269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 173.84 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 64 OF 263 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. KUETER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 WINGATE DRIVE
 City DELAWARE State OH Zip Code 43015-9200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2575255869888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BACHMANN, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 NORTHERN SHORES POINT
 City GREENSBORO State NC Zip Code 27455-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR25752558469888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BROOMFIELD, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12501 WEST 156TH STREET
 City OVERLAND PARK State KS Zip Code 66221-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1199.90

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2575260469888
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 861.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. ZARN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11192 BLUESTEM LANE
 City EDEN PRAIRIE State MN Zip Code 55347-4731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2482.30

Date of Receipt **12 / 31 / 2023**
Transaction ID : PR2575269169888
 Amount of Each Receipt this Period **315.00**
 Memo Item
 P/R Deduction (\$160.00 Bi-Weekly)

B. ZAFFIRIS, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1241 LAUREL CT
 City MARCO ISLAND State FL Zip Code 34145-2351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt **12 / 31 / 2023**
Transaction ID : PR2575270669888
 Amount of Each Receipt this Period **28.08**
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. HAMBLIN, JILLIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3103 BEACON GROVE ST
 City SPRING State TX Zip Code 77389-4348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt **12 / 31 / 2023**
Transaction ID : PR2575290369888
 Amount of Each Receipt this Period **76.92**
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 420.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MUELLER, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6895 LAKE HARRISON CIRCLE
 City CHANHASSEN State MN Zip Code 55317-4589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575294569888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. HEWITT, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1443 RAYMOND AVE
 City SAINT PAUL State MN Zip Code 55108-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575296769888
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. WEBER, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1791 RESTHAVEN LANE
 City MOUND State MN Zip Code 55364-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575298669888
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 646.76 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. PEEL, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7185 GUNFLINT TRAIL
 City CHANHASSEN State MN Zip Code 55317-4743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575329869888
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. VANHAM, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 727 N EVERGREEN AVE
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575341969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WHITE, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8727 W BUCKHORN TRL
 City PEORIA State AZ Zip Code 85383-4852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575342369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 923.04 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. HUYSMAN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 NORTH NEW RIVER DRIVE E # 904
 City FORT LAUDERDALE State FL Zip Code 33301-3179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575342669888
 Amount of Each Receipt this Period 19.24
 Memo Item
 P/R Deduction (\$9.62 Bi-Weekly)

B. IMDIEKE, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15900 WHITE PINE DRIVE
 City WAYZATA State MN Zip Code 55391-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Bus Anlys Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575347969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. TELESKY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2602 PENNINGTON PLACE
 City VALPARAISO State IN Zip Code 46383-9163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575350969888
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.32 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PHILLIPS, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 HERITAGE TRAIL
 City SUFFIELD State CT Zip Code 06078-2376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575354069888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. GUSTIN, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5717 AYRSHIRE BLVD
 City EDINA State MN Zip Code 55436-2059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.42

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575357769888
 Amount of Each Receipt this Period 393.80
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. NIELSEN, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W 11TH STREET
 City SHIP BOTTOM State NJ Zip Code 08008-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Regn Pres
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575361769888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 498.80 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. COOK, JORDANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 PALMETTO COVE COURT
 City BLUFFTON State SC Zip Code 29910-9580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575371669888
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

B. PIETROSIMONE, RALPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 ROSES FARM ROAD
 City EAST HAVEN State CT Zip Code 06512-4665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Ntwk Prgm Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.52

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575373869888
 Amount of Each Receipt this Period 19.04
 Memo Item
 P/R Deduction (\$9.52 Bi-Weekly)

C. CIAVARELLA, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 LORRAINE DRIVE
 City BEACON FALLS State CT Zip Code 06403-1256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575377969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 277.88 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 71 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. FENLON, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4925 DREW AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.16

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2575392069888
 Amount of Each Receipt this Period 18.32
 Memo Item
 P/R Deduction (\$9.16 Bi-Weekly)

B. BRATTEBO, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10202 HARMONY CIRCLE
 City EDEN PRAIRIE State MN Zip Code 55347-5019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2575397269888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FELLER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3715 HUNTINGTON AVE
 City ST LOUIS PARK State MN Zip Code 55416-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2575400369888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 479.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. ANDERSON, BRADLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4613 W 56TH ST
 City EDINA State MN Zip Code 55424-1558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575405269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. VENKATESAN, CHANDRAMOULEESWARAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17698 62ND COURT NORTH
 City MAPLE GROVE State MN Zip Code 55311-4619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575410169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MILLER, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11671 45TH PLACE NE
 City SAINT MICHAEL State MN Zip Code 55376-4536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Security
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575418169888
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 653.82 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. GOTTHARD, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16492 BROOKLANE BOULEVARD
 City NORTHVILLE State MI Zip Code 48168-8417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 992.68

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575419169888
 Amount of Each Receipt this Period 76.36
 Memo Item
 P/R Deduction (\$38.18 Bi-Weekly)

B. ARMSTRONG, LORI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 808 CAREN DRIVE
 City ELDERSBURG State MD Zip Code 21784-8569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575427969888
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. OHARA, KARIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1431 HENRY COURT
 City CHANHASSEN State MN Zip Code 55317-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Controller
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4996.15

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575428769888
 Amount of Each Receipt this Period 392.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 498.36 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MURLEY, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2775 COUNTRYSIDE DRIVE WEST
 City ORONO State MN Zip Code 55356-9675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575443669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SPILKER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 FITCH LANE
 City NEW CANAAN State CT Zip Code 06840-5051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Division CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575446369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RUNICE, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4622 BRUCE AVENUE
 City EDINA State MN Zip Code 55424-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4797.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575451569888
 Amount of Each Receipt this Period 369.00
 Memo Item
 P/R Deduction (\$184.50 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional)..... | 1138.20 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PEGG, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4917 KAMA LANE NE
 City ALBERTVILLE State MN Zip Code 55301-3536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575456069888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. GLATT, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 631 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Aviation Corp Pilots
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575464969888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

C. PHINNEY, ASHLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 GATEHOUSE ROAD
 City GRANBY State CT Zip Code 06035-1922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Director Technology
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575468469888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 94.62 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SADUSKE, NANETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4276 NICOLET DRIVE
 City GREEN BAY State WI Zip Code 54311-9798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575470269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. HENSEL, KRISTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 HOMEWOOD DRIVE
 City ANCHORAGE State KY Zip Code 40223-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575482669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BARTHEL, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20525 HARTFORD WAY
 City LAKEVILLE State MN Zip Code 55044-4452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Software Engineering
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575484369888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MACLAUCHLAN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 WYNDALE RD
 City JENKINTOWN State PA Zip Code 19046-1552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575492769888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. VESLEDAHL, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15598 MICHELE LANE
 City EDEN PRAIRIE State MN Zip Code 55346-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Affordability Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575499269888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DELREAL, MAGDALENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 WILLOW CREEK LANE
 City WILLOW SPRINGS State IL Zip Code 60480-1274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) GP Reg Market Growth Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575507769888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. MUNSON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4707 HAZELTINE LANE
 City EAGAN State MN Zip Code 55123-2172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575512469888
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. HUNTER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 COUNTRYSIDE ROAD
 City EDINA State MN Zip Code 55436-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575528369888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HERNANDEZ, MAYRENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 SW 189TH AVENUE
 City PEMBROKE PINES State FL Zip Code 33029-6047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575529269888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 653.82 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. HOLOVANIA, KRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4610 LAKEVIEW DRIVE
 City EDINA State MN Zip Code 55424-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575533069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HAMLIN, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 NEWMAN
 City HOUSTON State TX Zip Code 77098-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575536269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. SULLIVAN, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9675 WATERWAY PASSAGE DRIVE
 City WINTER GARDEN State FL Zip Code 34787-4957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575537269888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. HAUF, NADINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1008 WIMBERLY COURT
 City ALLEN State TX Zip Code 75013-1195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575538869888
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. SUN, TONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8408 ENSLEY PLACE
 City LEAWOOD State KS Zip Code 66206-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575540269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WENTZIEN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6350 SUMMIT CIRCLE
 City CHANHASSEN State MN Zip Code 55317-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2489.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575540869888
 Amount of Each Receipt this Period 198.00
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 294.92 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 81 OF 263 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. ZMUDA, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 SUMMIT AVE
 City SAINT PAUL State MN Zip Code 55105-3435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575544069888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. STEINBRECHER, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3516 FRANCISCO BAY
 City KERENS State TX Zip Code 75144-6197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575544569888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BALCK, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N3681 VINE RD
 City FREEDOM State WI Zip Code 54913-6928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575548469888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. CARLSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 695 FOUNTAINHEAD WAY
 City NAPLES State FL Zip Code 34103-2736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Exe Search & Mkt Intlnc
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4774.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575573769888
 Amount of Each Receipt this Period
 434.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BANSAL, SACHIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3920 BLACK OAKS LANE N
 City PLYMOUTH State MN Zip Code 55446-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Bus Group Fin Leader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575579469888
 Amount of Each Receipt this Period
 833.32
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

C. MILLER, MAXIMILLIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5328 CHOWEN AVENUE S
 City MINNEAPOLIS State MN Zip Code 55410-2122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M A VP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575579569888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1344.24 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. LYON, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2069 CIRCLE DRIVE
 City KRONENWETTER State WI Zip Code 54455-9062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575585969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. FINCH, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 STATION CIR NO
 City HUDSON State WI Zip Code 54016-9555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575586669888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. SOLLER, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 S 2ND STREET UNIT 614
 City MINNEAPOLIS State MN Zip Code 55415-1375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575586769888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. GISCH, SHAWNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 PRESERVE COURT
 City CHANHASSEN State MN Zip Code 55317-8717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575592169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MILLER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 OCEAN AVENUE 1016
 City REVERE State MA Zip Code 02151-6201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575595669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. IVERSON, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 EDGCUMBE RD
 City SAINT PAUL State MN Zip Code 55116-1780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strat Initiv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575603269888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. GOODMAN, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13828 EVERGREEN COURT
 City APPLE VALLEY State MN Zip Code 55124-9257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575603869888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KING, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 MONTIBELLO DRIVE
 City MOORESVILLE State NC Zip Code 28117-9139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575612869888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WAULTERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3344 SHOAL WAY
 City POWELL State OH Zip Code 43065-0501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575622169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. THOMPSON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17829 63RD AVE N
 City MAPLE GROVE State MN Zip Code 55311-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UHC CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR257563469888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WILSON, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 DURHAM MANOR DRIVE
 City FRANKLIN State TN Zip Code 37064-5266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575636169888
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

C. CLARK, TERENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 COOPER AVENUE
 City EDINA State MN Zip Code 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) EVP, Chief Cust Mktg Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575636969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. CABANILLAS, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2411 WORDSWORTH ST
 City HOUSTON State TX Zip Code 77030-1833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575637369888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. COLLINS, NEIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8465 MISSION HILLS LANE
 City CHANHASSEN State MN Zip Code 55317-7712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575637669888
 Amount of Each Receipt this Period
 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. HAYHURST, JENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23A MOUNT HYGEIA ROAD
 City FOSTER State RI Zip Code 02825-1434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575651869888
 Amount of Each Receipt this Period
 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MULLIGAN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 WHETTEN ROAD
 City WEST HARTFORD State CT Zip Code 06117-2856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575656869888
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KANE, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6650 N 39TH WAY
 City PARADISE VALLEY State AZ Zip Code 85253-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575657469888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WARSHAW, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 CARLSON DRIVE
 City PORTLAND State CT Zip Code 06480-1699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575665569888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 828.68 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. EVERETT, RICARDO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10507 WALPOLE LANE
 City AUSTIN State TX Zip Code 78739-1554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575667669888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. ALLEN, CARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8675 AZURE SKY DRIVE
 City LAS VEGAS State NV Zip Code 89129-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575669369888
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. BOGATYRENKO, VICTORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 FIVE MILE RIVER ROAD
 City DARIEN State CT Zip Code 06820-6234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1497.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575675469888
 Amount of Each Receipt this Period 115.18
 Memo Item
 P/R Deduction (\$57.59 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 221.26 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. MITCHELL, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11499 ASHLEY COURT
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4988.46

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575678369888
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SIMONSON, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10982 SANCTUARY COVE COURT
 City LAS VEGAS State NV Zip Code 89135-9126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1199.90

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575682369888
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

C. STIDMAN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6504 CHEROKEE TRAIL
 City EDINA State MN Zip Code 55439-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575683869888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 872.90 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. OCHIPINTI, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **26 SOUTH STREET**
UNIT 1 RIGHT

City **ANNAPOLIS** State **MD** Zip Code **21401-2652**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **United HealthCare Services Inc** Occupation (for Individual) **Hlth Plan CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4999.80**

Date of Receipt **12 / 31 / 2023**

Transaction ID : PR2575685769888

Amount of Each Receipt this Period **384.60**

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

B. KALBACHER, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4952 EAST DARTMOUTH STREET**

City **MESA** State **AZ** Zip Code **85205-6458**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **United HealthCare Services Inc** Occupation (for Individual) **Hlth Plan CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2299.96**

Date of Receipt **12 / 31 / 2023**

Transaction ID : PR2575688369888

Amount of Each Receipt this Period **176.92**

Memo Item

P/R Deduction (\$88.46 Bi-Weekly)

C. KOENIG, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **509 ORLANDO AVE**

City **ORELAND** State **PA** Zip Code **19075-1223**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **United HealthCare Services Inc** Occupation (for Individual) **VP Gen Mgmt**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **12 / 31 / 2023**

Transaction ID : PR2575702269888

Amount of Each Receipt this Period **400.00**

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 961.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 92 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. THIERY, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 999 LABEAUX AVE NE
 City HANOVER State MN Zip Code 55341-9292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Bus Group Fin Leader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.83

