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Image# 202210169537496007

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Oth	ner Than An A	uthorized	I Commit	tee		Office U	se Only	
NAME OF COMMITTEE (in full)		R PRINT ▼		mple: If typr r the lines.	oing, type	12FE	4M5		
UNITED WOMEN	I'S HEALTI	H ALLIANCE	PAC				1 1 1 1		. 1
ADDDEGG ()		EYE STREET NW							
ADDRESS (number and st ▼	reet)								
Check if differer than previously reported. (ACC)		HINGTON				DC	20006	; - -	
2. FEC IDENTIFICATI	ON NUMBER	_	CITY A			STATE ▲		ZIP CODE ▲	
C C00755694		3.	IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports	(b) i	Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5 Jun 20 (M6) Jul 20 (M7)	Ī	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (Non-Elec Year Only) Dec 20 (Non-Elec Year Only	ction y) O (M12) ction y)
April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31	eport (Q2)	PRE-Election Report for the		Primary (12 Convention			eral (12G) cial (12S)	Runoff in the	(12R)
Year-End Re July 31 Mid- Report (Non- Year Only) (Termination (TER)	-Year -election (MY)	30-Day POST-Election Report for the		General (30	OG)	Rund	off (30R)	State of Special in the State of	(30S)
5. Covering Period	09	01 202	2	through	M M	30	202	Y Y 22	
I certify that I have exam Type or Print Name of Tr	PLIS	rt and to the best HKA, JOHN, , ,	of my knov	wledge and	belief it is t	rue, correct	and comple	ie.	
Signature of Treasurer	PLISHKA, JOF	IN, , ,		[Electronica	lly Filed]		10 / 16	D / Y Y Y 2022	Y Y
NOTE: Submission of false	e, erroneous, or	incomplete informa	ation may su	bject the pe	erson signing	this Report	to the penalti	es of 52 U.S.C.	§ 30109
Office Use Only								FORM 3X Rev. 05/2016	,

OF FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC	
Report Covering the Period: From: 09	01 2022 T	To: 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2022		77688.71
(b) Cash on Hand at Beginning of Reporting Period	64534.45	
(c) Total Receipts (from Line 19)	160870.80	1311262.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	225405.25	1388951.69
Total Disbursements (from Line 31)	170282.37	1333828.81
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55122.88	55122.88
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2920.07	
This committee has qualified as a multicandid	date committee. (see FEC FORM 1M)	
For	further information contact:	
F	ederal Election Commission	

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

R	eport Covering the Period: From:		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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)	3859.00	32294.00
	(ii) Unitemized	157011.80	1253968.98
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	160870.80	1286262.98
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	160870.80	1286262.98
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	25000.00
17	Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	160870.80	1311262.98
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	160870.80	1311262.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: – (a) Allocated Federal/Non-Federal	10:00 1:00	Calonida Tour to Date
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	170102.37	1167170.92
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	170102.37	1167170.92
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees	7	0.00
	and Other Political Committees Independent Expenditures	0.00	0.00
	(use Schedule E) Coordinated Party Expenditures	0.00	165417.89
	(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	200
•	Loan Hopaymento Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	180.00	1240.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	180.00	1240.00
	Other Disbursements (Including		
	Non-Federal Donations)	0.00	0.00
	Federal Election Activity (52 U.S.C. § 30101(20))	
	(a) Allocated Federal Election Activity	<i>''</i>	
	(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	200	2.22
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	170282.37	1333828.81
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	47000007	
	110111 Line 31/	170282.37	1333828.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC Form 3X (Rev. 05/2016)		Page 3
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)	160870.80	1286262.98
34. Total Contribution Refunds (from Line 28(d))	180.00	1240.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	160690.80	1285022.98
86. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	170102.37	1167170.92
87. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	25000.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	170102.37	1142170.92

: 97 `A = G7 9 @ 5 B9 CIG `H9 LH`F9 @ 5 H98 `HC `5 `F9 DC FHž G7 < 98 I @ 9 `C F ` ± H9 A ± N5 H± CB

Form/Schedule: F3XN Transaction ID:

BEST EFFORTS PRACTICES - C00755694: 1. The initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address. occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they mail back their contribution. 2. Secondarily, if employer/occupation information was still not provided within the above steps, a follow up letter is sent via US mail along with a separate pre-addressed return envelope sent to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution to 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor within 30 days of receipt of the contribution during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement. If all of these steps have been exhausted and the employer and occupation information still has not been obtained from the donor, 'best efforts' will be entered into these fields to communicate to the FEC that all above steps were taken. If we are able to obtain missing employer/occupation information, we will amend our report to include the updated information.

Form/Schedule: Transaction ID:

F	FOR LINE NUMBER:						7	OF	43
(C	he	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle I ARNOLD, ANDREA, , , Mailing Address 3705 DONNELL DR	nitial) or Full Organization Na	ame	Date of Receipt
APT 303			09 13 2022
City	State Zip Code		Transaction ID : SA11AI-28267695
DISTRICT HEIGHTS	MD 20747		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		65.00
Name of Employer (for Individual) Retired	Occupation (for In Retired	dividual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date Y	245.00	
Full Name of Individual (Last, First, Middle I BARDEN, MARJORIE, , , Mailing Address PO BOX 92	nitial) or Full Organization Na	ame	Date of Receipt
Mailing Address PO BOX 92	09 05 2022		
City	State Zip Code		Transaction ID : SA11AI-28264893
HANOVER	MI 49241		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		45.00
Name of Employer (for Individual) Retired	Occupation (for In Retired	dividual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date Y	250.00	
Full Name of Individual (Last, First, Middle I BARDEN, MARJORIE, , ,	nitial) or Full Organization Na	ame	Date of Receipt
Mailing Address PO BOX 92			09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HANOVER	State Zip Code MI 49241	-	Transaction ID : SA11AI-28268117 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		45.00
Name of Employer (for Individual) Retired	Occupation (for In	dividual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	250.00	
SUBTOTAL of Receipts This Page (optional)		>	155.00
TOTAL This Period (last page this line numbe	r only)		

