09/19/2022 13 : 59

| Image# 202209199528519050 | | PAGE 1 / 29 |
|---|---|---|
| FEC | REPORT OF RECEIPTS AND DISBURSEMENTS or 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 |
| | | |
| | | |
| ADDRESS (number and street) | 2021 L ST NW STE 101-193 | |
| Check if different | | |
| than previously reported. (ACC) | | DC |
| 2. FEC IDENTIFICATION NU | | STATE ▲ ZIP CODE ▲ |
| C C00755694 | 3. IS THIS REPORT (N) OR | X 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) | (c) 12-Day Primary (12P) PRE-Election Report for the: Convention (12C) Election on Election on / D D / | Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Special (12S) Y Y Runoff (30R) Special (30S) Y in the State of |
| 5. Covering Period 07 | A Constraint of the best of my knowledge and belief it is tr MASTROIANNI, STEPHANIE, , , | 1 2022 True, correct and complete. |
| Signature of Treasurer | ROIANNI, STEPHANIE, , , [Electronically Filed] | Date 09 / 19 / 2022 |
| NOTE: Submission of false, errone | ous, or incomplete information may subject the person signing t | this Report to the penalties of 52 U.S.C. § 30109. |
| Office Use Only | | FEC FORM 3X Rev. 05/2016 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name UNITED WOMEN'S HEALTH ALLIANCE PAC M D D М D - M T. 07 01 2022 07 31 2022 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 77688.71 January 1, 2022 (b) Cash on Hand at 71966.04 Beginning of Reporting Period..... 116367.06 1014971.02 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1092659.73 188333.10 6(a) and 6(c) for Column B)..... 64786.48 969113.11 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 123546.62 123546.62 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 2920.07 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | 05/5.00 | |
| (i) Itemized (use Schedule A) | 3545.00 | 26005.00 |
| | 440000.00 | 000000.00 |
| (ii) Unitemized | 112822.06 | 963966.02 |
| (iii) TOTAL (add | 116267.00 | 989971.02 |
| Lines 11(a)(i) and (ii) | 116367.06 | 303371.02 |
| (b) Belitical Barty Committees | 0.00 | 0.00 |
| (b) Political Party Committees(c) Other Political Committees | 4 4 | |
| (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) | 116367.06 | 989971.02 |
| Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| - | | |
| All Loans Received | 0.00 | 0.00 |
| | | |
| Loan Repayments Received | 0.00 | 0.00 |
| Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 25000.00 |
| Refunds of Contributions Made | | 7- 7 |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| | | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 116367.06 | 1014971.02 |

| | 7 | | 7 | 989971.02 |
|---|-----|--|-----|-----------|
| | -7 | | -7 | 0.00 |
| | - | | - | 0.00 |
| l | -7- | | -7- | 0.00 |

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| _ | _ | _ | _ | _ | _ | |
| L | | | 7 | _ | - | 1014971.02 |

Page 3

DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 05/2016) | of Disbursements | Page 4 | | | | |
|---|-------------------------------|-----------------------------------|--|--|--|--|
| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | |
| Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Calendar fear-to-Date | | | | |
| (i) Federal Share | 0.00 | 0.00 | | | | |
| (ii) Non-Federal Share | 0.00 | 0.00 | | | | |
| (b) Other Federal Operating Expenditures | 64736.48 | 802720.22 | | | | |
| (c) Total Operating Expenditures | | | | | | |
| (add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party | 64736.48 | 802720.22 | | | | |
| Committees Contributions to | 0.00 | 0.00 | | | | |
| Federal Candidates/Committees and Other Political Committees | 0.00 | 0.00 | | | | |
| Independent Expenditures (use Schedule E) | 0.00 | 165417.89 | | | | |
| Coordinated Party Expenditures (52 U.S.C. § 30116(d)) | | | | | | |
| (use Schedule F) | 0.00 | 0.00 | | | | |
| Loan Repayments Made | 0.00 | 0.00 | | | | |
| Loans Made | 0.00 | 0.00 | | | | |
| Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | | | | | | |
| man Folitical Committees | 50.00 | 975.00 | | | | |
| (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 | | | | |
| (such as PACs) | 0.00 | 0.00 | | | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 50.00 | 975.00 | | | | |
| · · · · · · · · · · · · · | 7 7 4 | 313.00 | | | | |
| Other Disbursements (Including Non-Federal Donations) | 0.00 | 0.00 | | | | |
| Federal Election Activity (52 U.S.C. § 30101) | 4 | 4 4 4 | | | | |
| (a) Allocated Federal Election Activity | | | | | | |
| (from Schedule H6) (i) Federal Share | 0.00 | 0.00 | | | | |
| | | | | | | |
| (ii) "Levin" Share(b) Federal Election Activity Paid | 0.00 | 0.00 | | | | |
| Entirely With Federal Funds | 0.00 | 0.00 | | | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 | | | | |
| Total Disburgements (add Lines 01/s) 00 | | | | | | |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 64786.48 | 969113.11 | | | | |
| Total Federal Disbursements | | 41 41 41 | | | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | | | | | | |
| from Line 31) | 64786.48 | 969113.11 | | | | |