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575707869888
 Amount of Each Receipt this Period 457.86
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. VOLLRATH, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7647 MARKER ROAD
 City SAN DIEGO State CA Zip Code 92130-5616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS VP Clnt Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575719869888
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. CAIN, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 COUNTRYSIDE CT
 City DANVILLE State CA Zip Code 94506-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575724369888
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 804.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MCKEE, PATRICK, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 6500 TRANQUIL RIVER LANE | | Transaction ID : PR2575726769888 |
| City WAUSAU | State WI | Zip Code 54401-3302 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 38.46 |
| Name of Employer (for Individual) Optum Services, Inc | Occupation (for Individual) Dir Gen Mgmt | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 499.98 | P/R Deduction (\$19.23 Bi-Weekly) |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HELLAND, ROBYN, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 9089 PARTRIDGE RD | | Transaction ID : PR2575733869888 |
| City MINNETRISTA | State MN | Zip Code 55375-4513 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 28.08 |
| Name of Employer (for Individual) Optum Services, Inc | Occupation (for Individual) Dir Care Advo | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.04 | P/R Deduction (\$14.04 Bi-Weekly) |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GROSKLAGS, JEFFREY, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 3233 TIMBERWOLF CIRCLE | | Transaction ID : PR2575735769888 |
| City PRIOR LAKE | State MN | Zip Code 55372-3272 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 192.30 |
| Name of Employer (for Individual) Optum Services, Inc | Occupation (for Individual) Mkt Group CFO | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 2499.90 | P/R Deduction (\$96.15 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 258.84 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MURRAY, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CIRCLE WEST
 City EDINA State MN Zip Code 55436-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575736569888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. CESARETTI, GINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5020 CIRCLE DOWN
 City GOLDEN VALLEY State MN Zip Code 55416-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Compli/Sr Dep Gen Cnsl
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575739069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. STRICKLAND, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 SUNNYWOOD DRIVE
 City FULLERTON State CA Zip Code 92835-1858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575740969888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 95 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. PORTZ, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 SHERIDAN HILLS RD
 City WAYZATA State MN Zip Code 55391-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP FP&A
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575744569888
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PROBST, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1927 SAUNDERS AVENUE
 City SAINT PAUL State MN Zip Code 55116-2016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clin Affordability
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575744669888
 Amount of Each Receipt this Period
 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. PINERSKI, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7501 HART LN
 City AUSTIN State TX Zip Code 78731-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575752869888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 676.92 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 96 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. FULTON, RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 LANEWOOD LANE NORTH
 City PLYMOUTH State MN Zip Code 55447-4347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575756969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. EKLO, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3942 CAMPELLO CURVE
 City CHASKA State MN Zip Code 55318-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575761869888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HOWARTH, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1820 NAPOLI DRIVE
 City APEX State NC Zip Code 27502-9659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575762469888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. NEESE, LARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 DUNLEIGH COURT

| | | |
|-----------------|-------------|------------------------|
| City MADISON | State MS | Zip Code 39110-6806 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) KA Sr Acct Exe Acct Opt Out Mk |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.88

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2023 |

Transaction ID : PR2575766169888

Amount of Each Receipt this Period
30.76

Memo Item

P/R Deduction (\$15.38 Bi-Weekly)

B. PAIK, JESSICA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 BUTTONWOOD LANE EAST

| | | |
|----------------|-------------|------------------------|
| City RUMSON | State NJ | Zip Code 07760-1010 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) Bus Unit CEO |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.80

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2023 |

Transaction ID : PR2575783169888

Amount of Each Receipt this Period
384.60

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

C. MADDUX, SUSAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16426 FARMERS MILL LANE

| | | |
|----------------------|-------------|------------------------|
| City CHESTERFIELD | State MO | Zip Code 63005-4549 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) VP Pharmacy Programs |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4989.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2023 |

Transaction ID : PR2575783869888

Amount of Each Receipt this Period
398.00

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 813.36 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SUAREZ, MARIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21294 SMOKEHOUSE CT
 City ASHBURN State VA Zip Code 20147-5316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Innov & Strat
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575787369888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BERGDOLL, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 HARRIS PEAK ST
 City LAS VEGAS State NV Zip Code 89138-6351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575793769888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MAURER, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42328 NORTH BRADON COURT
 City ANTHEM State AZ Zip Code 85086-1989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575798169888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 553.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. SANKEN, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3018 ASPEN LAKE DRIVE
 City BLAINE State MN Zip Code 55449-7517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575798569888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. WIX, LACOSTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 402 JULIA STREET APARTMENT 403
 City NEW ORLEANS State LA Zip Code 70130-3699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575800069888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. GALIAN, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 SEQUAMS LANE WEST
 City WEST ISLIP State NY Zip Code 11795-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575803269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 100 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. RUSSELL, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3108 SONIA DRIVE
 City LAS VEGAS State NV Zip Code 89107-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575812169888
 Amount of Each Receipt this Period
 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. LATINO, DAYNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 BROOK CROSSING EXTENSION
 City ELLINGTON State CT Zip Code 06029-2247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575813269888
 Amount of Each Receipt this Period
 176.94
 Memo Item
 P/R Deduction (\$48.07 Bi-Weekly)

C. SCHENEMAN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 8TH ST
 City HUNTINGTON BEACH State CA Zip Code 92648-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clin Affordability
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575813469888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 331.86 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. TAYLOR, DUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5430 E BLOOMFIELD RD
 City SCOTTSDALE State AZ Zip Code 85254-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt: 12 / 31 / 2023
Transaction ID : PR2575818169888
 Amount of Each Receipt this Period: 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MCNATT, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4945 CANDACRAIG
 City ALPHARETTA State GA Zip Code 30022-6340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP SIs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: 12 / 31 / 2023
Transaction ID : PR2575824969888
 Amount of Each Receipt this Period: 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SCHMITT, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3045 25TH AVENUE
 City SAN FRANCISCO State CA Zip Code 94132-1541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt: 12 / 31 / 2023
Transaction ID : PR2575830069888
 Amount of Each Receipt this Period: 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 102 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. HARPER, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8206 WEST 16TH STREET
 City SAINT LOUIS PARK State MN Zip Code 55426-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4989.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575835569888
 Amount of Each Receipt this Period 398.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. JERDE, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9324 N AERIE CLIFF
 City FOUNTAIN HILLS State AZ Zip Code 85268-6358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575837469888
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. MANDELL, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 MISSION HILL WAY
 City COLORADO SPRINGS State CO Zip Code 80921-2672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575837869888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 541.46 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 103 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. HARRISON, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10603 MILLET SEED HILL
 City COLUMBIA State MD Zip Code 21044-4150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575840369888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. BOROCH, BLAIR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 BELFRY DRIVE
 City BLUE BELL State PA Zip Code 19422-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575849969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. AAFEDT, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5104 SKYLINE DRIVE
 City EDINA State MN Zip Code 55436-1354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575864169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. COTTINGTON, NYLE BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15050 47TH STREET NE
 City SAINT MICHAEL State MN Zip Code 55376-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Controller
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2575865369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ADAMO, BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3109 E DESERT LN
 City PHOENIX State AZ Zip Code 85042-7198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Software Engineering
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2575867869888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. PEZHMAN, PAYMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2825 MAPLEWOOD CIRCLE E
 City WAYZATA State MN Zip Code 55391-2633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2575883569888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 105 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. RICHARDSON, KRISTIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 BALL GAP ROAD
 City ARDEN State NC Zip Code 28704-8748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 31 / 2023**
Transaction ID : PR2575890969888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SCHMUKER, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2575 TALL TIMBER COURT SE
 City GRAND RAPIDS State MI Zip Code 49546-6787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4994.23

Date of Receipt **12 / 31 / 2023**
Transaction ID : PR2575906669888
 Amount of Each Receipt this Period 398.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ALT, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 813 FERNWOOD ROAD
 City MOORESTOWN State NJ Zip Code 08057-1362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt **12 / 31 / 2023**
Transaction ID : PR2575907369888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 826.08 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MARGHERIO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6412 JEFFERSON STREET
 City KANSAS CITY State MO Zip Code 64113-1542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575916369888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CZAJKA, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8590 BIG MANGROVE DRIVE
 City FORT MYERS State FL Zip Code 33908-7694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575918669888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. OLSON, TRUDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7208 WOODDALE AVE SOUTH
 City EDINA State MN Zip Code 55435-4156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575918769888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 192.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 107 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MCGOLDRICK, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 MOUNTAIN TERRACE ROAD
 City WEST HARTFORD State CT Zip Code 06107-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP SIs & Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575930469888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MATTERA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 LOCUST HILLS DRIVE
 City WAYZATA State MN Zip Code 55391-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG Chief Dev Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575938469888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RILEY, FELICITY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3330 EDMUND BLVD
 City MINNEAPOLIS State MN Zip Code 55406-2348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575943369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 108 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DONAHUE, JEANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 MORNINGSDRIVE
 City MANDEVILLE State LA Zip Code 70448-7571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575959269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. LEMKE, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4135 TRILLIUM LANE EAST
 City MINNETRISTA State MN Zip Code 55364-7730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4998.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575965869888
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FRANK, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1373 PRAIRIE MEADOW RD
 City MINNETRISTA State MN Zip Code 55359-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2575970469888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 857.52 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 109 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DICELLO, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 SAND CRANE CT
 City BRADENTON State FL Zip Code 34212-5226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575977969888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. SIEBERT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 VIA BELLEZA
 City SAN CLEMENTE State CA Zip Code 92673-6910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575979669888
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. RICHARDS, ALISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257 WEST GRANTLEY
 City ELMHURST State IL Zip Code 60126-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575987969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 612.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. GOLD, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 E SWISS OAKS DR
 City SANDY State UT Zip Code 84093-6587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575988669888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. SCHULTZ, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4012 S XERXES AVENUE
 City MINNEAPOLIS State MN Zip Code 55410-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2575990969888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BRIGGS, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13534 TUSCALEE HILL CIR
 City DRAPER State UT Zip Code 84020-5653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2576001669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 111 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|------------------------------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SCHOENER, SHAUN, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 884 LAS PALOMAS DR | | | Transaction ID : PR2576012769888 |
| City LAS VEGAS | State NV | Zip Code 89138-5001 | Amount of Each Receipt this Period 32.88 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Health Plan of Nevada | | Occupation (for Individual) SB KA VP SIs Acct Mgt | P/R Deduction (\$16.34 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 424.84 | | |

| | | | |
|---|-------------------------------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SONERHOLM, KIMBERLY, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 12389 FOXTAIL RUN AVENUE | | | Transaction ID : PR2576033269888 |
| City LAS VEGAS | State NV | Zip Code 89138-6279 | Amount of Each Receipt this Period 384.60 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Health Plan of Nevada | | Occupation (for Individual) Hlth Plan CEO | P/R Deduction (\$192.30 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4999.80 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HOLZERSPARR, CYNTHIA, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 30 BRIDGHAM FARM ROAD | | | Transaction ID : PR2576034869888 |
| City RUMFORD | State RI | Zip Code 02916-1304 | Amount of Each Receipt this Period 28.08 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) Sr Med Dir | P/R Deduction (\$14.04 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 365.04 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 445.36 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 112 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MOSHER, MATTHEW, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 4201 SUNSET DRIVE #108 | | Transaction ID : PR2576038569888 |
| City SPRING PARK | State MN | Zip Code 55384-4515 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.32 |
| Name of Employer (for Individual) Optum Services, Inc | Occupation (for Individual) VP Info Tech | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 999.84 | P/R Deduction (\$38.46 Bi-Weekly) |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BYRNES, CHRISTOPHER, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 3920 GLENWOOD STREET | | Transaction ID : PR2576042869888 |
| City DULUTH | State MN | Zip Code 55804-1403 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 384.60 |
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) Bus Segment COO | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi-Weekly) |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. STONE, LAURA, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 1485 COUNTY RD 286 | | Transaction ID : PR2576045169888 |
| City COLLINSVILLE | State TX | Zip Code 76233-2389 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 76.92 |
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) Dir Ntwk Contrctng | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 999.96 | P/R Deduction (\$38.46 Bi-Weekly) |

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 544.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 113 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. GROENENDAAL, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 FOREST AVENUE
 City RIVER FOREST State IL Zip Code 60305-1710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Executive Compensation
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2576046269888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. NELSON, KRISTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18202 SHAVERS LAKE DRIVE
 City WAYZATA State MN Zip Code 55391-3338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2576047969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CARTER, JEREMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1081 LAKE SUSAN DR
 City CHANHASSEN State MN Zip Code 55317-9337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 299.78

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2576049569888
 Amount of Each Receipt this Period 23.06
 Memo Item
 P/R Deduction (\$11.53 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 435.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MONICAL, KENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9795 E PIEDRA DRIVE
 City SCOTTSDALE State AZ Zip Code 85255-9231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2576051369888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HUANG, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6838 IDLEWOOD WAY
 City EDEN PRAIRIE State MN Zip Code 55346-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Group Fin Leader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2576059969888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. REX, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2576060069888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MCEWAN, JOSHUA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 ALDRICH AVE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-5353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2576085769888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. FREIBERG, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9605 LEXINGTON CT
 City WESTON State WI Zip Code 54476-6730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2749.92

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2576093669888
 Amount of Each Receipt this Period 528.84
 Memo Item
 P/R Deduction (\$105.76 Bi-Weekly)

C. OLUJIC, TAMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36218 SE SAINT ANDREWS LANE
 City SNOQUALMIE State WA Zip Code 98065-9094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2576097369888
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 944.20 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 116 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PALMER, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 346 COUNTRY CLUB DRIVE
 City TEQUESTA State FL Zip Code 33469-1944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2576097969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DAHL, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12500 NW 20TH AVE
 City VANCOUVER State WA Zip Code 98685-2304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2576100269888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. KIEWEL, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1137 PRAIRIE VIEW DR SW
 City HUTCHINSON State MN Zip Code 55350-6725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Principal Engineer, TLCP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2576117569888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 440.68 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SANCHEZ, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5025 BRANFORD COURT
 City DUBLIN State CA Zip Code 94568-7241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2576126969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. LIRETTE, KARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 WEST WOODLAWN DRIVE
 City DESTREHAN State LA Zip Code 70047-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2576138969888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. FRIDNER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 PENFIELD DR
 City CAROL STREAM State IL Zip Code 60188-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB NA VP Sls/Gen
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2576147569888
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 183.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 118 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. LENTZ, MICHEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4004 FOREST GLEN DRIVE
 City GREENSBURG State PA Zip Code 15601-9062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2576153569888
 Amount of Each Receipt this Period
 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. WARN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2079 AUSTRIAN PINE LN
 City MINNETONKA State MN Zip Code 55305-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP FP&A
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2576157869888
 Amount of Each Receipt this Period
 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. BENSON, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14951 HIGHLAND COURT NE
 City PRIOR LAKE State MN Zip Code 55372-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2576310969888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 119 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. PETSCH, JESSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4705 CHOWEN AVE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharm PA/Appeals
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.95

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2578705969888
 Amount of Each Receipt this Period 90.90
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. SAINATO, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 CARLTON TER
 City STEWART MANOR State NY Zip Code 11530-3821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.78

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2578715069888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

C. COMBSMORGAN, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4334 MOUNT ZION ROAD
 City SPRINGFIELD State TN Zip Code 37172-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Conctrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.20

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2578719869888
 Amount of Each Receipt this Period 38.40
 Memo Item
 P/R Deduction (\$19.20 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 157.36 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 120 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|-------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. EGELAND, DANIEL, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 2659 E LAKE OF THE ISLES PKWY | | | Transaction ID : PR2578741069888 |
| City MINNEAPOLIS | State MN | Zip Code 55408-1052 | Amount of Each Receipt this Period 384.60 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Optum Services, Inc | | Occupation (for Individual) VP Bus Dev | P/R Deduction (\$192.30 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 4999.80 | |

| | | | |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DUFFEY, KRISTY, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 42095 N 109TH PLACE | | | Transaction ID : PR2578823269888 |
| City SCOTTSDALE | State AZ | Zip Code 85262-3293 | Amount of Each Receipt this Period 384.60 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Optum Services, Inc | | Occupation (for Individual) Chief Nursing Officer | P/R Deduction (\$192.30 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 4999.80 | |

| | | | |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BUSBEE, NATHANAEL, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 |
| Mailing Address 122 ROSEWOOD AVE | | | Transaction ID : PR2578826769888 |
| City CATONSVILLE | State MD | Zip Code 21228-4938 | Amount of Each Receipt this Period 76.92 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) Dir Bus Process | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 999.96 | |