F	FOR LINE NUMBER:							8	OF	43	
(c	(check only one)										
	X	11a		11b		11c		12	2		
		13		14		15		16	6	17	

	statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In BENSON, LILA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1725 PARAGOULD DR		09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-28266255
JONESBORO	AR 72405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	290.00	
Full Name of Individual (Last, First, Middle In BEVERSDORF, TOM, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 8433 WATERTOWN DR		09 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11Al-28267819
INDIANAPOLIS	IN 46216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	
BEVERSDORF, TOM, , ,		Date of Receipt
Mailing Address 8433 WATERTOWN DR	To.	09 14 2022
City INDIANAPOLIS	State Zip Code IN 46216	Transaction ID : SA11AI-28263931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	1125.00	
SUBTOTAL of Receipts This Page (optional)		335.00
TOTAL This Period (last page this line numbe	r only)	

F	FOR LINE NUMBER:						9	OF	43	
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	Statements may not be sold or used by any pers he name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle BOATWRIGHT, BONNIE, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 480 REVOLUTION CIR		09 29 2022				
City CHRISTIANSBURG	State Zip Code VA 24073	Transaction ID : SA11AI-28261993				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00					
Full Name of Individual (Last, First, Middle BROOKS, BARBARA, , , Mailing Address 22880 N CRANES MILL RD	, ,	Date of Receipt M				
City CANYON LAKE	State Zip Code TX 78133					
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00					
Full Name of Individual (Last, First, Middle BROOKS, BARBARA, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 22880 N CRANES MILL RD		09 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City CANYON LAKE	State Zip Code TX 78133	Transaction ID : SA11AI-28264319 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 245.00					
SUBTOTAL of Receipts This Page (optional).		105.00				
TOTAL This Period (last page this line number	er only)					

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Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle In BROWN, GINA, , , Mailing Address 1965 DEEP WOODS TRL City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary Other (specify) General	Date of Receipt M M M / D D / Y 2022 Transaction ID: SA11AI-28264247 Amount of Each Receipt this Period 200.00 Memo Item						
BROWN, GINA, , , Mailing Address 1965 DEEP WOODS TRL City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify)	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BROWN, GINA, , , Mailing Address 1965 DEEP WOODS TRL City State Zip Code TN 37214 FEC ID number of contributing ederal political committee. Name of Employer (for Individual) Dest Efforts Receipt For: Primary General Aggregate Year-to-Date						
Full Name of Individual (Last, First, Middle In CALVANO, VIRGINIA, , , Mailing Address 8029 1ST ST City PARAMOUNT FEC ID number of contributing federal political committee. Name of Employer (for Individual) RETIRED Receipt For: Primary General Other (specify)	State Zip Code CA 90723 C Occupation (for Individual) RETIRED Aggregate Year-to-Date 295.00	Date of Receipt M					
SUBTOTAL of Receipts This Page (optional)		305.00					
TOTAL This Period (last page this line number	r only)						

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle I CAMPBELL, JOAN, , , Mailing Address 12853 SANDSTONE DR	nitial) or Full Orga	anization Name	Date of Receipt
	T -	I	09 05 2022
City BROOMFIELD	State	Zip Code 80021	Transaction ID : SA11AI-28266287
FEC ID number of contributing federal political committee.	C	00021	Amount of Each Receipt this Period
Name of Employer (for Individual) Retired Receipt For:	Occupa Retired Aggregate Ye		Memo Item
Primary General Other (specify) ▼	4	240.00	
Full Name of Individual (Last, First, Middle I CAMPBELL, JOAN, , , Mailing Address 12853 SANDSTONE DR	nitial) or Full Orga	anization Name	Date of Receipt 09 16 2022
City	State	Zip Code	Transaction ID : SA11AI-28268013
BROOMFIELD	СО	80021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle I DANIELS, SARA, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2004 E CLIPPER LN	10	17: 0.1	09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GILBERT	State AZ	Zip Code 85234	Transaction ID : SA11AI-28265449 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)		>	80.00
TOTAL This Period (last page this line numbe	er only)		

F	TOTT EITE TOMBETT.					PAGE	 12	OF	43
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Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle DEWOLF, MAXINE, , , Mailing Address 514 N JENNINGS RD	Initial) or Full Organization	n Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip C	ode	Transaction ID : SA11AI-28265337
INDEPENDENCE	MO 640	56	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual) RETIRED	Occupation (fo	r Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle DICK, JAMES, , , Mailing Address 125 E PARK SHORES CIR	Initial) or Full Organization	n Name	Date of Receipt
APT 23E	10:		09 05 2022
City VERO BEACH	State Zip C		Transaction ID : SA11AI-28264877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Retired	Occupation (fo	r Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 255.00	
Full Name of Individual (Last, First, Middle DRAKE, MALCOLM, , ,	Initial) or Full Organization	n Name	Date of Receipt
Mailing Address 14631 E GOLDEN EAGLE	BLVD		09 06 2022
City FOUNTAIN HILLS	State Zip C AZ 8526		Transaction ID : SA11AI-28264747 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupation (fo	r Individual)	Memo Item
Receipt For: Primary General	Aggregate Year-to-Da	ate 🔻	
Primary General Other (specify)	7	240.00	
SUBTOTAL of Receipts This Page (optional)		·····	190.00
TOTAL This Period (last page this line number	er only)		45 45 46

