

Schedule A: Direct Contributions Over \$100 Full Name of Contributor Mailing Address of Contributor	Donor Information 1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location	Date Received	Contribution This Period	Aggregate To Date
UnitedHealth Group Inc 169 Inverness Dr W Ste 400 Englewood, CO 80112-5072	1. 2.Health Insurance 3.Englewood CO	06/09/2025	\$2,000.00	\$2,000.00

No Schedule B results to display.

No Schedule E-1 results to display.