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 121 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ELLIS, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6001 DRIPPING SPRINGS
 City FRISCO State TX Zip Code 75034-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2595209169888
 Amount of Each Receipt this Period 32.76
 Memo Item
 P/R Deduction (\$16.38 Bi-Weekly)

B. HAREWOOD, JUNIOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 HAMPTON ROAD
 City GARDEN CITY State NY Zip Code 11530-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2595231569888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BHATNAGAR, UPASANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13022 HIGHGROVE ROAD
 City HIGHLAND State MD Zip Code 20777-9587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2601127469888
 Amount of Each Receipt this Period 909.08
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1326.44 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 122 OF 263 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. LESTER, SHAUNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20550 PARKVIEW LANE
 City SHOREWOOD State MN Zip Code 55331-4529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2601154769888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. FRIAS, LORRAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2116 STANFORD AVENUE
 City SAINT PAUL State MN Zip Code 55105-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2601159069888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. KIMES, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1917 SW 27TH STREET
 City TOPEKA State KS Zip Code 66611-1643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2601162069888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 143.46 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 123 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PERERA, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 UNITY AVE N
 City GOLDEN VALLEY State MN Zip Code 55422-4735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2601168869888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ESCHERJR, DELBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 885 SUGAR HILL DRIVE
 City MANCHESTER State MO Zip Code 63021-6665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.78

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2601171069888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

C. HUDSON, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1536 BREWSTER DRIVE
 City CARROLLTON State TX Zip Code 75010-6444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 12 / 31 / 2023
Transaction ID : PR2605703069888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 132.98
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 124 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PATTEN, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7384 NARCISSUS LANE N
 City MAPLE GROVE State MN Zip Code 55311-1596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Innovation
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2605711969888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ANDERSONHUTCHINS, LEIGH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16786 RAINY VALE AVE
 City RIVERSIDE State CA Zip Code 92503-6535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2605717869888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. DAVIS, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2285 N POWHATAN ST
 City ARLINGTON State VA Zip Code 22205-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4807.50

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2605734269888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 861.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 125 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. LEIGH PITSTICK, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 SNOW CREEK LN
 City LEAVENWORTH State WA Zip Code 98826-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2605735269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. PETERSON, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7757 BECK LN
 City ZIONSVILLE State IN Zip Code 46077-9060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2605750469888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. SONSTEGARD, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4216 ZENITH AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 865.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2606844469888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 126 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. RAWLINSON, DORIEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4795 W RED ROCK DRIVE
 City LARKSPUR State CO Zip Code 80118-8413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2606854669888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. FICKER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 945 MINERS RIDGE COURT
 City INCLINE VILLAGE State NV Zip Code 89451-8801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2607806769888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WELDON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1155 MOERS DRIVE
 City CHASKA State MN Zip Code 55318-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Corp Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2608055569888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 127 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. LANDO, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 PINEAPPLE STREET
 APT 3J
 City BROOKLYN State NY Zip Code 11201-6839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2608059569888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. PATEL, KETAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1811 PITCAIRN DRIVE
 City COSTA MESA State CA Zip Code 92626-4702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Pharm Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2612523369888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. STEVENS, J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 MEADERBORO ROAD
 City ROCHESTER State NH Zip Code 03867-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Tech Prod Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2612528569888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 230.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 128 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BAKER, MICHAEL, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : PR2612530569888 | | |
| Mailing Address 2383 HIGHOVER TRAIL | | | Amount of Each Receipt this Period 384.60 | | |
| City CHANHASSEN | State MN | Zip Code 55317-4744 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$192.30 Bi-Weekly) | | |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) Bus Segment COO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 4999.80 | | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SHILTS, MATTHEW, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : PR2612533269888 | | |
| Mailing Address 10 WOODLAND ROAD | | | Amount of Each Receipt this Period 92.30 | | |
| City EDINA | State MN | Zip Code 55424-1631 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$46.15 Bi-Weekly) | | |
| Name of Employer (for Individual) Optum Services, Inc | | Occupation (for Individual) SVP CTO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1199.90 | | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KREJCI, ANDREW, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : PR2614310769888 | | |
| Mailing Address 19880 LAKEVIEW AVENUE | | | Amount of Each Receipt this Period 56.16 | | |
| City EXCELSIOR | State MN | Zip Code 55331-9352 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$28.08 Bi-Weekly) | | |
| Name of Employer (for Individual) Optum Services, Inc | | Occupation (for Individual) VP Comm | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 730.08 | | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 533.06 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 129 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. THOMPSON, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 NORTH OCEAN BOULEVARD
 UNIT 1502
 City FORT LAUDERDALE State FL Zip Code 33308-7191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS Natl Sls Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2614322369888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. RHODES, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12439 GLENLIVET LOWLAND AVE
 City LAS VEGAS State NV Zip Code 89138-6244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2615075169888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. SOLOMON, RANDALL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 HAIGHT STREET
 City SAN FRANCISCO State CA Zip Code 94117-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2615671569888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 153.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 130 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. BIRNBAUM, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 DEAN STREET
 City BROOKLYN State NY Zip Code 11201-6245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2615671669888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SCALLY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 PLYMOUTH RD
 City BALTIMORE State MD Zip Code 21229-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2615929169888
 Amount of Each Receipt this Period
 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. KIRBY, WESLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N MALLARD LN
 City ROGERS State AR Zip Code 72756-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Manager, Advisory Svcs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2615957069888
 Amount of Each Receipt this Period
 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 131 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. OSTRANDER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 BARTON COURT
 City PLEASANT HILL State CA Zip Code 94523-2029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2615960669888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. LONGORIA, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 BLUEBIRD
 City MANCHACA State TX Zip Code 78652-4154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2617361169888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. TRAW, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 518 13TH ST
 City HUNTINGTON BEACH State CA Zip Code 92648-4038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Cust Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2617365669888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 132 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MIKICH, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10004 CHARLEMONT
 City LAS VEGAS State NV Zip Code 89134-6703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2617928769888
 Amount of Each Receipt this Period 19.22
 Memo Item
 P/R Deduction (\$9.61 Bi-Weekly)

B. GARNER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 YATES DRIVE
 City MERRITT ISLAND State FL Zip Code 32952-5937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Architecture
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2617933469888
 Amount of Each Receipt this Period 15.46
 Memo Item
 P/R Deduction (\$7.73 Bi-Weekly)

C. MISKELLCLOUTIER, DOMINIQUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12101 STRETFORD FOREST COURT
 City BRISTOW State VA Zip Code 20136-2078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2618984969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 62.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 133 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DOMB, JULIET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 CHURCH ST
 City WATERTOWN State MA Zip Code 02472-4721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2618988769888
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. WILSON, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18242 DOVE COURT
 City EDEN PRAIRIE State MN Zip Code 55347-1179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2618989869888
 Amount of Each Receipt this Period 833.32
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. CONNOR, MARSHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3845 WEST 143RD TERRACE
 City LEAWOOD State KS Zip Code 66224-3911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2618994369888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1053.70 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 134 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. OLSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 S CORONA ST
 City DENVER State CO Zip Code 80209-4410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2622561669888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. TROCINSKI, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 ROBIN COURT
 City WEST SALEM State WI Zip Code 54669-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2623691069888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. MOURAS, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5942 BRIARWOOD COURT
 City CLARKSTON State MI Zip Code 48346-3176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2623702969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 135 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. CAMP, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 WOODFIELD BLVD
 City MECHANICVILLE State NY Zip Code 12118-3038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2624436869888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. GREIN, DEEDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4548 ABBOTT AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4776.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2624442269888
 Amount of Each Receipt this Period 208.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MULES, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1136 BATTERY AVENUE
 City BALTIMORE State MD Zip Code 21230-4112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2624442669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 620.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 136 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SINGH, KANWAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10422 VERDI COURT
 City ELLICOTT CITY State MD Zip Code 21042-2586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2624445969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SMITH, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5040 INTERLACHEN BLUFF
 City EDINA State MN Zip Code 55436-1360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Client Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2625503769888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LIVERS, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 402 DERBY COURT
 City MEBANE State NC Zip Code 27302-9452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2626346069888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 137 OF 263 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. TERRAL, RECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6828 SIMMONS RD
 City NORTH RICHLAND HILLS State TX Zip Code 76182-4259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2626359669888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. BONAR, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 STONERIDGE DR
 City KALISPELL State MT Zip Code 59901-7695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir, Software Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2626906869888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. SCHENCK, ERIK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18236 DOE TRAIL
 City BRAINERD State MN Zip Code 56401-7987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Product Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2627730469888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 84.24 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 138 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SCOTT, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29039 HOBBLEBUSH
 City SAN ANTONIO State TX Zip Code 78260-2249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2627731969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. MORRIS, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1045 SWEET GUM WAY
 City MEBANE State NC Zip Code 27302-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2627735569888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. LINDLEY, SHEILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3656 WINDING WOOD LANE
 City LEXINGTON State KY Zip Code 40515-1283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 361.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2627739869888
 Amount of Each Receipt this Period 27.80
 Memo Item
 P/R Deduction (\$13.90 Bi-Weekly)

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 83.96 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 139 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DUKART, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2541 DRESDEN LANE
 City GOLDEN VALLEY State MN Zip Code 55422-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2627749169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. NAKAJIMA, KENICHI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15822 BELFAST LANE
 City HUNTINGTON BEACH State CA Zip Code 92647-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Act Svs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.86

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2628319069888
 Amount of Each Receipt this Period 19.22
 Memo Item
 P/R Deduction (\$9.61 Bi-Weekly)

C. PARIS, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17365 62ND AVE N
 City MAPLE GROVE State MN Zip Code 55311-6405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2628320669888
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 596.12 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 140 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. SHJERVE, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12126 94TH AVE N
 City MAPLE GROVE State MN Zip Code 55369-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2628329869888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MANNING, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12703 DEER CREEK DRIVE
 City OMAHA State NE Zip Code 68142-1762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2628331469888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. VANDERWALDE, LAMBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 AUDUBON CAUSEWAY
 City LANTANA State FL Zip Code 33462-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHG Research-Corp Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2628332369888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 141 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PIAZZA, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 HILLSIDE LN
 City POTTSTOWN State PA Zip Code 19465-8583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2628334169888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. KORNHAUSER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 SUMMIT LANE
 City BALA CYNWYD State PA Zip Code 19004-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1506.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2628335769888
 Amount of Each Receipt this Period 115.92
 Memo Item
 P/R Deduction (\$57.96 Bi-Weekly)

C. MILLER, DEBRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5218 PINEHURST COURT
 City WHITESTOWN State IN Zip Code 46075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Product
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2628791369888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 220.92 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 142 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. CHAMBERLAIN, LACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 CHASTEK WAY
 City MINNETONKA State MN Zip Code 55345-6601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2628819369888
 Amount of Each Receipt this Period
 1666.66
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. THOMPSON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2826 HEDGEROW DRIVE
 City DALLAS State TX Zip Code 75235-7590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2628833669888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BENJAMIN, GEORGANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3439 S MILLSPUR WAY
 City BOISE State ID Zip Code 83716-8648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2629554169888
 Amount of Each Receipt this Period
 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2081.26 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 143 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. DREFAHL, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6104 FOX MEADOW LN
 City EDINA State MN Zip Code 55436-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Division COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2632078969888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. NAPOLITANO, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CHESTNUT COURT
 City BASKING RIDGE State NJ Zip Code 07920-3100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Capability
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2632087769888
 Amount of Each Receipt this Period
 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. GORSUCH, KIRSTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10020 E GRAYTHORN DRIVE
 City SCOTTSDALE State AZ Zip Code 85262-5134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2632087869888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 144 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. TUFFIN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5904 ASHBY MANOR PLACE
 City ALEXANDRIA State VA Zip Code 22310-2267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2632087969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MEENTS, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6531 BIG WOODS DRIVE
 City MINNETRISTA State MN Zip Code 55331-2026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2632088169888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ORRICK, VERONICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2960 CLAREMORE LANE
 City LONG BEACH State CA Zip Code 90815-1642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Prov Data
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2632858569888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 145 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. WALTHOUR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5049 COLFAX AVE S
 City MINNEAPOLIS State MN Zip Code 55419-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2632877069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PARR, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2625 LEROY LANE
 City WEST BLOOMFIELD State MI Zip Code 48324-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2632883569888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. SARGENT, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3750 CANAL STREET
 City SAINT CHARLES State MO Zip Code 63301-8510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2634119369888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 146 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HAPGOOD, WADE, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : PR2634167069888 | | |
| Mailing Address 330 NW 82ND | | | Amount of Each Receipt this Period 115.38 | | |
| City TOPEKA | State KS | Zip Code 66617-2223 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$57.69 Bi-Weekly) | | |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) Dir Govt Affs | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1499.94 | | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ROALDI, MICHAEL, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : PR2634169569888 | | |
| Mailing Address 4720 HARRIET AVENUE | | | Amount of Each Receipt this Period 77.00 | | |
| City MINNEAPOLIS | State MN | Zip Code 55419-5434 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$38.50 Bi-Weekly) | | |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) SVP Prd | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1001.00 | | | |

| | | | | | |
|---|-------------|---|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PRIBLE, JOHN, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : PR2634656669888 | | |
| Mailing Address 1923 SHIVER DR | | | Amount of Each Receipt this Period 384.60 | | |
| City ALEXANDRIA | State VA | Zip Code 22307-1629 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$192.30 Bi-Weekly) | | |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) VP Govt Affs | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 4999.80 | | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 576.98 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 147 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. SIEVERS, NORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18605 75TH AVE N
 City MAPLE GROVE State MN Zip Code 55311-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Recruit
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2634880969888
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. THOMPSON, DUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3037 E BDE MAKA SKA PKWY
 City MINNEAPOLIS State MN Zip Code 55408-2520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2634882769888
 Amount of Each Receipt this Period
 416.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WARGIN, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11149 SWEETWATER PATH
 City WOODBURY State MN Zip Code 55129-5293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2634883869888
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1216.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 148 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. WOJCIK, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11424 BOULDER DRIVE
 City ORLAND PARK State IL Zip Code 60467-7419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4989.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2634886569888
 Amount of Each Receipt this Period 398.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PESCATELLO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 HAMLIN STREET NE
 City WASHINGTON State DC Zip Code 20017-2451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2634886569888
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. POWER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 SMITH LANE
 City SAINT JAMES State NY Zip Code 11780-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4991.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2634892869888
 Amount of Each Receipt this Period 424.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1014.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 149 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. GILREATH, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 236 JERRY ROAD
 City EAST HARTFORD State CT Zip Code 06118-3124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Dvlp Cons
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2635426869888
 Amount of Each Receipt this Period 19.24
 Memo Item
 P/R Deduction (\$9.62 Bi-Weekly)