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	and Statements may not be sold or used by any pering the name and address of any political committee to						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	TH ALLIANCE PAC						
Full Name of Individual (Last, First, Mid DRAKE, MALCOLM, , , Mailing Address 14631 E GOLDEN EAG		Date of Receipt					
		09 14 2022					
City	State Zip Code AZ 85268	Transaction ID : SA11AI-28267537					
FOUNTAIN HILLS	AZ 85268	_ Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General						
Full Name of Individual (Last, First, Mid B. EHLERS, DAVID, , , Mailing Address 13580 S FLORENZA W	, <u> </u>	Date of Receipt					
Maining Address 13360 S FLORENZA W	AT	09 21 2022					
City	State Zip Code	Transaction ID : SA11AI-28267991					
DRAPER	UT 84020	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00						
Full Name of Individual (Last, First, Mid	dle Initial) or Full Organization Name						
EHLERS, DAVID, , , Mailing Address 13580 S FLORENZA W	/AV	Date of Receipt					
Mailing Address 13580 S FLORENZA W	/AY	09 23 2022					
City	State Zip Code	Transaction ID : SA11AI-28266819					
DRAPER	UT 84020	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	55.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General Other (specify)	290.00						
SUBTOTAL of Receipts This Page (option	nal)	110.00					
TOTAL This Period (last page this line nu	imber only)						

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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middle FRIEDBAUER, BARBARA, , , Mailing Address 3 GROVE ISLE DR	e Initial) or Full Organization Name	Date of Receipt
APT 1704		09 06 2022
City MIAMI	State Zip Code FL 33133	Transaction ID : SA11AI-28267899
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name of Individual (Last, First, Middle GOODSON, MARY, , , Mailing Address 334 TIMBERCHASE DR	e Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	09 15 2022 Transaction ID : SA11Al-28258197
HARTSVILLE FEC ID number of contributing federal political committee.	SC 29550	Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle GORDON, BETTY, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 2403 DAISY ST		09 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WINSTON SALEM	State Zip Code 27107	Transaction ID : SA11AI-28264567 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional	l)	175.00
TOTAL This Period (last page this line num	nber only)	

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 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) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name GORDON, BETTY, , , Date of Receipt Mailing Address 2403 DAISY ST 2022 City Zip Code State Transaction ID: SA11AI-28265511 NC WINSTON SALEM 27107 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** HAYFORD, BEVERLY, , , Date of Receipt Mailing Address 105 DE WINDT RD 05 2022 City State Zip Code Transaction ID: SA11AI-28268119 **WINNETKA** IL 60093 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. HENRIKSEN, JANET, , , Date of Receipt Mailing Address 14143 E MOUNTAIN VIEW AVE 15 2022 City Zip Code State Transaction ID: SA11AI-28267383 CA **KINGSBURG** 93631 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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		ck only one)								

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle In HERZBERG, JOHN, , , Mailing Address 3012 BLUFFWOOD DR	nitial) or Full Orgar	nization Name	Date of Receipt
011		7. 0.1	09 26 2022
City SAINT CHARLES	State MO	Zip Code 63301	Transaction ID : SA11AI-28267963
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 55.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea		
Full Name of Individual (Last, First, Middle In HOSTETLER, RICHARD, , , Mailing Address 2524 ASHTON AVE	nitial) or Full Orgar	nization Name	Date of Receipt
	State	Zin Codo	09 06 2022
City KALAMAZOO	State MI	Zip Code 49004	Transaction ID : SA11Al-28266191 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ir HOSTETLER, RICHARD, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 2524 ASHTON AVE			09 16 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City KALAMAZOO	State MI	Zip Code 49004	Transaction ID : SA11AI-28265293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		55.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		>	165.00
TOTAL This Period (last page this line number	only)		

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for each category of the 12 Detailed Summary Page 13 14 15 16 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) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name HUTTER, JAMES, , , Date of Receipt Mailing Address 113 GOLD MINE RD 19 2022 City Zip Code State Transaction ID: SA11AI-28265765 RΙ **FOSTER** 02825 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JOHNSON, BRUCE, , , Date of Receipt Mailing Address 463 OHIO ST 05 2022 City State Zip Code Transaction ID: SA11AI-28266293 **ALDRICH** MO 65601 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 310.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. JOHNSON, LORA, , , Date of Receipt Mailing Address 2525 BELT RD 12 2022 City Zip Code State Transaction ID: SA11AI-28265333 TN **KNOXVILLE** 37920 Amount of Each Receipt this Period FEC ID number of contributing C 45.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 415.00 Other (specify) 175.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZE

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ED RECEIPTS	Use separate schedule(s)	(C	neck	c only	one)						
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	Statements may not be sold or used by any persi- e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In JONES, JESSE, , , Mailing Address 9213 SPRING ST	nitial) or Full Organization Name	Date of Receipt
- Walling Address 9213 SPKING 51		09 21 2022
City HIGHLAND	State Zip Code IN 46322	Transaction ID : SA11AI-28265701 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	
Full Name of Individual (Last, First, Middle In JULIAN, ROGER, , , Mailing Address 30 LONG HILL RD	nitial) or Full Organization Name	Date of Receipt
City HOLLAND	State Zip Code MA 01521	09 12 2022 Transaction ID : SA11Al-28265941 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle In KEATING, CARLEEN, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2477 JACKSON ST		09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAN FRANCISCO	State Zip Code CA 94115	Transaction ID : SA11AI-28266957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		195.00
TOTAL This Period (last page this line number	only)	

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General

SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KING, EARL, , , Date of Receipt Mailing Address 20815 ADELINE DR 05 2022 City State Zip Code Transaction ID: SA11AI-28265405 CA **COLFAX** 95713 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** KRAEGER, BOBBY, , , Date of Receipt Mailing Address 5317 RANDY CT 09 2022 LOT 34 City State Zip Code Transaction ID: SA11AI-28267751 SANTA ROSA CA 95403 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

Other (specify) ▼		235.00	
Full Name of Individual (Last, First, Mid LONG, RANDOLPH, , , Mailing Address 10471 N ELIZABETH N	,	rganization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TUCSON FEC ID number of contributing federal political committee.	State AZ	Zip Code 85737	Transaction ID : SA11AI-28267257 Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Retir	rpation (for Individual) ed Year-to-Date ▼ 250.00	Memo Item
CURTOTAL of Passints This Pass (autism)	1		200.00

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Aggregate Year-to-Date ▼

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle II LONG, JOHN, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 214 BANTRY DR			09 27 2022
City	State	Zip Code	Transaction ID : SA11AI-28265605
VACAVILLE	CA	95688	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle II MADERA, LELA, , , Mailing Address 187 GEORGE STRAIT	nitial) or Full Orga	nization Name	Date of Receipt
			09 02 2022
City	State TX	Zip Code	Transaction ID : SA11AI-28266315
CANYON LAKE	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 390.00	
Full Name of Individual (Last, First, Middle In MADERA, LELA, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 187 GEORGE STRAIT			09 14 2022
City CANYON LAKE	State TX	Zip Code 78133	Transaction ID : SA11AI-28263919 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 390.00	
SUBTOTAL of Receipts This Page (optional)			270.00
TOTAL This Period (last page this line numbe	r only)		

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Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle I MOORE, CALVIN, , , Mailing Address 1408 EAGLE POINT CT	Initial) or Full Orga	nization Name	Date of Receipt
			09 12 2022
City	State	Zip Code	Transaction ID : SA11AI-28264185
LAFAYETTE	CA	94549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle I MOORE, CALVIN, , , Mailing Address 1408 EAGLE POINT CT	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1406 EAGLE POINT CT			09 14 2022
City	State	Zip Code	Transaction ID : SA11AI-28267523
LAFAYETTE	CA	94549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1590 CANTER DR			09 16 2022
City FLORISSANT	State MO	Zip Code 63033	Transaction ID : SA11AI-28267289
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 245.00	
SUBTOTAL of Receipts This Page (optional)		>	175.00
TOTAL This Period (last page this line number	er only)		

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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In REED, WILLIAM, , , Mailing Address 3150 CORD CIR City ARNOLD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle In RITCHEY, ROBERT, , , Mailing Address 2486 ROYAL MEADOW LN City GROVE CITY FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) General Other (specify)	State Zip Code OH 43123 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 265.00	Date of Receipt M
Full Name of Individual (Last, First, Middle In RITCHEY, ROBERT, , , Mailing Address 2486 ROYAL MEADOW LN City GROVE CITY FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code OH 43123 C Occupation (for Individual) Retired Aggregate Year-to-Date 265.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	95.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name RUSH, ELIZABETH, , , Date of Receipt Mailing Address 2035 CENTER AVE 2022 City Zip Code State Transaction ID: SA11AI-28266279 OH **ALLIANCE** 44601 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SCIARETTA, JAMES, , , Date of Receipt Mailing Address 3 MELISSA DR 2022 City State Zip Code Transaction ID: SA11AI-28268069 **WESTFORD** MA 01886 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 222.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. SCIARETTA, JAMES, , , Date of Receipt Mailing Address 3 MELISSA DR 12 2022 City Zip Code State Transaction ID: SA11AI-28265877 MA WESTFORD 01886 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 222.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

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43 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 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) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SCIARETTA, JAMES, , , Date of Receipt Mailing Address 3 MELISSA DR 2022 City Zip Code State Transaction ID: SA11AI-28263923 MA WESTFORD 01886 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 222.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SKOWRONSKI, EDITH, , , Date of Receipt Mailing Address 6301 FOREST MILL TER 05 2022 City State Zip Code Transaction ID: SA11AI-28264899 LAUREL MD 20707 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. SMITH, MARY, , , Date of Receipt Mailing Address 244 N MACY ST 2022 City Zip Code State Transaction ID: SA11AI-28265583 WI NORTH FOND DU LAC 54935 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 315.00 Other (specify)

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC						
Α.	Full Name of Individual (Last, First, Middle Initial THOITS, MARTHA, , , Mailing Address 252 KEARSARGE MOUNTAIN		ganization Name	Date of Receipt					
				09 05 2022					
	City WARNER	State NH	Zip Code 03278	Transaction ID : SA11AI-28266289					
	FEC ID number of contributing federal political committee.	С	03270	Amount of Each Receipt this Period 30.00					
	Name of Employer (for Individual) Retired	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 230.00						
В.	Full Name of Individual (Last, First, Middle Initia THOITS, MARTHA, , ,	Date of Receipt							
	Mailing Address 252 KEARSARGE MOUNTAIN City	RD State	Zip Code	09 13 2022					
	WARNER	NH	03278	Transaction ID: SA11AI-28264053 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		25.00					
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 230,00						
С .	Full Name of Individual (Last, First, Middle Initia THOITS, MARTHA, , ,	Date of Receipt							
	Mailing Address 252 KEARSARGE MOUNTAIN			09 21 2022					
	City WARNER	State NH	Zip Code 03278	Transaction ID : SA11AI-28267009 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		35.00					
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) d	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 230.00						
H	SUBTOTAL of Receipts This Page (optional)			90.00					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle A. THOITS, MARTHA, , ,	e Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 252 KEARSARGE MOUN	ITAIN RD		09 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI-28267965
WARNER	NH	03278	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle VANDYKE, MARCIA, , , Mailing Address 140 WASHINGTON RD	Date of Receipt		
Maining Address 140 WASI IING TON KD			09 23 2022
City	State	Zip Code	Transaction ID - CA44AI 20265657
RYE	NH	03870	Transaction ID : SA11AI-28265657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		55.00
Name of Employer (for Individual) Retired	Occup. Retire	ation (for Individual) d	Memo Item
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify) ▼		285.00	
Full Name of Individual (Last, First, Middle C. WALKER, SANDRA, , ,	e Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 734 BRISTOL VILLAGE [APT 104		Tin Code	09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MIDLOTHIAN	State VA	Zip Code 23114	Transaction ID : SA11AI-28265779 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual)		ation (for Individual)	Memo Item
Retired Receipt For:	Retired		_
Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num		·····	125.00