B. PAYET, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26495 SE KENT KANGLEY RD
 City RAVENSDALE State WA Zip Code 98051-9427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2635440069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MANN, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15526 ELM RD
 City MAPLE GROVE State MN Zip Code 55311-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2635442169888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 442.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 150 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MIRAU, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 HAWKCREST CIR
 City CHANHASSEN State MN Zip Code 55317-4860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2635444269888
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. CHAPMAN, DANIELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16471 NORTHWOOD RD NW
 City PRIOR LAKE State MN Zip Code 55372-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Controller
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2635445269888
 Amount of Each Receipt this Period
 333.32
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ROOS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3199 KAGEN AVE NE
 City SAINT MICHAEL State MN Zip Code 55376-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Acctng Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2635451269888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 910.22 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 151 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. NELSON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2048 STAGHORN DRIVE
 City SHAKOPEE State MN Zip Code 55379-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) People Business Partner
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2636719369888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. MADONDO, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 WINSTON ROAD
 City HOLLISTON State MA Zip Code 01746-1454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2636726169888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. DEMPSEY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6614 PARKWOOD LANE
 City EDINA State MN Zip Code 55436-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Group Fin Leader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2636726369888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 152 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. HILL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 RIDGE AVENUE UNIT 303
 City EVANSTON State IL Zip Code 60201-5980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2636726569888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. FELLOWS, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5725 SAINT JOHNS AVE
 City EDINA State MN Zip Code 55424-1546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2637680069888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$198.15 Bi-Weekly)

C. PEDERSEN, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1862 CLOVER MEADOW DR
 City CHASKA State MN Zip Code 55318-5400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2637684769888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 505.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 153 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. LARSON, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3360 VISTA COURT
 City HASTINGS State MN Zip Code 55033-3347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2637688769888
 Amount of Each Receipt this Period 0.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

B. AMUNDSON, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3975 ZANZIBAR LANE N
 City PLYMOUTH State MN Zip Code 55446-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2637690669888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BESHARA, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 SPRINGVALE DRIVE
 City BEL AIR State MD Zip Code 21015-5849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharmacy Programs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2637692969888
 Amount of Each Receipt this Period 1666.66
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2066.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 154 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. CALABRESE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 FARM HILL RD
 City CAPE ELIZABETH State ME Zip Code 04107-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2639708369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MESSING, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 BUTTERFIELD DR
 City GREENLAWN State NY Zip Code 11740-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir, Software Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2639734969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. SMITH, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 ROCKAWAY AVE
 City MARBLEHEAD State MA Zip Code 01945-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2639746269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 155 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. WIGGIN, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 MIDDLEBROOK RD
 City WEST HARTFORD State CT Zip Code 06119-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2639759369888
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. ZUCCO, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2608 CROMWELL COURT
 City MINNEAPOLIS State MN Zip Code 55410-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2639760069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DUTTA, SUMIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 W WRIGHTWOOD AVE
 City CHICAGO State IL Zip Code 60614-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2639773869888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 884.58 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 156 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. SMITH, DELYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 447
 City MT PROSPECT State IL Zip Code 60056-0447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2639801569888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. GALLOWAY, MERCEDEIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6737 LANCER DRIVE
 City CHARLOTTE State NC Zip Code 28226-7729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Client Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2640452069888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. WEBER, ALISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10425 HIDDEN VALLEY DRIVE
 City JOHNSTON State IA Zip Code 50131-2539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Bus Group Fin Leader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2640461069888
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 220.38 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 157 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. STOW, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5505 30TH ST NW
 City WASHINGTON State DC Zip Code 20015-1249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2640466469888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SHARKEY, S PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8607 ELLISTON DRIVE
 City WYNDMOOR State PA Zip Code 19038-7957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2640845469888
 Amount of Each Receipt this Period 57.70
 Memo Item
 P/R Deduction (\$28.85 Bi-Weekly)

C. BRISSON, SAMUEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2454 GETTYSBURG AVE S
 City ST LOUIS PARK State MN Zip Code 55426-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Tech Prod Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2640854569888
 Amount of Each Receipt this Period 28.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 470.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 158 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ESTESS, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 ASHBROOKE TRAIL
 City MADISON State MS Zip Code 39110-6855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2640876569888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. METKO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23665 HIGHVIEW LANE
 City LAKEVILLE State MN Zip Code 55044-6025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP International Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2640877369888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ADVANI, PROTIMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7618 BRITTANY PARC CT
 City FALLS CHURCH State VA Zip Code 22043-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Rsch
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2642024169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 159 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. STRAND, UTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 SPRINGDALE DRIVE
 City NASHVILLE State TN Zip Code 37215-1134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2642025569888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. JENSEN, GINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6287 JUNEAU LANE N
 City MAPLE GROVE State MN Zip Code 55311-4166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2642031469888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. MARTIN, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7002 N VIA DE MANANA
 City SCOTTSDALE State AZ Zip Code 85258-3951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Market VP SIs AM
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2642818069888
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 230.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 160 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. KIRK, ARETHUSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 OTHORIDGE ROAD
 City LUTHERVILLE State MD Zip Code 21093-5413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2642830269888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

B. LONG, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4825 PENN AVE S
 City MINNEAPOLIS State MN Zip Code 55419-5258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Planning & Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2642831269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. FOX, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 SECOND STREET
 City ALEXANDRIA State VA Zip Code 22314-1416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2642832069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 161 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. HASAN, NADIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16731 LAKE STREET EXTENSION
 City MINNETONKA State MN Zip Code 55345-2745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2642832969888
 Amount of Each Receipt this Period
 218.00
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. KEISERJENKINS, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9325 MARTINS LAKE DRIVE
 City ROSWELL State GA Zip Code 30076-2865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2642834469888
 Amount of Each Receipt this Period
 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. RUDOLPH, CLAYTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4937 RUSSELL AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Group Fin Leader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2643199369888
 Amount of Each Receipt this Period
 409.70
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 655.78 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 162 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. CRAGLE, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6604 MOHAWK TRAIL
 City EDINA State MN Zip Code 55439-1030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR264320069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. NEELY, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1159 BUFFALO RIDGE RD
 City CASTLE PINES State CO Zip Code 80108-8190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2643203169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WINNEROSKI, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 ABBOTT AVE S
 City MINNEAPOLIS State MN Zip Code 55410-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2644647169888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 163 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MCKOY, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 927 LINCOLN AVE
 City SAINT PAUL State MN Zip Code 55105-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2644651669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. JEZARIAN, WENDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 HUMBOLDT AVE S
 City MINNEAPOLIS State MN Zip Code 55419-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Mktg Rsch Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2644659669888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. CHAPMAN, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 SECOND STREET
 City NEW ORLEANS State LA Zip Code 70113-1632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acct Mgmt SB KA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2645103069888
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 523.06 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 164 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. VALLI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351 JEFFERSON DRIVE
 City PITTSBURGH State PA Zip Code 15228-2166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2645168869888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MAHRT, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4640 N TOMSIK ST
 City LAS VEGAS State NV Zip Code 89129-4816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2645176969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PRICE, CASSANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7903 S 193 AVENUE
 City GRETNA State NE Zip Code 68028-5017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2646263669888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 861.52 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 165 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. KELLNER, KYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1641 WHITE PINE WAY
 City CARVER State MN Zip Code 55315-4563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2646268369888
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

B. HOFFMAN, SHERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3409 DEEP WILLOW AVENUE
 City PIKESVILLE State MD Zip Code 21208-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2646294669888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. STANKIEWICZ, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17761 WEAVER LAKE DRIVE
 City MAPLE GROVE State MN Zip Code 55311-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Controller
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2646304069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 492.28 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 166 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SWENSSON, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6312 MERRIMAC LANE NORTH
 City MAPLE GROVE State MN Zip Code 55311-3835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2698403969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ROSENHAUS, MORGANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724 FARRAGUT STREET NW
 City WASHINGTON State DC Zip Code 20011-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2698409869888
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. RODDIS, SARAH ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4512 BRUCE AVENUE
 City EDINA State MN Zip Code 55424-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP User Experience
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.86

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2698413569888
 Amount of Each Receipt this Period 19.22
 Memo Item
 P/R Deduction (\$9.61 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 519.20 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 167 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. TAYLOR, JOSHUA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 CARRIAGE HILL RD
 City WOODBRIDGE State CT Zip Code 06525-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2698416769888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. DOWLING, MELODY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 N EVERGREEN ST
 City GARDNER State KS Zip Code 66030-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2699182569888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. AHLSTROM, ALEXIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3421 OAKWOOD TERRACE
 City WASHINGTON State DC Zip Code 20010-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2699187169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional)..... | 499.98 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 168 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ZHOU, JINGXIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12011 FAIRVIEW CT
 City MINNETONKA State MN Zip Code 55343-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2699187869888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

B. HECK, DARRYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 CALLAWAY CHASE LN
 City PANAMA CITY State FL Zip Code 32404-6188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Manager Data Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2700831969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. OFFIELD, MIRANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1906 N MEYERS RD
 City LIBERTY LAKE State WA Zip Code 99016-5049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Manager Data Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2700857569888
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 135.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 169 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. FULBRIGHT, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47-645 UAKEA PLACE
 City KANEEOHE State HI Zip Code 96744-5427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) GP Market Growth Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 319.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2700865869888
 Amount of Each Receipt this Period
 24.56
 Memo Item
 P/R Deduction (\$12.28 Bi-Weekly)

B. WARNER, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 CAMBRIDGE DRIVE
 City RAMSEY State NJ Zip Code 07446-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2700873569888
 Amount of Each Receipt this Period
 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. WAYLAND, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5601 MATOAKA RD
 City RICHMOND State VA Zip Code 23226-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Behavioral Hlth
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2700924669888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 437.24
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 170 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. MCSWEENEY, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1128 EDINGTON PLACE
 City MARCO ISLAND State FL Zip Code 34145-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Chief People Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2701818069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. OCONNELL, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 LATIGO PLACE
 City COLUMBINE VALLEY State CO Zip Code 80123-6683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2701819669888
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C. BRUCE, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1433 POWDER DRIVE
 City O FALLON State MO Zip Code 63366-1398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2701823069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 999.96 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 171 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SPARKS, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10681 S CEDAR NILES BLVD
 City OLATHE State KS Zip Code 66061-7415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2701825569888
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. KRAMER, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4672 BITTERN LANE
 City LEBANON State OH Zip Code 45036-7562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2702501469888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BERKE, ETHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1733 GULL LANE
 City MOUND State MN Zip Code 55364-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CMO/VP Public Health
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2703245269888
 Amount of Each Receipt this Period
 80.00
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional).....▶ | 349.22 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 172 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MERZLICKE, CAREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 BENTLEY PARK CIRCLE
 City O FALLON State MO Zip Code 63368-8022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR27032469888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BROWN, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 502 BERRYMANS LANE
 City REISTERSTOWN State MD Zip Code 21136-6003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Pract Perf
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2703250869888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. CRIPPIN, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11328 W 142ND STREET
 City OVERLAND PARK State KS Zip Code 66221-8060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Prov Svc
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2703639569888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional)..... | 133.08 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 173 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. WESTRA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4042 E ROBIN LANE
 City PHOENIX State AZ Zip Code 85050-6875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) AES VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.78

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2704143469888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

B. HOROHO, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15307 EATON CT
 City TAMPA State FL Zip Code 33647-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2704194669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. JOHAR, RAVI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 ARGUS MANOR CT
 City CHESTERFIELD State MO Zip Code 63017-2469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2705065169888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 440.74 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 174 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. DAUN, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W273N6194 BASHAM LANE
 City SUSSEX State WI Zip Code 53089-4702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Natl VP, Key Accts-Spec Ben
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2705966269888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. ZELLER, TRISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 290 PRESERVE CT
 City CHANHASSEN State MN Zip Code 55317-8716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2705971469888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. SPADE, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1060 ELLIOTT LANE
 City YORK State PA Zip Code 17403-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2705987069888
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 210.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 175 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. BARBARO, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 ARBUTUS STREET
 City MIDDLETOWN State CT Zip Code 06457-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP National Sales
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2705988269888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KMIEC, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4736 PRAIRIE DUNES WAY
 City EAGAN State MN Zip Code 55123-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2705989269888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PETRONE, DAMIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 DEAN CT
 City WEST CHESTER State PA Zip Code 19382-2100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Gen Mgmt
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2706418969888
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 807.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 176 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. BARTHOLET, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5918 VALEWOOD DRIVE
 City MINNETONKA State MN Zip Code 55345-6545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2706451169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MULDOON, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 E LURAY AVENUE
 City ALEXANDRIA State VA Zip Code 22301-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2706452769888
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. MOORE, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9405 EAGLE NEST LANE
 City MIDDLETON State WI Zip Code 53562-5647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2706453569888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 961.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 177 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. MCAHON, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 THOMAS AVE S #1621
 City MINNEAPOLIS State MN Zip Code 55416-4474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.78

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2740509069888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

B. HUNT, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5594 MARSHALL HOUSE CT
 City BURKE State VA Zip Code 22015-2141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2740514069888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WEINBERG, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 N MILL VIEW WAY
 City PONTE VEDRA BEACH State FL Zip Code 32082-4389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2740514869888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 181.90 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 178 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DELANEY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2876 GENEVA ST
 City DENVER State CO Zip Code 80238-3035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Finance Leader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2740759269888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. PONS, NATALIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3209 GALLERIA UNIT 803
 City EDINA State MN Zip Code 55435-2547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off/SD Gen Cnsl
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2740761969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ALTIERI, DOMINIQUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6611 HIGHWAY 100
 City NASHVILLE State TN Zip Code 37205-4226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.78

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2740762569888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 179 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. FEHR, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2213 GULF SHORE BLVD N #C-2
 City NAPLES State FL Zip Code 34102-4643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Mkt Grp Chief People Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2748020569888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PROCHNO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4640 ST JAMES GATE
 City EXCELSIOR State MN Zip Code 55331-9397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2748021969888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WARD, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22461 ARCADIA BLUFFS
 City SOUTH LYON State MI Zip Code 48178-8735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.75

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2749724169888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 180 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SEVERANCE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2160 N MARION ST
 City DENVER State CO Zip Code 80205-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2750288169888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. TAIT, ROBYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 LIPTON LANE
 City LANGHORNE State PA Zip Code 19047-5782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Product
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2754215969888
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. ORIE, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2317 RESIDENCE CIRCLE #B4-102
 City NAPLES State FL Zip Code 34105-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP People Team
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2754244169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 181 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. PAGET, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15268 LOUISIANA AVE
 City SAVAGE State MN Zip Code 55378-5654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2754246069888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. KONTOR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123A SPA VIEW AVE
 City ANNAPOLIS State MD Zip Code 21401-3542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2754673669888
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. BOTHRA, SIDDHARTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17200 SE 45TH STREET
 City BELLEVUE State WA Zip Code 98006-6510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2754720769888
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 461.52 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 182 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. WILSON, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15619 SWANSCOMBE LOOP
 City UPPER MARLBORO State MD Zip Code 20774-8412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2755347869888
 Amount of Each Receipt this Period 19.20
 Memo Item
 P/R Deduction (\$19.20 Bi-Weekly)

B. DONNELLY, ALISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2127 COTTONWOOD DRIVE
 City GLENVIEW State IL Zip Code 60026-7771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2755530869888
 Amount of Each Receipt this Period 333.32
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ABRAHAM, SANTIAGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4320 COTTONWOOD LN
 City EXCELSIOR State MN Zip Code 55331-9328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2755652169888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 737.12 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 183 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. KRAUTKRAMER, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 LAKEVIEW PKWY
 City MOUND State MN Zip Code 55364-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2755995769888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ASHENHURST, KARLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 865 BRINSMERE DRIVE
 City ELM GROVE State WI Zip Code 53122-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2756173669888
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. MASONER, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15400 MAPLE STREET
 City OVERLAND PARK State KS Zip Code 66223-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2756359869888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 269.22 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 184 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. HERMELINGIII, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 5TH STREET
 City WILMETTE State IL Zip Code 60091-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2756521669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. TANG, SHI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 WOOSTER STREET APT 3B
 City NEW YORK State NY Zip Code 10012-3195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Innovation & Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4576.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2756690669888
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SATTERWHITE, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1722 MONUMENT STREET
 City CONCORD State MA Zip Code 01742-5310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4988.46

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2757435769888
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1196.60 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 185 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. BARTLES, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25263 RODEO LANE
 City PARMA State ID Zip Code 83660-7107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Beh Affordability, Assc Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2759243369888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

B. AZAM, MISHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 629 JEFFERSON AVENUE
 City CHERRY HILL State NJ Zip Code 08002-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2759343869888
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. HUNT, BRITTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7820 JARED WAY
 City TALLAHASSEE State FL Zip Code 32309-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2759756469888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 181.98 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 186 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. SCHLAIFER, MARISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 N STUART ST #400
 City ARLINGTON State VA Zip Code 22201-5727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2759756869888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DIFRONZO, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 CRAIG LN
 City HINGHAM State MA Zip Code 02043-3411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Analytics
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2759978169888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. KELLOGG, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 JEFFERSON AVENUE
 City NEW ORLEANS State LA Zip Code 70115-4120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2759984169888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 187 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ROBERT, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 79373 FITZGERALD CHURCH ROAD
 City COVINGTON State LA Zip Code 70435-7809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2759986069888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. REYNOLDS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 SE 68TH STREET
 City OAK ISLAND State NC Zip Code 28465-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2999.85

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2760046369888
 Amount of Each Receipt this Period 285.70
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C. ALTMAN, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1861 TRANQUILITY COURT
 City PROSPER State TX Zip Code 75078-9744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2760046569888
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional)..... | 778.62 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 188 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DECKER, WYATT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1482 HUNTER DRIVE
 City WAYZATA State MN Zip Code 55391-9658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Chief Phys, Innov & VBC
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2760134069888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MASTEN, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9845 BENNINGTON DRIVE
 City SHARONVILLE State OH Zip Code 45241-3619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2760775869888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DELMONICO, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MULBERRY CIRCLE
 City JOHNSTON State RI Zip Code 02919-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2760781769888
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional)..... | 999.96 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 189 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. CRAWFORD, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 744 SHELLEY LANE
 City FRANKLIN State TN Zip Code 37064-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2999.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2760825169888
 Amount of Each Receipt this Period
 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

B. VELASCO, JOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6352 31 PLACE NW ST
 City WASHINGTON State DC Zip Code 20015-2358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Intl Relations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2760938569888
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MILLER, CORINNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6083 OLD BRICKSTORE ROAD
 City GREENSBORO State NC Zip Code 27455-8335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2761090069888
 Amount of Each Receipt this Period
 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional)..... | 653.82 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 190 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. OBRIEN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11017 CAVELL CIR
 City BLOOMINGTON State MN Zip Code 55438-2284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.82

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2761138269888
 Amount of Each Receipt this Period 96.14
 Memo Item
 P/R Deduction (\$48.07 Bi-Weekly)

B. ZITO, MOLLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2445 WEST LOGAN BLVD UNIT 3E
 City CHICAGO State IL Zip Code 60647-2043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.86

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2762092869888
 Amount of Each Receipt this Period 19.22
 Memo Item
 P/R Deduction (\$9.61 Bi-Weekly)

C. ARYA, RAJIV, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 GALWAY ROAD
 City SKILLMAN State NJ Zip Code 08558-1731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director, Advisory Svcs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2762648769888
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 192.28 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 191 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. SONNIER, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 DEMONBREUN ST UNIT 1805
 City NASHVILLE State TN Zip Code 37201-2248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2999.88

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2762649969888
 Amount of Each Receipt this Period
 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

B. CLAYTON, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 BRIER RIDGE DRIVE
 City DURHAM State NC Zip Code 27703-0339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2762749969888
 Amount of Each Receipt this Period
 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. BIDINGER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3757 INDEPENDENCE RD
 City MAPLE PLAIN State MN Zip Code 55359-9759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2762957569888
 Amount of Each Receipt this Period
 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 424.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 192 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DAVIS, JENNIFER, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : PR2763180369888 | | |
| Mailing Address 4330 CROWN POINT DR | | | Amount of Each Receipt this Period 96.14 | | |
| City COLUMBUS | State OH | Zip Code 43220-4424 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$48.07 Bi-Weekly) | | |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) Dir Govt Affs | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1249.82 | | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LAUSCH, KERSTEN, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : PR2767047769888 | | |
| Mailing Address 236 E NEWELL STREET | | | Amount of Each Receipt this Period 28.06 | | |
| City WINTER GARDEN | State FL | Zip Code 34787-2800 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$14.03 Bi-Weekly) | | |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) Dir Govt Affs | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 364.78 | | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MEYER, ALEXIS, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : PR276752269888 | | |
| Mailing Address 4732 EWING AVENUE SOUTH | | | Amount of Each Receipt this Period 333.32 | | |
| City MINNEAPOLIS | State MN | Zip Code 55410-1746 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | P/R Deduction (\$38.46 Bi-Weekly) | | |
| Name of Employer (for Individual) United HealthCare Services Inc | | Occupation (for Individual) Chief of Staff | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 999.96 | | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 457.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 193 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. FOLEY, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6260 BLACK FOX WAY
 City TALLAHASSEE State FL Zip Code 32312-4504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1199.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2769239269888
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

B. OBARSKI, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2035 S CLARKSON ST
 City DENVER State CO Zip Code 80210-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2769243969888
 Amount of Each Receipt this Period 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

C. MOORE, MALVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4520 SUNSET RIDGE
 City MINNEAPOLIS State MN Zip Code 55416-3333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2769866469888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 151.12 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 194 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. HAUSMAN, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1617 WEST 25TH STREET
 City MINNEAPOLIS State MN Zip Code 55405-2466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2778612769888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ARTHUR, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 NAUDAIN ST UNIT W
 City PHILADELPHIA State PA Zip Code 19146-1172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.94

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2778850869888
 Amount of Each Receipt this Period 909.08
 Memo Item
 P/R Deduction (\$4807.70 Bi-Weekly)

C. BAKER, OMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 SPRING HILL FARM DR
 City MCLEAN State VA Zip Code 22102-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CMO/SVP Strat Intv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2778986669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1678.28 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 195 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. ROMANOW, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6804 MARBURY ROAD
 City BETHESDA State MD Zip Code 20817-6052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2782733069888
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. SABAL, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6151 WILLOW ROCK ST
 City LAS VEGAS State NV Zip Code 89135-1482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2783559969888
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MOYER, CASEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7568 W SNOWBERRY
 City BOISE State ID Zip Code 83709-1674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir, Software Engineering
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2783746869888
 Amount of Each Receipt this Period
 30.76
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 299.98 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 196 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. BRADY, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N7623 OLSON RD
 City ONEIDA State WI Zip Code 54155-9619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2786671269888
 Amount of Each Receipt this Period 28.06
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

B. OWEN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9011 LESLIES GATE
 City BOERNE State TX Zip Code 78015-4779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2786908669888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CONWAY, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 WINDING RIVER RD
 City WELLESLEY State MA Zip Code 02482-7320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2787875569888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 797.26 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 197 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. CLARKE, LACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 MILO STREET
 City HUDSON State NY Zip Code 12534-2722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2789668269888
 Amount of Each Receipt this Period
 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. MORDEN, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4624 TOWER ST
 City EDINA State MN Zip Code 55424-1549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2790158669888
 Amount of Each Receipt this Period
 80.00
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. FISHER, HEIDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 SPYGLASS PLACE
 City DELLWOOD State MN Zip Code 55110-1250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2790274369888
 Amount of Each Receipt this Period
 416.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 649.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 198 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BILLS, MATTHEW, , ,

Mailing Address 18961 DEVONSHIRE ST

| | | |
|-----------------------|-------------|------------------------|
| City BEVERLY HILLS | State MI | Zip Code 48025-4031 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Optum Services, Inc | Occupation (for Individual) VP Clnt Svc Acct Mgt |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1199.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2023 |

Transaction ID : PR2790558769888

Amount of Each Receipt this Period
92.30

Memo Item

P/R Deduction (\$46.15 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SEGERMAN, ANDREW, , ,

Mailing Address 7306 REDBRIDGE CT

| | | |
|---------------------|-------------|------------------------|
| City SPRINGFIELD | State VA | Zip Code 22153-1511 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) Dir Comm |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2023 |

Transaction ID : PR2791475869888

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HAINES, CAROL, , ,

Mailing Address 203 NESHAMINY ROAD

| | | |
|-----------------|-------------|------------------------|
| City CROYDON | State PA | Zip Code 19021-5427 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) United HealthCare Services Inc | Occupation (for Individual) VP Med Clin Ops |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2023 |

Transaction ID : PR2791476969888

Amount of Each Receipt this Period
400.00

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 530.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 199 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. SMITH, TAMEEKA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12201 CAPWELL DRIVE
 City MIDLOTHIAN State VA Zip Code 23113-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2791832969888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BRADY, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5110 ALVARADO LAN N
 City PLYMOUTH State MN Zip Code 55446-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Medicare STARS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2794131669888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MORSE, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6398 VALE STREET
 City ALEXANDRIA State VA Zip Code 22312-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2794473469888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 1169.20
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 200 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. TOWSLEY, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10210 SAN FRANCISCO RD NE
 City ALBUQUERQUE State NM Zip Code 87122-3452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2795226469888
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SMOTER, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 LANDSDOWNE LANE
 City LAKE BLUFF State IL Zip Code 60044-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Comm Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.98

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2796989069888
 Amount of Each Receipt this Period 1666.66
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SHUCK, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11204 RANNOCH LANE
 City LOUISVILLE State KY Zip Code 40243-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Acct Cnslt Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.98

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2797113469888
 Amount of Each Receipt this Period 33.18
 Memo Item
 P/R Deduction (\$14.03 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1779.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 201 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ALBERT, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5365 CEDAR POINT RD
 City MINNETRISTA State MN Zip Code 55364-9394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Auditor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4807.50

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2805722369888
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. VINYARD, ANDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4019 E MITCHELL DR
 City PHOENIX State AZ Zip Code 85018-5911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Behavioral Health
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2805726169888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MILLAR, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 BAYBERRY DRIVE
 City CHAPEL HILL State NC Zip Code 27517-9113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Industry Relations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2816690369888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1184.60 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 202 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. WALTHALL, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1948 ROCKINGHAM ST
 City MCLEAN State VA Zip Code 22101-4922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2817960469888
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. EINODSHOFER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 WILLOW LINKS DR
 City BELLE VERNON State PA Zip Code 15012-4334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharmacy Programs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2817961469888
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SCHWARTZ, ERICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5935 PREMIER WAY
 UNIT 1425
 City NAPLES State FL Zip Code 34109-7903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Insurance Sols
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2818047669888
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 203 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. ALEJANDRE, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 BERNINI STREET
 City LAS VEGAS State NV Zip Code 89144-4038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2821668469888
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$21.15 Bi-Weekly)

B. NEUSTADT, JENNAE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 KEYSTONE CROSSING DR
 City O FALLON State MO Zip Code 63368-6777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2999.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2821993369888
 Amount of Each Receipt this Period
 545.44
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C. KINDREGAN, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4546 CLUB CIRCLE NE
 City ATLANTA State GA Zip Code 30319-1054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : PR2822126069888
 Amount of Each Receipt this Period
 45.44
 Memo Item
 P/R Deduction (\$9.61 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 690.88 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 204 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. KISLOFF, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 N UNDERWOOD ST
 City ARLINGTON State VA Zip Code 22205-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2823340569888
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MINOR, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3932 CHAPEL HEIGHTS DRIVE
 City MARIETTA State GA Zip Code 30062-2217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2823660869888
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SCHOENEBECK, DARCEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 804 ECLIPSE PKWY
 City NEW PRAGUE State MN Zip Code 56071-2015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Client Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4991.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2824394769888
 Amount of Each Receipt this Period 434.00
 Memo Item
 P/R Deduction (\$217.00 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1266.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 205 OF 263 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. VISWANATHAN, KARTHIK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 CARAWAY CT
 City SAN RAMON State CA Zip Code 94582-5027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Digital Svs Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2826678969888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. GLEASON, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1607 BLOUIN AVE
 City BATON ROUGE State LA Zip Code 70808-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.96

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2827270869888
 Amount of Each Receipt this Period 272.72
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. HUMMEL, KRISTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 EDEN CIRCLE
 City WESTBOROUGH State MA Zip Code 01581-3653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Talent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2023
Transaction ID : PR2827479669888
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1072.72 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 206 OF 263 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LOCKE, ELLEN, , ,

Mailing Address **732 SOUTH ALFRED STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314-4004**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **United HealthCare Services Inc** Occupation (for Individual) **Govt Affs Dir**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1003.77**

Date of Receipt
12 / 31 / 2023

Transaction ID : PR2831507069888

Amount of Each Receipt this Period
105.66

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

| | |
|--|------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 105.66 |
| TOTAL This Period (last page this line number only).....▶ | 123233.08 |

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Massachusetts Democratic State Committee - Fed Fund

Date of Disbursement

Date of Disbursement: 12 / 07 / 2023

Mailing Address 11 Beacon Street Suite 410

City Boston State MA Zip Code 02108

FEC Identification Number

FEC Identification Number: C

Transaction ID : 49596298

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 5000.00

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Armstrong For Congress

Date of Disbursement

Date of Disbursement: 12 / 12 / 2023

Mailing Address 1515 Burnt Boat Drive Box 112

City Bismarck State ND Zip Code 58503

FEC Identification Number

FEC Identification Number: C C00670547

Transaction ID : 49600744

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1500.00

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Armstrong, Kelly, , Rep.,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Mike Bost For Congress Committee

Date of Disbursement

Date of Disbursement: 12 / 12 / 2023

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

FEC Identification Number

FEC Identification Number: C C00546499

Transaction ID : 49600746

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Bost, Michael, , Rep.,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SUBTOTAL: 9000.00

TOTAL: 9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Joyce

Mailing Address 9856 Archer Lane

City
Dublin

State
OH

Zip Code
43017

Purpose of Disbursement

Contribution

011

Candidate Name

Joyce, David, P, Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00527457

Transaction ID : 49600747

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Marc For US Inc.