FOR LINE NUMBER: (check only one) x 11a 11b	:	PAGE	2	28 (OF	43				
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I WALKER, HENRY, , , Mailing Address 3235 FLINTLOCK DR	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	09 28 2022
COLS	GA 31907	Transaction ID : SA11AI-28265561 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.0	00
Full Name of Individual (Last, First, Middle I WHITE, ADRIENNE, , , Mailing Address 20 CHELSEA DR	nitial) or Full Organization Name	Date of Receipt
City	State 7in Code	09 12 2022
City CROSSVILLE	State Zip Code TN 38555	Transaction ID : SA11AI-28268059 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.0	00
Full Name of Individual (Last, First, Middle I WIERZBA, PAM, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 505 N 6TH ST APT B4	State 7in Code	09 08 2022
City WAUSAU	State Zip Code 54403	Transaction ID : SA11AI-28262435 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.0	00
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numbe	r only)	

ı	FOF	R LINE	NUMBER	: P	AGE :	29 OF	43
	(che	ck only	one)				
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		13	14	15		16	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may note name and addr	not be sold or used by any peress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In WILSON, SHARON, , , Mailing Address 10416 LEWISTOWN RD	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 10416 LEWISTOWN RD			09 08 2022
City	State	Zip Code	Transaction ID : SA11AI-28262139
CORDOVA	MD	21625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) BAG	Occupa AMCC	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 279.00	
Full Name of Individual (Last, First, Middle II WILSON, SHARON, , , Mailing Address 10416 LEWISTOWN RD	nitial) or Full Orga	nization Name	Date of Receipt
			09 22 2022
CORPOVA	State MD	Zip Code	Transaction ID : SA11AI-28257645
CORDOVA	IVID	21625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		24.00
Name of Employer (for Individual) BAG	Occupa AMCC	ation (for Individual)	Memo Item
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		279.00	
Full Name of Individual (Last, First, Middle II	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 8204 E BOULEVARD DR			09 26 / 2022
City ALEXANDRIA	State VA	Zip Code 22308	Transaction ID : SA11AI-28262957
-		22300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General	Aggregate Ye	ar-to-Date ▼	
Other (specify)	4	580.00	
SUBTOTAL of Receipts This Page (optional)		>	149.00
TOTAL This Period (last page this line number	r only)		

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(che	eck only	one)					
×	11a	11b		11c		12	
	13	14		15		16	17

		political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC					
Full Name of Individual (Last, First, Middle ZARNEKE, RICHARD, , , Mailing Address 2084 TERRACE DR						
	State 7: C-1	09 26 2022				
City SAINT PAUL	State Zip Code MN 55112	Transaction ID : SA11AI-28262965 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer (for Individual) Retired	Occupation (for Ir Retired	ndividual) Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	360.00				
Full Name of Individual (Last, First, Middle Mailing Address	e Initial) or Full Organization N	Date of Receipt				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual)	Occupation (for Ir	ndividual) Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼				
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization N	ame Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer (for Individual)	Occupation (for Ir	ndividual) Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	▼				
SUBTOTAL of Receipts This Page (optional)	50.00				
TOTAL This Period (last page this line numl	oer only)	3859.00				

SCHEDULE B (FEC Form 3X)			FOR LINE	E NUMBER: PAGE 31 OF 43				
ITEMIZED DISBURSEMENTS		parate schedule(s	\	eck only one)				
		category of the Summary Page	X 21b	22 23 26 27				
	Botanoa		28a	28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)	name and add	areas or arry point	icai committee to	solicit contributions from such committee.				
UNITED WOMEN'S HEALTH AL	LIANCE	PAC						
Full Name (Last, First, Middle Initial)								
A. ABC Company				Date of Disbursement				
				M M / D D / Y Y Y Y				
Mailing Address PO Box 2413				09 01 2022				
City	State	Zip Code		FEC Identification Number				
Huntington	NY	11743						
Purpose of Disbursement Fundraising and Media Consulting			004	C				
Candidate Name				Transaction ID : SB21B-76004 Amount of Each Disbursement this Period				
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbut	rsement For:			15000.00				
Senate	Primary	General						
State: District:	Other (spe	ecify) 🔻		Memo Item				
Full Name (Last, First, Middle Initial)								
B. ABC Company				Date of Disbursement				
- The company				M M / D D / Y Y Y Y				
Mailing Address PO Box 2413				09 13 2022				
City	State		FEC Identification Number					
Huntington	NY	11743						
Purpose of Disbursement Fundraising and Media Consulting			004	C				
Candidate Name				Transaction ID : SB21B-76005 Amount of Each Disbursement this Period 12000.00				
			Category/ Type					
Office Sought: House Disbut	rsement For:		, ,,					
Senate	Primary	General						
President State: District:	Other (spe	ecify)		Memo Item				
Full Name (Last, First, Middle Initial)				_				
C. ABC Company				Date of Disbursement				
				M - M / D - D / Y - Y - Y				
Mailing Address PO Box 2413	Mailing Address PO Box 2413							
City	State	Zip Code		FEC Identification Number				
Huntington	NY	11743						
Purpose of Disbursement Fundraising and Media Consulting			004	C				
Candidate Name				Transaction ID: SB21B-7600! Amount of Each Disbursement this Period				
			Category/ Type	Amount of Lacif Dispulsement this Period				
Office Sought: House Disbut	rsement For:			5000.00				
Senate	Primary	General						
State: District:	Other (spe	ecity) 🔻		Memo Item				
State. District.								
SUBTOTAL of Disbursements This Page (optional	al)			32000.00				
Copilonia i ago (opilonia	-,			7 7 7				
TOTAL This Period (last nage this line number o	nlv)							