Mailing Address PO Box 219

City
Leeds

State
NY

Zip Code
12451

Purpose of Disbursement

Contribution

011

Candidate Name

Molinaro, Marc, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: NY District: 19

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00789586

Transaction ID : 49600748

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. John James For Congress, Inc.

Mailing Address P.O. Box 628

City
St. Clair Shores

State
MI

Zip Code
48080

Purpose of Disbursement

Contribution

011

Candidate Name

James, John, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00803502

Transaction ID : 49600749

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Neal Dunn

Mailing Address PO Box 10037

City
Tallahassee

State
FL

Zip Code
32302

Purpose of Disbursement

Contribution

011

Candidate Name

Dunn, Neal, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00582304

Transaction ID : 49600750

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Jake Ellzey For Congress

Mailing Address 1005 Congress Avenue
Suite 400

City
Austin

State
TX

Zip Code
78701

Purpose of Disbursement

Contribution

011

Candidate Name

Ellzey, John, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: TX District: 06

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00770438

Transaction ID : 49600751

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Steil For Wisconsin, Inc.

Mailing Address 1818 Milton Avenue
#1448

City
Janesville

State
WI

Zip Code
53545

Purpose of Disbursement

Contribution

011

Candidate Name

Steil, Bryan, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00677286

Transaction ID : 49600752

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 6500.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

| |
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|--|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Moolenaar For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Contribution

011

Candidate Name

Moolenaar, John, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C00561530

Transaction ID : 49600753

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Virginia Foxx For Congress

Mailing Address PO Box 2676

City Boone State NC Zip Code 28607

Purpose of Disbursement

Contribution

011

Candidate Name

Foxx, Virginia, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: NC District: 05

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C00386748

Transaction ID : 49600754

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress

Mailing Address PO Box 7754

City Waco State TX Zip Code 76714

Purpose of Disbursement

Contribution

011

Candidate Name

Sessions, Pete, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C00303305

Transaction ID : 49600755

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Cole For Congress

Mailing Address P.O. Box 722256

City
Norman

State
OK

Zip Code
73070

Purpose of Disbursement

Contribution

011

Candidate Name

Cole, Tom, , Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: OK

District: 04

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00379735

Transaction ID : 49600756

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Dan Crenshaw For Congress

Mailing Address PO Box 430965

City
Houston

State
TX

Zip Code
77243

Purpose of Disbursement

Contribution

011

Candidate Name

Crenshaw, Daniel, , Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: TX

District: 02

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00660795

Transaction ID : 49600757

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Ron Estes For Congress

Mailing Address PO Box 782952

City
Wichita

State
KS

Zip Code
67278

Purpose of Disbursement

Contribution

011

Candidate Name

Estes, Ron, , Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: KS

District: 04

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00632067

Transaction ID : 49600758

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 7500.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Blaine for Congress

Mailing Address PO Box 98

City
St. Elizabeth

State
MO

Zip Code
65075

Purpose of Disbursement

Contribution

011

Candidate Name

Luetkemeyer, Blaine, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C00458679

Transaction ID : 49600760

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Curtis For Congress

Mailing Address PO Box 296

City
Provo

State
UT

Zip Code
84603

Purpose of Disbursement

Contribution

011

Candidate Name

Curtis, John, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: UT District: 03

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C00647339

Transaction ID : 49600761

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Bilirakis for Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688

Purpose of Disbursement

Contribution

011

Candidate Name

Bilirakis, Gus, Michael, Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C00408534

Transaction ID : 49600762

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 9000.00 |
|---------|

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Pete Stauber For Congress

Mailing Address 23 W Central Entrance
PMB #333

City Duluth State MN Zip Code 55811

Purpose of Disbursement

Contribution

011

Candidate Name

Stauber, Peter, Allen, Rep.,

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 08

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C00650697

Transaction ID : 49600763

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Carey For Congress

Mailing Address PO Box 16032

City Columbus State OH Zip Code 43216

Purpose of Disbursement

Contribution

011

Candidate Name

Carey, Mike, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C00779603

Transaction ID : 49600764

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Abraham Lincoln PAC

Mailing Address 824 S Milledge Ave
Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C00631051

Transaction ID : 49600765

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. E-PAC

Mailing Address PO Box 500

City
Glen Falls

State
NY

Zip Code
12801

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00570945

Transaction ID : 49600766

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Bulldog PAC

Mailing Address PO Box 6687

City
Lubbock

State
TX

Zip Code
79493

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00672733

Transaction ID : 49600767

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. CMR Political Action Committee

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C C00469429

Transaction ID : 49600768

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 10000.00 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Vote to Elect Republicans Now PAC (VERN PAC)

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 12 | / | 2023 |

Mailing Address 22780 Indian Creek Drive
Ste. 100

City Dulles State VA Zip Code 20166

Purpose of Disbursement

Contribution

011

Candidate Name

FEC Identification Number

C C00431403

Transaction ID : 49600769

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Manchin For West Virginia

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 14 | / | 2023 |

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement

Void - Manchin For West Virginia; Check Dated 10/19/2023

011

Candidate Name

Manchin, Joe, , Sen., III

FEC Identification Number

C C00486563

Transaction ID : 49616026

Amount of Each Disbursement this Period

- 5000.00

Memo Item Void - Manchin For West Virginia; Check Dated 10/19/2023

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: WV District:

Full Name (Last, First, Middle Initial)

C. Michigan Republican Party - Federal Account

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 14 | / | 2023 |

Mailing Address 3450 Alpine Ave NW
Box 332

City Grand Rapids State MI Zip Code 49544

Purpose of Disbursement

Void - Michigan Republican Party - Federal Account; Check Dated

011

Candidate Name

FEC Identification Number

C

Transaction ID : 49616027

Amount of Each Disbursement this Period

- 5000.00

Memo Item Void - Michigan Republican Party - Federal Account; Check Dated 10/19/2023

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|-----------|
| - 7500.00 |
| |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Montanans For Tester

Mailing Address PO Box 1135

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

Contribution

011

Candidate Name

Tester, Jon, , Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: MT

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 15 | | | 2023 | | | |

FEC Identification Number

C C00412304

Transaction ID : 49616543

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Alex Padilla For Senate

Mailing Address 777 S. Figueroa St
Suite 4050

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement

Contribution

011

Candidate Name

Padilla, Alex, , Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2028

 Primary General
 Other (specify) ▼

State: CA

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 15 | | | 2023 | | | |

FEC Identification Number

C C00765164

Transaction ID : 49616545

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Rosen For Nevada

Mailing Address PO Box 46110

City
Las Vegas

State
NV

Zip Code
89114

Purpose of Disbursement

Contribution

011

Candidate Name

Rosen, Jacky, , Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: NV

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 15 | | | 2023 | | | |

FEC Identification Number

C C00606939

Transaction ID : 49616547

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 10000.00 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

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|--|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Building Relationships in Diverse Geographic Environments PAC

Mailing Address 499 South Capitol Street SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 15 / 2023

FEC Identification Number

C00399196

Transaction ID : 49616549

Amount of Each Disbursement this Period

Amount field: 5000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Smart Solutions PAC

Mailing Address 611 Pennsylvania Ave SE Unit 143

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 15 / 2023

FEC Identification Number

C00654475

Transaction ID : 49616552

Amount of Each Disbursement this Period

Amount field: 2500.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Democrats Win Seats (DWS PAC)

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 15 / 2023

FEC Identification Number

C00425470

Transaction ID : 49616554

Amount of Each Disbursement this Period

Amount field: 2500.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

Subtotal field: 10000.00

TOTAL This Period (last page this line number only).....

Total field: (empty)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Alaskans For Dan Sullivan

Mailing Address 3705 Arctic Blvd #447

City Anchorage State AK Zip Code 99503

Purpose of Disbursement

Contribution

011

Candidate Name

Sullivan, Daniel, , Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: AK District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C00570994

Transaction ID : 49616561

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Alaskans For Dan Sullivan

Mailing Address 3705 Arctic Blvd #447

City Anchorage State AK Zip Code 99503

Purpose of Disbursement

Contribution

011

Candidate Name

Sullivan, Daniel, , Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: AK District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C00570994

Transaction ID : 49616563

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Strategy PAC

Mailing Address PO Box 1159

City Oshkosh State WI Zip Code 54903

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C00497842

Transaction ID : 49616565

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Ann PAC

Mailing Address PO Box 3535

City
Ballwin

State
MO

Zip Code
63022

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | 9 | 0 | 1 | 2 |
| 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | 9 | 0 | 1 | 2 |

FEC Identification Number

C C00531764

Transaction ID : 49616568

Amount of Each Disbursement this Period

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City
Springfield

State
MA

Zip Code
01108

Purpose of Disbursement

Contribution

011

Candidate Name

Neal, Richard, E., Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: MA

District: 01

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | 9 | 0 | 1 | 2 |
| 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | 9 | 0 | 1 | 2 |

FEC Identification Number

C C00226522

Transaction ID : 49616572

Amount of Each Disbursement this Period

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Haley Stevens For Congress

Mailing Address 33717 Woodward Ave
#539

City
Birmingham

State
MI

Zip Code
48009

Purpose of Disbursement

Contribution

011

Candidate Name

Stevens, Haley, , Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: MI

District: 11

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | 9 | 0 | 1 | 2 |
| 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | 9 | 0 | 1 | 2 |

FEC Identification Number

C C00638650

Transaction ID : 49616573

Amount of Each Disbursement this Period

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Mark Warner

Mailing Address 1751 Potomac Greens Dr

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Contribution

011

Candidate Name

Warner, Mark, Robert, Sen.,

Category/
Type

Office Sought: House Senate President
State: VA District:

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 15 | | | 2023 | | | |

FEC Identification Number

C00438713

Transaction ID : 49616576

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Josh Gottheimer For Congress

Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement

Contribution

011

Candidate Name

Gottheimer, Josh, , Rep.,

Category/
Type

Office Sought: House Senate President
State: NJ District: 05

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 15 | | | 2023 | | | |

FEC Identification Number

C00573949

Transaction ID : 49616577

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. DelBene for Congress

Mailing Address PO Box 477

City Kirkland State WA Zip Code 98083

Purpose of Disbursement

Contribution

011

Candidate Name

DelBene, Suzan, K., Rep.,

Category/
Type

Office Sought: House Senate President
State: WA District: 01

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 15 | | | 2023 | | | |

FEC Identification Number

C00459099

Transaction ID : 49616578

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 6000.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City
Birmingham

State
AL

Zip Code
35201

Purpose of Disbursement

Contribution

011

Candidate Name

Sewell, Terri, A., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: AL District: 07

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 15 | | | 2023 | | | |

FEC Identification Number

C C00458976

Transaction ID : 49616579

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Joe Morelle For Congress

Mailing Address P.O. Box 90914

City
Rochester

State
NY

Zip Code
14609

Purpose of Disbursement

Contribution

011

Candidate Name

Morelle, Joseph, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: NY District: 25

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 15 | | | 2023 | | | |

FEC Identification Number

C C00675108

Transaction ID : 49616580

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Sharice For Congress

Mailing Address 13851 W. 63rd St.
Num 303

City
Shawnee

State
KS

Zip Code
66216

Purpose of Disbursement

Contribution

011

Candidate Name

Davids, Sharice, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: KS District: 03

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 15 | | | 2023 | | | |

FEC Identification Number

C C00670034

Transaction ID : 49616581

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

9500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Katherine Clark For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2023 |

Mailing Address 600 Pennsylvania Ave SE
#15180

City Washington State DC Zip Code 20003

FEC Identification Number

| | |
|---|-----------|
| C | C00541888 |
|---|-----------|

Transaction ID : 49616582

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item Contribution

Purpose of Disbursement

Contribution

| |
|-----|
| 011 |
|-----|

Category/
Type

Candidate Name

Clark, Katherine, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MA District: 05

Full Name (Last, First, Middle Initial)

B. Moderate Democrats PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2023 |

Mailing Address PO Box 70179

City Washington State DC Zip Code 20024

FEC Identification Number

| | |
|---|-----------|
| C | C00436022 |
|---|-----------|

Transaction ID : 49616583

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Memo Item Contribution

Purpose of Disbursement

Contribution

| |
|-----|
| 011 |
|-----|

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Shore PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2023 |

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

FEC Identification Number

| | |
|---|-----------|
| C | C00410308 |
|---|-----------|

Transaction ID : 49616584

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

Purpose of Disbursement

Contribution

| |
|-----|
| 011 |
|-----|

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 12500.00 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Longleaf PAC

Mailing Address 122 C Street NW
Suite 360

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement

Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 20 | | 2023 |

FEC Identification Number

| |
|-------------|
| C C00838649 |
|-------------|

Transaction ID : 49620991

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

| |
|-------------------|
| |
| Category/ Type |

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number

| |
|---|
| C |
|---|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

| |
|-------------------|
| |
| Category/ Type |

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number

| |
|---|
| C |
|---|

Amount of Each Disbursement this Period

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|--|
| |
|--|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 2500.00 |
|---------|

| |
|-----------|
| 126000.00 |
|-----------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of John Curran

Mailing Address 5926 Grand Avenue

City
Downers Grove

State
IL

Zip Code
60516

Purpose of Disbursement

Contribution

011

Candidate Name

Curran, John, , IL Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596028

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Elect Dan McConchie

Mailing Address 14 John Drive

City
Hawthorn Woods

State
IL

Zip Code
60047

Purpose of Disbursement

Contribution

011

Candidate Name

McConchie, Dan, , IL Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596033

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Warren Petersen

Mailing Address 3425 E. Augusta Ct.

City
Queen Creek

State
AZ

Zip Code
85142

Purpose of Disbursement

Contribution

011

Candidate Name

Petersen, Warren, , AZ Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596034

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 4500.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with 29 selected

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Mitzi Epstein for AZ Senate

Mailing Address 733 E. Stacey Lane

City Tempe State AZ Zip Code 85284

Purpose of Disbursement

Contribution

011

Candidate Name

Epstein, Denise, , AZ Sen.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 07 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 49596035

Amount of Each Disbursement this Period

Amount field: 1000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Lela Alston AZ Senate 2024

Mailing Address 69 W Willetta St Apt 1

City Phoenix State AZ Zip Code 85003

Purpose of Disbursement

Contribution

011

Candidate Name

Alston, Lela, , AZ Sen.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 07 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 49596036

Amount of Each Disbursement this Period

Amount field: 1000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Eva for Arizona

Mailing Address 225 E Main St Ste 201

City Mesa State AZ Zip Code 85201

Purpose of Disbursement

Contribution

011

Candidate Name

Burch, Eva, , AZ Sen.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 07 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 49596037

Amount of Each Disbursement this Period

Amount field: 1000.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Subtotal field: 3000.00

Total field: (empty)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with 29 checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Martinez for Arizona

Mailing Address PO Box 13125

City Casa Grande State AZ Zip Code 85130

Purpose of Disbursement

Contribution

011

Candidate Name

Martinez, Teresa, , AZ Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 07 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 49596038

Amount of Each Disbursement this Period

1000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Grantham for Arizona

Mailing Address 2068 E Tiffany Ct

City Gilbert State AZ Zip Code 85298

Purpose of Disbursement

Contribution

011

Candidate Name

Grantham, Travis, , AZ Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 07 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 49596039

Amount of Each Disbursement this Period

1000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Alma Hernandez for State Representative - District 21

Mailing Address 1095 S Meyer Ave

City Tucson State AZ Zip Code 85701

Purpose of Disbursement

Contribution

011

Candidate Name

Hernandez, Alma, , AZ Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 07 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 49596041

Amount of Each Disbursement this Period

1000.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Melody for Arizona | | Date of Disbursement MM / DD / YYYY 12 / 07 / 2023 |
| Mailing Address 1077 W 1st St Apt 105 | | FEC Identification Number C [REDACTED] Transaction ID : 49596042 |
| City Tempe | State AZ | Zip Code 85281 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period [REDACTED] 1000.00 |
| Candidate Name Hernandez, Melody, , AZ Rep., | | Category/ Type 011 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item Contribution | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Contreras for House | | Date of Disbursement MM / DD / YYYY 12 / 07 / 2023 |
| Mailing Address 12204 W Mohave St | | FEC Identification Number C [REDACTED] Transaction ID : 49596044 |
| City Avondale | State AZ | Zip Code 85323 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period [REDACTED] 1000.00 |
| Candidate Name Contreras, Lupe, , AZ Sen., | | Category/ Type 011 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item Contribution | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Nancy Gutierrez for State Representative - District 18 | | Date of Disbursement MM / DD / YYYY 12 / 07 / 2023 |
| Mailing Address PO Box 35612 | | FEC Identification Number C [REDACTED] Transaction ID : 49596045 |
| City Tucson | State AZ | Zip Code 85470 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period [REDACTED] 1000.00 |
| Candidate Name Gutierrez, Nancy, , AZ Rep., | | Category/ Type 011 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item Contribution | |

| | |
|--|--------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [REDACTED] 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | [REDACTED] |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Vote Pingerelli

Mailing Address 9033 W. Ludlow Drive

City
Peoria

State
AZ

Zip Code
85381

Purpose of Disbursement

Contribution

011

Candidate Name

Pingerelli, Beverly, , AZ Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596046

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Mathis for Arizona

Mailing Address PO Box 65385

City
Tucson

State
AZ

Zip Code
85728

Purpose of Disbursement

Contribution

011

Candidate Name

Mathis, Christopher, , AZ Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596047

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Contreras for AZ

Mailing Address 4392 E Sunrise Dr

City
Phoenix

State
AZ

Zip Code
85044

Purpose of Disbursement

Contribution

011

Candidate Name

Contreras, Patricia, , AZ Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596048

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 2000.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Vote Wilmeth

Mailing Address PO Box 73163

City
Phoenix

State
AZ

Zip Code
85050

Purpose of Disbursement

Contribution

011

Candidate Name

Wilmeth, Justin, , AZ Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596049

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Gowan for Senate

Mailing Address PO Box 1985

City
Sierra Vista

State
AZ

Zip Code
85636

Purpose of Disbursement

Contribution

011

Candidate Name

Gowan, David, , AZ Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596050

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Vote Mesnard

Mailing Address 1427 W Homestead Ct

City
Chandler

State
AZ

Zip Code
85286

Purpose of Disbursement

Contribution

011

Candidate Name

Mesnard, JD, , AZ Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596051

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 3500.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Sally Gonzales for State Senate - District No. 20

Mailing Address 7444 S. Camino Benem

City Tucson State AZ Zip Code 85757

Purpose of Disbursement

Contribution

011

Candidate Name

Gonzales, Sally, , AZ Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596052

Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Campaign to Elect Stuart Adams

Mailing Address 3271 E 1875 N

City Layton State UT Zip Code 84040

Purpose of Disbursement

Contribution

011

Candidate Name

Adams, J. Stuart, , UT Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596053

Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Evan Vickers

Mailing Address 2166 North Cobble Creek Drive

City Cedar City State UT Zip Code 84720

Purpose of Disbursement

Contribution

011

Candidate Name

Vickers, Evan, , UT Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596054

Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 1500.00

TOTAL This Period (last page this line number only)..... ▶

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Ann Millner

Mailing Address 4275 Spring Road

City
Ogden

State
UT

Zip Code
84403

Purpose of Disbursement

Contribution

011

Candidate Name

Millner, Ann, , UT Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49596055

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Cullimore for Senate

Mailing Address 8359 Snow Basin Dr

City
Sandy

State
UT

Zip Code
84093

Purpose of Disbursement

Contribution

011

Candidate Name

Cullimore, Kirk, , UT Sen., Jr.

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49596056

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Jerry Stevenson Campaign Fund

Mailing Address 466 South 1700 West

City
Layton

State
UT

Zip Code
84041

Purpose of Disbursement

Contribution

011

Candidate Name

Stevenson, Jerry, , UT Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49596057

Amount of Each Disbursement this Period

[] 300.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 1300.00

TOTAL This Period (last page this line number only)..... ▶

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Don Ipson

Mailing Address 539 Diagonal Street

City St. George State UT Zip Code 84770

Purpose of Disbursement

Contribution

011

Candidate Name

Ipson, Don, , UT Sen.,

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49596058

Amount of Each Disbursement this Period

[] 300.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Thomas Shope for State Senator - District No. 16

Mailing Address PO Box 1230

City Coolidge State AZ Zip Code 85128

Purpose of Disbursement

Contribution

011

Candidate Name

Shope, Thomas, , AZ Sen., Jr.

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49596059

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Vote Kerr

Mailing Address 8400 S. Dean Road

City Buckeye State AZ Zip Code 85326

Purpose of Disbursement

Contribution

011

Candidate Name

Kerr, Sine, , AZ Sen.,

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49596060

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 2300.00

TOTAL This Period (last page this line number only)..... ▶

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Jefferson Moss

Mailing Address 1668 Aspen Circle

City
Saratoga Springs

State
UT

Zip Code
84045

Purpose of Disbursement

Contribution

011

Candidate Name

Moss, Jefferson, , UT Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596061

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Arizonans for Matt Gress

Mailing Address 1934 E Camelback Road Ste 120, Box

City
Phoenix

State
AZ

Zip Code
85016

Purpose of Disbursement

Contribution

011

Candidate Name

Gress, Matt, , AZ Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596068

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Angela Romero

Mailing Address 1098 South Emery Street

City
Salt Lake City

State
UT

Zip Code
84104

Purpose of Disbursement

Contribution

011

Candidate Name

Romero, Angela, , UT Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596072

Amount of Each Disbursement this Period

[REDACTED] 300.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 1300.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Elect Robert Spendlove

Mailing Address 2492 East Barcelona Drive

City
Sandy

State
UT

Zip Code
84093

Purpose of Disbursement

Contribution

011

Candidate Name

Spendlove, Robert, , UT Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 07 / 2023

FEC Identification Number

C []

Transaction ID : 49596082

Amount of Each Disbursement this Period

[] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Ray Ward Committee to Elect

Mailing Address 954 E Millbrook Way

City
Bountiful

State
UT

Zip Code
84010

Purpose of Disbursement

Contribution

011

Candidate Name

Ward, Raymond, , UT Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 07 / 2023

FEC Identification Number

C []

Transaction ID : 49596083

Amount of Each Disbursement this Period

[] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Curt Bramble

Mailing Address 3663 North 870 East

City
Provo

State
UT

Zip Code
84604

Purpose of Disbursement

Contribution

011

Candidate Name

Bramble, Curtis, , UT Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 07 / 2023

FEC Identification Number

C []

Transaction ID : 49596084

Amount of Each Disbursement this Period

[] 300.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 800.00

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Lincoln Fillmore

Mailing Address 10167 South 1190 W

City
South Jordan

State
UT

Zip Code
84095

Purpose of Disbursement

Contribution

011

Candidate Name

Fillmore, Lincoln, , UT Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 07 / 2023

FEC Identification Number

C

Transaction ID : 49596085

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Wayne Harper Campaign

Mailing Address 2094 Surrey Circle

City
Tayorsville

State
UT

Zip Code
84129

Purpose of Disbursement

Contribution

011

Candidate Name

Harper, Wayne, , UT Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 07 / 2023

FEC Identification Number

C

Transaction ID : 49596086

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Kathleen Riebe

Mailing Address 9040 South Greenhills Drive

City
Cottonwood Heights

State
UT

Zip Code
84093

Purpose of Disbursement

Contribution

011

Candidate Name

Riebe, Kathleen, , UT Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 07 / 2023

FEC Identification Number

C

Transaction ID : 49596087

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Jon Hawkins

Mailing Address 1536 E 300 S

City Pleasant Grove State UT Zip Code 84062

Purpose of Disbursement

Contribution

011

Candidate Name

Hawkins, Jon, , UT Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C []

Transaction ID : 49596091

Amount of Each Disbursement this Period

[] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Calvin Musselman

Mailing Address 4137 S 4100 W

City West Haven State UT Zip Code 84401

Purpose of Disbursement

Contribution

011

Candidate Name

Musselman, Calvin, , UT Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C []

Transaction ID : 49596092

Amount of Each Disbursement this Period

[] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Casey Snider

Mailing Address 225 West 8800 South

City Paradise State UT Zip Code 84328

Purpose of Disbursement

Contribution

011

Candidate Name

Snider, Casey, , UT Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C []

Transaction ID : 49596145

Amount of Each Disbursement this Period

[] 250.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 750.00

TOTAL This Period (last page this line number only)..... ▶

[]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Jordan Teuscher

Mailing Address 5413 West Burntside Avenue

City South Jordan State UT Zip Code 84009

Purpose of Disbursement

Contribution

011

Candidate Name

Teuscher, Jordan, , UT Rep.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 07 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 49596147

Amount of Each Disbursement this Period

Amount field: 250.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Ryan Wilcox

Mailing Address 1240 Douglas Street

City Ogden State UT Zip Code 84404

Purpose of Disbursement

Contribution

011

Candidate Name

Wilcox, Ryan, , UT Rep.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 07 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 49596149

Amount of Each Disbursement this Period

Amount field: 250.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Cox for Governor

Mailing Address 111 Social Hall Avenue

City Salt Lake City State UT Zip Code 84111

Purpose of Disbursement

Contribution

011

Candidate Name

Cox, Spencer, ,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 07 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 49596151

Amount of Each Disbursement this Period

Amount field: 5000.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Subtotal field: 5500.00

Total field: (empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Escamilla for Senate

Mailing Address 1004 North Morton Drive

City Salt Lake City State UT Zip Code 84116

Purpose of Disbursement

Contribution

011

Candidate Name

Escamilla, Luz, , UT Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596155

Amount of Each Disbursement this Period

[REDACTED] 300.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Karianne Campaign to Elect

Mailing Address 4334 West 1700 S

City Syracuse State UT Zip Code 84075

Purpose of Disbursement

Contribution

011

Candidate Name

Lisonbee, Karianne, , UT Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596160

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Debbie Sarinana for HD21

Mailing Address 11728 Marquette Ave. NE

City Albuquerque State NM Zip Code 87123

Purpose of Disbursement

Contribution

011

Candidate Name

Sarinana, Debra, , NM Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596167

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1300.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Rod Montoya

Mailing Address 4902 Camaron Avenue

City Farmington State NM Zip Code 87402

Purpose of Disbursement

Contribution

011

Candidate Name

Montoya, Rodney, , NM Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C []

Transaction ID : 49596170

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. HerndonforNM

Mailing Address PO Box 27724

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

Contribution

011

Candidate Name

Herndon, Pamela, , NM Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C []

Transaction ID : 49596171

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Conservatives for Toma

Mailing Address 6290 W Parkside Ln

City Glendale State AZ Zip Code 85310

Purpose of Disbursement

Contribution

011

Candidate Name

Toma, Ben, , AZ Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C []

Transaction ID : 49596172

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 2000.00

TOTAL This Period (last page this line number only)..... ▶

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Marian Matthews for HD 27

Mailing Address P.O. Box 21256

City
Albuquerque

State
NM

Zip Code
87154

Purpose of Disbursement

Contribution

011

Candidate Name

Matthews, Marian, , NM Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C

Transaction ID : 49596176

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect T. Ryan Lane

Mailing Address 103 S. Main Ave

City
Aztec

State
NM

Zip Code
87410

Purpose of Disbursement

Contribution

011

Candidate Name

Lane, T., , NM Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C

Transaction ID : 49596178

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Campaign to Elect Harry Garcia State Representative District 69

Mailing Address 31 Garcia Blvd

City
Grants

State
NM

Zip Code
87020

Purpose of Disbursement

Contribution

011

Candidate Name

Garcia, Harry, , NM Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C

Transaction ID : 49596182

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Hatathlie for Arizona

Mailing Address P.O. Box 2845

City
Tuba City

State
AZ

Zip Code
86045

Purpose of Disbursement

Contribution

011

Candidate Name

Hatathlie, Theresa, , AZ Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596185

Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Consuelo Hernandez for State Representative - District 21

Mailing Address 2230 E. Nevada Street

City
Tucson

State
AZ

Zip Code
85706

Purpose of Disbursement

Contribution

011

Candidate Name

Hernandez, Consuelo, , AZ Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596189

Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Bennett for Senate

Mailing Address 2150 Ewin Dr.

City
Prescott

State
AZ

Zip Code
86305

Purpose of Disbursement

Contribution

011

Candidate Name

Bennett, Ken, , ,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596192

Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 1500.00

TOTAL This Period (last page this line number only)..... ▶

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Tim Dunn for AZ Senate

Mailing Address 6324 E. Telegraph Street

City
Yuma

State
AZ

Zip Code
85365

Purpose of Disbursement

Contribution

011

Candidate Name

Dunn, Tim, , AZ Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596195

Amount of Each Disbursement this Period

| | |
|------------|--------|
| [REDACTED] | 500.00 |
|------------|--------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Brian Fernandez for State Senate - District 23

Mailing Address PO Box 545

City
Yuma

State
AZ

Zip Code
85366

Purpose of Disbursement

Contribution

011

Candidate Name

Fernandez, Brian, , AZ Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596212

Amount of Each Disbursement this Period

| | |
|------------|--------|
| [REDACTED] | 500.00 |
|------------|--------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Elect Mike Schultz

Mailing Address 4904 W 5850 S

City
Hooper

State
UT

Zip Code
84315

Purpose of Disbursement

Contribution

011

Candidate Name

Schultz, Mike, , UT Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596215

Amount of Each Disbursement this Period

| | |
|------------|--------|
| [REDACTED] | 500.00 |
|------------|--------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | |
|------------|---------|
| [REDACTED] | 1500.00 |
|------------|---------|

TOTAL This Period (last page this line number only)..... ▶

| | |
|------------|--|
| [REDACTED] | |
|------------|--|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Jen Longdon for House

Mailing Address PO Box 7295

City
Phoenix

State
AZ

Zip Code
85011

Purpose of Disbursement

Contribution

011

Candidate Name

Longdon, Jennifer, , AZ Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | 0 | 7 | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596220

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Chris4Arizona

Mailing Address 4117 E Charter Oak Rd

City
Phoenix

State
AZ

Zip Code
85032

Purpose of Disbursement

Contribution

011

Candidate Name

Marsh, Christine, Porter, AZ Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | 0 | 7 | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596223

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Marcelino for Arizona

Mailing Address PO Box 21264

City
Phoenix

State
AZ

Zip Code
85036

Purpose of Disbursement

Contribution

011

Candidate Name

Quinonez, Marcelino, , AZ Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | 0 | 7 | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596224

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 2000.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Judy for AZ

Mailing Address 420 E Campo Bello Dr

City Phoenix State AZ Zip Code 85022

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Schwiebert, Judy, , AZ Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49596226

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Vote Frank Carroll

Mailing Address PO Box 5514

City Sun City West State AZ Zip Code 85376

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Carroll, Frank, , AZ Sen.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49596228

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Mike Kennedy

Mailing Address 659 East 200 North

City Alpine State UT Zip Code 84004

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Kennedy, Mike, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49596229

Amount of Each Disbursement this Period

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Campaign for Jennifer Plumb

Mailing Address 4893 Skycrest Circle

City Salt Lake City State UT Zip Code 84108

Purpose of Disbursement

Contribution

011

Candidate Name

Plumb, Jen., UT Sen., Dr.