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	CHEDULE B (FEC Form 3X)	llee cono	irate schedulo(s)	FOR LINE					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only					
		Detailed S	Summary Page	28a	28b 28c 29 30b				
	y information copied from such Reports and Staten								
or	for commercial purposes, other than using the nam	ne and addr	ess of any politica	i committee to	solicit contributions from such committee.				
\rangle	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI	ANCE P	AC						
_	Full Name (Last, First, Middle Initial)								
Α.	ABC Company				Date of Disbursement				
	Mailing Address PO Box 2413				09 30 2022				
	Huntington	State NY	Zip Code 11743		FEC Identification Number				
	Purpose of Disbursement Fundraising and Media Consulting			004	C Transaction ID : SB21B-76005				
	Candidate Name			Category/ Type	Amount of Each Disbursement this Per	riod			
	Office Sought: House Disburser			Турс	10000.00				
	Senate President	Primary Other (spec	General cify) ▼		Memo Item				
	State: District:				<u></u>				
В.	Full Name (Last, First, Middle Initial) ABC Company				Date of Disbursement				
	Mailing Address PO Box 2413		09 30 2022						
	,	State NY	Zip Code 11743		FEC Identification Number				
	Huntington Purpose of Disbursement Fundraising and Media Consulting	224	C						
	Candidate Name	004 Category/			Transaction ID : SB21B-76005 Amount of Each Disbursement this Period				
	Office Sought: House Disburser	ment For:		Туре	5000.00	П			
	Senate	Primary	General		4 4				
	State: President State:	Other (spec	cify)		Memo Item				
<u> —</u>	Full Name (Last, First, Middle Initial) COA Network Inc.		Date of Disbursement						
					M M / D D / Y Y Y Y Y	1			
	Mailing Address 991 Route 22 West Suite 200				09 23 2022				
	City Spridgewater Township	State NJ	Zip Code 08807		FEC Identification Number				
	Purpose of Disbursement 800 Telephone numbers				C				
	Candidate Name		O01 Transaction ID : SB21B-76009 Category/ Amount of Each Disbursement this						
	Office Sought: House Disburser	Туре	152.40	П					
	Senate								
	State: President State:	Other (specify) ▼			Memo Item				
s	UBTOTAL of Disbursements This Page (optional)				15152.40				
H									
Т	OTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)			FOR LINE	R LINE NUMBER: PAGE 33 OF 43					
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check only	· /			77		
	Detailed	d Summary Page	28a	28b	28c	29	30b		
Any information copied from such Reports and Stat	I ements mav	not be sold or use	ed by any pers	son for the pu	rpose of	soliciting	contributions		
or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
igrap UNITED WOMEN'S HEALTH ALI	LIANCE	PAC							
Full Name (Last, First, Middle Initial)									
A. EagleBank				Date of D	isbursen	nent			
Mailing Address 7045 Woodmant ava				09	12		2022		
Mailing Address 7815 Woodmont ave				09	13		2022		
City	State	Zip Code		FEC Ident	ification	Number			
Bethesda	MD	20814					-		
Purpose of Disbursement Bank analysis fee			001	C					
Candidate Name						D : SB21E			
			Category/ Type	Amount of	Each L	Disburseme	ent this Period		
Office Sought: House Disburs	ement For:	I		1			415.00		
Senate	Primary	General			-)				
State: District:	Other (sp	ecify) ▼		Memo	Item				
Full Name (Last, First, Middle Initial)									
B. Google Gsuite				Date of D	isbursen	nent			
				M = M / D = D / Y = Y = Y					
Mailing Address 1600 Amphitheatre Pkwy				09 02 2022					
City	State	Zip Code		FEC Ident	ification	Number			
Mountain View Purpose of Disbursement	CA	94043					-		
Email Services		nent For: Primary General Other (specify)			Transaction ID : SB21B-76006 Amount of Each Disbursement this Period				
Candidate Name									
	ement For:				39.11				
Senate President									
State: District:	Ourion (op	30.iy)		Memo) Item				
Full Name (Last, First, Middle Initial)									
C. Grasshopper				Date of Disbursement					
Mailing Address 320 Summer St				09	19		2022		
ag / taa.ooc 020 Gammer Ot									
City	State	Zip Code		FEC Ident	ification	Number			
Boston Purpose of Disbursement	MA	02210					-		
Telephone Service			001	C	action I	D : SB21E	2-76004		
Candidate Name							ent this Period		
			Type				440.00		
Office Sought: House Disburs Senate	ement For:	Gonoral			7		110.88		
President		Primary General Other (specify) ▼							
State: District:		Offier (specify) ▼		Memo Item					
							F0.122		
SUBTOTAL of Disbursements This Page (optional))		··············· >		7		564.99		
TOTAL This Period (last page this line number on	lv)								