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C []

Transaction ID : 49596231

Amount of Each Disbursement this Period

[] 300.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Chris Wilson

Mailing Address 1367 Cedarwood Lane

City Logan State UT Zip Code 84341

Purpose of Disbursement

Contribution

011

Candidate Name

Wilson, Chris., UT Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C []

Transaction ID : 49596235

Amount of Each Disbursement this Period

[] 300.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Ken Ivory

Mailing Address 8393 South 2010 West

City West Jordan State UT Zip Code 84088

Purpose of Disbursement

Contribution

011

Candidate Name

Ivory, Ken., UT Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C []

Transaction ID : 49596236

Amount of Each Disbursement this Period

[] 300.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 900.00

TOTAL This Period (last page this line number only)..... ▶

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect Cheryl Acton

Mailing Address 5143 W Wheatcrest Circle

City
West Jordan

State
UT

Zip Code
84081

Purpose of Disbursement

Contribution

011

Candidate Name

Acton, Cheryl, , UT Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596237

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Vote Dr. Barlow

Mailing Address 940 Signal Hill

City
Fruit Heights

State
UT

Zip Code
84037

Purpose of Disbursement

Contribution

011

Candidate Name

Barlow, Stewart, , UT Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596238

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Jennifer Dailey-Provost

Mailing Address 812 North Sandhurst Drive

City
Salt Lake City

State
UT

Zip Code
84103

Purpose of Disbursement

Contribution

011

Candidate Name

Dailey-Provost, Jennifer, , ,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596239

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 750.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. The Committee to Elect Steve Eliason

Mailing Address 8157 South Grambling Way

City Sandy State UT Zip Code 84094

Purpose of Disbursement

Contribution

011

Candidate Name

Eliason, Steven, , UT Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596240

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Stephanie Gricius

Mailing Address 2573 East Horizon Drive

City Eagle Mountain State UT Zip Code 84005

Purpose of Disbursement

Contribution

011

Candidate Name

Gricius, Stephanie, , UT Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596241

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Sandra Hollins for State House

Mailing Address 518 North 800 West

City Salt Lake City State UT Zip Code 84116

Purpose of Disbursement

Contribution

011

Candidate Name

Hollins, Sandra, , UT Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596242

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|--------|
| 750.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Tim Jimenez

Mailing Address 573 East 1420 North

City North Tooele State UT Zip Code 84074

Purpose of Disbursement

Contribution

011

Candidate Name

Jimenez, Tim, , UT Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2023

FEC Identification Number

C []

Transaction ID : 49596243

Amount of Each Disbursement this Period

[] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Marsha Judkins for State House

Mailing Address 838 N 2400 W

City Provo State UT Zip Code 84601

Purpose of Disbursement

Contribution

011

Candidate Name

Judkins, Marsha, , UT Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2023

FEC Identification Number

C []

Transaction ID : 49596244

Amount of Each Disbursement this Period

[] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Rosemary Lesser

Mailing Address 1145 East 4600 South
PO Box 150156

City Ogden State UT Zip Code 84415

Purpose of Disbursement

Contribution

011

Candidate Name

Lesser, Rosemary, , UT Rep., Dr.

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2023

FEC Identification Number

C []

Transaction ID : 49596245

Amount of Each Disbursement this Period

[] 250.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 750.00

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Anthony Loubet

Mailing Address 5436 S Black Mica Circle

City Kearns State UT Zip Code 84118

Purpose of Disbursement

Contribution

011

Candidate Name

Loubet, Anthony, , UT Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C []

Transaction ID : 49596246

Amount of Each Disbursement this Period

[] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Ambrose M Castellano Campaign Fund

Mailing Address 1570 Pacheco St.

City Santa Fe State NM Zip Code 87505

Purpose of Disbursement

Contribution

011

Candidate Name

Castellano, Ambrose, , NM Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C []

Transaction ID : 49596247

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Jim Dunnigan

Mailing Address 3070 Eugene Hill Way

City Taylorsville State UT Zip Code 84129

Purpose of Disbursement

Contribution

011

Candidate Name

Dunnigan, Jim, , UT Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | | | |

FEC Identification Number

C []

Transaction ID : 49596248

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 1250.00

TOTAL This Period (last page this line number only)..... ▶

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Montenegro for House

Mailing Address 15680 W Campbell Ave

City Goodyear State AZ Zip Code 85395

Purpose of Disbursement

Contribution

011

Candidate Name

Montenegro, Steve, , AZ Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596249

Amount of Each Disbursement this Period

[Redacted] 1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Vote Livingston For House LD28

Mailing Address 9559 W. Menadota Drive

City Peoria State AZ Zip Code 85382

Purpose of Disbursement

Contribution

011

Candidate Name

Livingston, David, , AZ Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596250

Amount of Each Disbursement this Period

[Redacted] 1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. A New Day for NM

Mailing Address 8100 Wyoming Blvd NE, Ste M4-336

City Albuquerque State NM Zip Code 87113

Purpose of Disbursement

Contribution

011

Candidate Name

Hochman-Vigil, Dayan, , NM Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [Redacted]

Transaction ID : 49596251

Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 3500.00

TOTAL This Period (last page this line number only)..... ▶

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Utah Republican Senate Campaign Committee

Mailing Address 1123 N Fairfield Road
PO Box 1949

City Layton State UT Zip Code 84041

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596252

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Utah House Republican Election Committee

Mailing Address 370 East South Temple
Ste 580

City Salt Lake City State UT Zip Code 84111

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596253

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. SenDemPAC

Mailing Address 1004 North Morton Drive

City Salt Lake City State UT Zip Code 84116

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596254

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 2500.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. New Mexico Senate Democrats

Mailing Address 313 Moon Street NE

City Albuquerque State NM Zip Code 87123

Purpose of Disbursement

Contribution

Candidate Name

011

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2023

FEC Identification Number

C []

Transaction ID : 49596255

Amount of Each Disbursement this Period

[] 3000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. New Mexico House Republican Campaign Committee

Mailing Address P.O. Box 92832

City Albuquerque State NM Zip Code 87199

Purpose of Disbursement

Contribution

Candidate Name

011

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2023

FEC Identification Number

C []

Transaction ID : 49596256

Amount of Each Disbursement this Period

[] 2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Utah House Dems Leadership Council

Mailing Address 1145 East 4600 South
PO Box 150446

City Ogden State UT Zip Code 84415

Purpose of Disbursement

Contribution

Candidate Name

011

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2023

FEC Identification Number

C []

Transaction ID : 49596270

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 5500.00

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Paul Rosino for Senate 2024

Mailing Address 4133 SW 129th St.

City Oklahoma City State OK Zip Code 73173

Purpose of Disbursement

Contribution

011

Candidate Name

Rosino, Paul, , OK Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
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| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49596296

Amount of Each Disbursement this Period

[] 1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Kyle Hilbert 2024

Mailing Address 509 E Grant Place

City Bristow State OK Zip Code 74010

Purpose of Disbursement

Contribution

011

Candidate Name

Hilbert, Kyle, , OK Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49596297

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Joey Garcia for West Virginia

Mailing Address 207 Circle Drive

City Fairmont State WV Zip Code 26554

Purpose of Disbursement

Contribution

011

Candidate Name

Garcia, Joey, , WV Del.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49596299

Amount of Each Disbursement this Period

[] 2000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 4500.00

TOTAL This Period (last page this line number only)..... ▶

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Ryan Weld

Mailing Address PO Box 123

City
Wellsburg

State
WV

Zip Code
26070

Purpose of Disbursement

Contribution

011

Candidate Name

Weld, Ryan, , WV Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596300

Amount of Each Disbursement this Period

[REDACTED] 1300.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Gearheart for the 37th

Mailing Address 131 Henderson Drive

City
Bluefield

State
WV

Zip Code
24701

Purpose of Disbursement

Contribution

011

Candidate Name

Gearheart, Marty, , WV Del.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596301

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Mike Oliverio

Mailing Address PO Box 4654

City
Morgantown

State
WV

Zip Code
26504

Purpose of Disbursement

Contribution

011

Candidate Name

Oliverio, Michael, , WV Sen., II

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2023 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 49596302

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 4300.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Hanshaw for House - 2024

Mailing Address 5035 Wallback Road

City Wallback State WV Zip Code 25285

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Hanshaw, Roger, , WV Del.,

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date: 12 / 07 / 2023

FEC Identification Number

FEC ID: C

Transaction ID : 49596304

Amount of Each Disbursement this Period

Amount: 2800.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Westfall for West Virginia

Mailing Address 117 Timberland Drive

City Ripley State WV Zip Code 25271

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Westfall, Steve, , WV Del.,

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date: 12 / 07 / 2023

FEC Identification Number

FEC ID: C

Transaction ID : 49596305

Amount of Each Disbursement this Period

Amount: 2800.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Beshear Coleman 2023 Inaugural

Mailing Address 250 West Main Street Ste. 2900

City Lexington State KY Zip Code 40507

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date: 12 / 11 / 2023

FEC Identification Number

FEC ID: C

Transaction ID : 49598016

Amount of Each Disbursement this Period

Amount: 25000.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Subtotal: 30600.00

Total: 30600.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Colorado Way Forward

Mailing Address 191 University Blvd

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 49600685

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. All Together Colorado

Mailing Address 191 University Blvd
Ste. 118

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 49600691

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Brenda Stanley for State Senate - 2022

Mailing Address 4313 N Easy Street

City
Oklahoma City

State
OK

Zip Code
73150

Purpose of Disbursement

Contribution

011

Candidate Name

Stanley, Brenda, , OK Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 49600693

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 10500.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Jeff Boatman 2024

Mailing Address 9006 E 101st St.

City
Tulsa

State
OK

Zip Code
74133

Purpose of Disbursement

Contribution

011

Candidate Name

Boatman, Jeff, , OK Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49600694

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Jim Perry Committee

Mailing Address 3504 Lakeview Trail

City
Kinston

State
NC

Zip Code
28504

Purpose of Disbursement

Contribution

011

Candidate Name

Perry, Jim, , NC Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49600695

Amount of Each Disbursement this Period

[] 2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Jason Saine Committee

Mailing Address 417 East Main Street
Suite 103

City
Lincolnton

State
NC

Zip Code
28092

Purpose of Disbursement

Contribution

011

Candidate Name

Saine, Jason, , NC Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2023 | | | |

FEC Identification Number

C []

Transaction ID : 49600696

Amount of Each Disbursement this Period

[] 2000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 5000.00

TOTAL This Period (last page this line number only)..... ▶

[]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with 29 checked

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Rick Edmonds

Mailing Address 19214 Chardonnay Ave

City Baton Rouge State LA Zip Code 70817

Purpose of Disbursement

Contribution

011

Candidate Name

Edmonds, Rick, , LA Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 12 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 49600697

Amount of Each Disbursement this Period

1000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Glenn Jeffries for State Senate

Mailing Address PO Box 10

City Red House State WV Zip Code 25168

Purpose of Disbursement

Contribution

011

Candidate Name

Jeffries, Glenn, D., WV Sen.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 12 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 49600731

Amount of Each Disbursement this Period

1000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Tina Pickett

Mailing Address PO Box 203

City Wysox State PA Zip Code 18854

Purpose of Disbursement

Contribution

011

Candidate Name

Pickett, Tina, L., PA Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date field: 12 / 12 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 49600733

Amount of Each Disbursement this Period

1000.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Ben Queen

Mailing Address PO Box 1311

City
Bridgeport

State
WV

Zip Code
26330

Purpose of Disbursement

Contribution

011

Candidate Name

Queen, Ben, , WV Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 49600734

Amount of Each Disbursement this Period

600.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Moore Capito for WV

Mailing Address PO Box 2788

City
Charleston

State
WV

Zip Code
25330

Purpose of Disbursement

Contribution

011

Candidate Name

Capito, Moore, , WV Del.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 49600737

Amount of Each Disbursement this Period

2800.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. West Virginia Republican Senate Committee

Mailing Address PO Box 58027

City
South Charleston

State
WV

Zip Code
25309

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 49600738

Amount of Each Disbursement this Period

3000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6400.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. West Virginia Republican Legislative Committee

Mailing Address 66 Spring Haven Trail

City Shinnston State WV Zip Code 26431

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49600739

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. West Virginia Democratic House Legislative Committee

Mailing Address 1427 Lee Street E #2

City Charleston State WV Zip Code 25301

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49600741

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. West Virginia Democratic Senate Campaign Committee

Mailing Address PO Box 11035

City Charleston State WV Zip Code 25339

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49600742

Amount of Each Disbursement this Period

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. DiSanto for Senate

Mailing Address PO Box 6638

City
Harrisburg

State
PA

Zip Code
17112

Purpose of Disbursement

Void - DiSanto for Senate; Check Dated 11/21/2023

Category/
Type

Candidate Name

DiSanto, John, , PA Sen.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49601815

Amount of Each Disbursement this Period

Memo Item Void - DiSanto for Senate; Check Dated 11/21/2023

Full Name (Last, First, Middle Initial)

B. Greater Phoenix Chamber of Commerce PAC

Mailing Address 2575 E. Camelback Rd.
Ste. 410

City
Phoenix

State
AZ

Zip Code
85016

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49616542

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Republican Legislative Delegation Campaign Committee, Inc.

Mailing Address PO Box 44422

City
Baton Rouge

State
LA

Zip Code
70804

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 49616571

Amount of Each Disbursement this Period

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Mellon Bank

Mailing Address PO Box 329

City
Pittsburgh

State
PA

Zip Code
15230-0329

Purpose of Disbursement

Bank Error - See memo

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 22 / 2023

FEC Identification Number

Transaction ID : 49765379

Amount of Each Disbursement this Period

Memo Item Bank Error - See memo

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