SCHEDULE B (FEC Form 3X)			FO	R L	INE N	IUMBER:			P/	AGE	34 O	F 43		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(ch		only	′		00 [7.07			
		Summary Page			21b 28a	22 28b		23 28c	26		27 30b			
Any information copied from such Reports and Staten	l	act he cold or use	-d by 6							na 0				
or for commercial purposes, other than using the nam														
NAME OF COMMITTEE (In Full)														
UNITED WOMEN'S HEALTH ALLI	ANCE F	PAC												
Full Name (Last, First, Middle Initial)				Data of Dishuranese										
A. Intuit Inc.				Date of Disbursement										
Mailing Address 2700 Coast Ave						09 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
City	State	Zip Code				FEC Id	entific	cation	Numbe	er				
Mountain View	CA	94043						-		_				
Purpose of Disbursement Accounting Software			00	01	71	С								
Candidate Name			Cate	-	,	Tra Amoun			D : SB2			ariad		
			Ty		'	Amoun	. 01 L	acii L	Jisburse	JIIICI1	t tillo i	Cilou		
Office Sought: House Disbursen											106.00)		
	Primary Other (spec	General				_								
State: District:		Me	mo It	em										
Full Name (Last, First, Middle Initial)														
B. LIVE TRANSFERS AND DONOR (CREATI	ON LLC				Date of	Disk	ourser	nent					
Mailing Address 1607 Ponce de Leon ave						м = м 09	/	01			2022	Y		
Suite GM8						00 01 2022								
,	State	Zip Code 00909		FEC Id	entific	cation	Numbe	er						
SAN JUAN Purpose of Disbursement	PR		C											
Telephone fundraising	003						nooo	tion I	D : SB2	1D 7	2006			
Candidate Name			Cate	gory	/	Amoun						eriod		
Office Coughts House			12978.84											
Office Sought: House Disbursen Senate	nent For: Primary	General					2970.02	,						
	Other (spec					Momo Itom								
State: District:						Memo Item								
Full Name (Last, First, Middle Initial)	_													
C. LIVE TRANSFERS AND DONOR (CREATI	ON LLC				Date of	Disk							
Mailing Address 1607 Ponce de Leon ave					\neg	09	'	01			022	Y		
Suite GM8														
	State PR	Zip Code 00909				FEC Id	entific	cation	Numbe	er				
SAN JUAN Purpose of Disbursement	FK	00909				С								
Telephone fundraising			00	03	Ш		nsac	tion I	D : SB2	21R-7	76007			
Candidate Name			Cate		/	Amoun						eriod		
Office Sought: House Disbursen	nent For		Ту	ре	\dashv						5562.36	,		
	Primary	General							-	-	3502.50			
President	Other (spec					Ma	mo It	om						
State: District:						IVIE	1110 11	. C III						
									-	-	18647.2			
SUBTOTAL of Disbursements This Page (optional)						<u> </u>	_				10041.2			
TOTAL This Period (last page this line number only)						1				_		.		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	-
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA	ANCE PAC		
Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR (CREATION LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave Suite GM8			09 09 2022
SAN JUAN	State Zip Code PR 00909		FEC Identification Number
Purpose of Disbursement Telephone fundraising Candidate Name	[003	Transaction ID : SB21B-76007 Amount of Each Disbursement this Period
	Primary General	Category/ Type	14887.28
State: President District:	Other (specify) ▼		Memo Item
B. LIVE TRANSFERS AND DONOR (Date of Disbursement	
Mailing Address 1607 Ponce de Leon ave Suite GM8			09 09 2022
SAN JUAN	State Zip Code PR 00909		FEC Identification Number
Purpose of Disbursement Telephone fundraising Candidate Name	[003 Category/	Transaction ID : SB21B-76007 Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Туре	6380.27 Memo Item
Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR (CREATION LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave Suite GM8			09 16 2022
SAN JUAN	State Zip Code PR 00909		FEC Identification Number
Purpose of Disbursement Telephone fundraising Candidate Name	003 Category/ Type	Transaction ID: SB21B-76007 Amount of Each Disbursement this Period	
	nent For: Primary General Other (specify) ▼	71	13146.82 Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			34414.37

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SCHEDULE B (FEC Form 3X)	Har -	and a street to ()	FOR LINE NUMBER: PAGE 3					36 O	F 43				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(orlook orling orlo)				_	٦ ٥٦					
		Summary Page		21b 28a	22 28b	23 28c	26		27 30b				
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Any information copied from such Reports and Statem or for commercial purposes, other than using the nam													
NAME OF COMMITTEE (In Full)													
UNITED WOMEN'S HEALTH ALLIA	ANCE P	AC											
Full Name (Last, First, Middle Initial)		20110			Date of Disbursement								
A. LIVE TRANSFERS AND DONOR (KEAII	JN LLC											
Mailing Address 1607 Ponce de Leon ave					09 16 2022								
Suite GM8		7: 0 1											
,	tate PR	Zip Code 00909			FEC Ide	ntification	Numb	er					
Purpose of Disbursement				711	С								
Telephone fundraising			003	<u>'</u> וו∟		saction I	ID : SB	21B-7	76007				
Candidate Name			Category	1	Amount	of Each [Disburs	semer	nt this P	eriod			
Office Sought: House Disbursem	nent For:		Туре	-		-	-		5634.36	;			
	Primary	General				7	7		1 40				
	Other (speci	ify) ▼			Men	o Item							
State: District:													
Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR (Date of	Disburser	ment								
		OIN LLO		M M / D D / Y Y Y Y									
Mailing Address 1607 Ponce de Leon ave Suite GM8	_				09	22	2	2	2022				
,	tate PR	Zip Code			FEC Ide	ntification	Numb	er					
Purpose of Disbursement	1 17	00909	- 1	С		-							
Telephone fundraising	003					saction I	D · SR	21R-7	76008				
Candidate Name			Category	/		of Each [_			eriod			
Office Sought: House Disbursem	Type						-	1	3611.39	9			
	Primary				7								
	Other (speci	ify)			Men	o Item							
State: District:													
Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR (DE A TIA				Date of	Disburser	ment						
S. LIVE TRANSPERS AND DONOR C	KEAII	JN LLC			M M	/ D		Y	Y	Y			
Mailing Address 1607 Ponce de Leon ave Suite GM8					09	22			2022	_			
,	state	Zip Code			FEC Ide	ntification	Numb	er					
SAN JUAN Purpose of Disbursement	PR	00909		_	\cap		-	_	-				
Telephone fundraising			003		C	saction	ID · S¤	21 R	76005				
Candidate Name			Category	/		of Each [eriod			
Office Sought: House Disbursem	ent For:		Туре	_					5833.46	3			
	Primary	General				7			1100.10				
President		Men	o Item										
State: District:				1,1011									
OUDTOTAL of Bishamour is Till Book in the									25079.2	1			
SUBTOTAL of Disbursements This Page (optional))	<u> </u>	 	7				-			
TOTAL This Period (last page this line number only).				•						. 1			

SCHEDULE B (FEC Form 3X)			FOF	LINE	NUMBER:		PAG	iE 37 OF 43				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only one)									
		Summary Page		21b 28a	22 28b	23 28c	26	27 30b				
Any information copied from such Reports and Staten			- d b a									
or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
> UNITED WOMEN'S HEALTH ALLI	ANCE P	AC										
Full Name (Last, First, Middle Initial)												
A. LIVE TRANSFERS AND DONOR (CREATION	ON LLC			Date of Disbursement							
Mailing Address 1607 Ponce de Leon ave Suite GM8		T			09 30 2022							
City SAN JUAN	State PR	Zip Code 00909			FEC Id	entificatio	n Number					
Purpose of Disbursement		00909			С			-				
Telephone fundraising			003				ID - CD04	7000				
Candidate Name			Categ	orv/			ID: SB21I Disbursem	ent this Period				
			Тур		-							
Office Sought: House Disbursen						-	-	17216.01				
	Primary Other (spec	General										
State: District:		Me	mo Item									
Full Name (Last, First, Middle Initial)												
B. LIVE TRANSFERS AND DONOR	ON LLC			Date of	Disburse		Y					
Mailing Address 1607 Ponce de Leon ave Suite GM8			09 30 2022									
City SAN JUAN	State PR	Zip Code 00909			FEC Id	entificatio	n Number					
Purpose of Disbursement	110		C									
Telephone fundraising	003 Category/					neaction	ID : SB21E	2.76009				
Candidate Name								ent this Period				
Office Coughts House			Тур	9	7378.28							
Office Sought: House Disbursen Senate	nent For: Primary	General			1318.26							
	Other (spec				П м и							
State: District:	` '	,			Memo Item							
Full Name (Last, First, Middle Initial)												
C. North American Marketing Solution	s Inc				Date of	Disburse	ement					
Mailing Address 3245 N 126th St					09	/ D		2022				
City	State	Zip Code			EEC M	ontification	n Number					
Brookfield	WI	53005			T LO IU	entineatio	ii ivuilibei					
Purpose of Disbursement Mailers and Caging			003		C	ınsaction	ID : SB21	B-76008				
Candidate Name			Categ		Amoun	of Each	Disbursem	ent this Period				
Office Sought: House Disbursen	nent For:		717					3857.91				
	Primary	General				7	- 					
President	eify) 🔻			Me	mo Item							
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 38 OF 43								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	NOMBER:								
	for each category of the Detailed Summary Page	` X 21b	22 23 26 27								
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UNITED WOMEN'S HEALTH ALLI	ANCE PAC										
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A. North American Marketing Solution	is Inc		Date of Disbursement								
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City Brookfield	State Zip Code WI 53005		FEC Identification Number								
Purpose of Disbursement	33005		C								
Mailers and Caging		003									
Candidate Name		Category/	Transaction ID: SB21B-76009 Amount of Each Disbursement this Period								
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Office Sought: House Disbursen	nent For:		3258.73								
	Primary General		_								
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President	Other (specify) ▼		Memo Item								
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SCHEDULE B (FEC Form 3X)	T.,		FOR L	INE NUM	BER:		PA	GE 39 OF 43					
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		Summary Page			22 28b	23 28c	26	27 30b					
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NAME OF COMMITTEE (In Full)													
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Mailing Address 1825 NW Corporate Blvd Suite 110					09 06 2022								
City	State	Zip Code		FE	C Ide	ntification	Number						
Boca Raton	FL	33431			-								
Purpose of Disbursement Virtual Office			001		_								
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	ment For:	Camanal				7	7	99.00					
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B. RallyPay				Da	ate of	Disburse		TY TY TY					
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Purpose of Disbursement		000		C									
Combined "off the top" Credit Card Chargebacks				Transaction ID : SB21B-76									
Candidate Name			/ Ar										
Office Sought: House Disburse	ment For:		Туре	$\dashv \Gamma$	_								
Senate	Primary	General			7 7								
President State: District:	Other (spe	ecify)			Memo Item								
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	ment For:							29.00					
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San Franciso Purpose of Disbursement		94103		_ 1	\cap								
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	ment For:					7	-	140.35					
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Purpose of Disbursement		94103	- 1	С									
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Senate Dispulse	ment For: Primary	General			180.								
President	Other (spe												
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Full Name (Last, First, Middle Initial)													
C. RallyPay					Date of	Disburse							
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San Franciso Purpose of Disbursement	CA	94103			\sim								
Combined "off the top" CC Transaction fees Sep			003	יוד	C	neaction	ID : SB21	P-76011					
Candidate Name			Category	,,			_	ent this Period					
Office Sought: House Disburse	ment For:		Туре					707.24					
Senate Dispurse	Primary	General				7	7	. 57.12.1					
President Other (specify) ▼						no Item							
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								1007.00					
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SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER:		PAGE 41 OF 43						
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Mailing Address 995 Market Street Floor 2				09 30 2022								
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Senate President	Other (sp	General										
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Full Name (Last, First, Middle Initial)												
C. UPS Store				Date of I	Disbursem	nent						
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Mailing Address 2021 L St NW Ste 101				09	06	2022						
City	State	Zip Code		FF0.11								
Washington	DC	20036		FEC Ider	ntification	Number						
Purpose of Disbursement Postage/Shipping			001	C								
Candidate Name						D: SB21B-76009 Disbursement this Period						
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Office Sought: House Disbur	sement For:				40-1	23.38						
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SCHEDULE B (FEC Form 3X)			FOR LII	NE NUMBI	R:			PAGE	42 O	F 43			
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NAME OF COMMITTEE (In Full)													
UNITED WOMEN'S HEALTH ALL	IANCE F	PAC											
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A. UPS Store				Date	Man / D.D. / Y.Y.Y.Y								
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Washington Purpose of Disbursement	DC	20036							-				
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Full Name (Last, First, Middle Initial)													
B. UPS Store				Date of Disbursement									
Mailing Address 2021 L St NW				09 26 2022									
Ste 101													
City Washington	State DC	Zip Code 20036		FEC	FEC Identification Number								
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TOTAL This Period (last page this line number only))					, .		1	70102.3	′			

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Outstanding Balance Beginning This Period

Amount Incurred This Period

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

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X	10

43

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advance for various legal, administrative Mastroianni, Stephanie, , , Mailing Address 2021 L St NW Ste 101-193 State Zip Code Washington DC 20036 Transaction ID: SD10-1180317 Outstanding Balance Beginning This Period 2920.07 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2920.07 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code

			7	7	_		
1)	SUBTOTALS This Period This Page (optional)	Ξ				2920.07	
2)	TOTALS This Period (last page this line number only)	Ξ	-	—		2920.07	
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		-	7		0.00	
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		-	-		2920.07	
							_

Payment This Period

Outstanding Balance at Close of This Period