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

| FFC | Form | 3X | (Rev | 05/2016 |) |
|------|---------|----|--------|---------|---|
| I LO | 1 01111 | JA | (1100. | 03/2010 | , |

III. Net Contributions/ Operating Expenditures

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

| | - | | | | | |
|-----------|------|----|------|------|-----|--|
| (subtract | Line | 37 | from | Line | 36) | |

| | | | 1 | | 116367.06 |
|--|---|-----|-----|-----|-----------|
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| 1.1 | - | - | - | - | 50.00 |
| | | -7 | | -7- | |
| | | | | | 116317.06 |
| | | - 7 | | - 7 | |
| | | | | | 64736.48 |
| | | 7 | | -7 | |
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| | | | | | 64736.48 |
| and the second sec | 1 | -7- | 1.0 | -7- | |

| - E | | | | | | 989971.02 |
|------|---|---|----|---|----|-----------|
| | - | | -7 | | -7 | 909971.02 |
| - E | | | | | | 975.00 |
| . L. | | 1 | -7 | 1 | -7 | 575.00 |
| - E | | | | | | 988996.02 |
| | 1 | 1 | 7 | 1 | 7 | 000000.02 |
| - E | | | | | | 802720.22 |
| | 1 | | 7 | | 7 | 002120.22 |
| - E | | | | | | 25000.00 |
| | | | -7 | | 7 | 23000.00 |
| - 17 | | | | | | 777720.22 |
| | | | | | | |

-7-

COLUMN B

Calendar Year-to-Date

Page 5

:97 ʿA=G79 @@5 B9CIG`H9LH`F9 @5 H98 ʿHC`5 ʿF9DCFHžG7<98I@9 ʿCF`≠H9A=N5 H=CB

Form/Schedule: F3XA 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 send back. 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: F3XA Transaction ID:

The purpose of Amendment 1 is to correct an issue recently discovered with the RallyPay reports, regarding refunds and chargebacks. The caging company isn't being notified of the donors that were refunded/charged back through RallyPay, resulting in donors being reported that should not have been. This series of amendments will remove those donors, and recalculate Schedule A's, and adjust the opening/closing balance accordingly.

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

| | | | Detailed Summary Page | × | 11a | - | 11 | | 11c | 12 | <u> </u> | | | |
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| | y information copied from such Reports and State for commercial purposes, other than using the na | | | | | | | se of | | | | | | |
| <u> </u> | NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL | | | | | | | 5.10 11 | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial) ABRAHAMSON, DOUGLAS, , , |) or Full O | rganization Name | | ate of | Re | ecei | ipt | | | | | | |
| | Mailing Address 17929 W BIG LAKE BLVD | | | | м м 07 | / | Γ | 05 | / Y | y y 2022 | Y | | | |
| | City MOUNT VERNON | State WA | Zip Code 98274 | | | | | | | -28015704 nis Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period 35.00 | | | | | | | | | | |
| | Name of Employer (for Individual) Retired | Occu Reti | upation (for Individual) red | | Me | emo | o Ite | em | | | | | | |
| | Receipt For: // Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 215.00 |] | | | | | | | | | | |
| B. | Full Name of Individual (Last, First, Middle Initial) ABRAHAMSON, DOUGLAS, , , |) or Full O | rganization Name | C | ate of | Re | ecei | ipt | | | | | | |
| | Mailing Address 17929 W BIG LAKE BLVD | 1 | | _ [| 07 | 1 | | 09 | / Y | 2022 | Y | | | |
| | City MOUNT VERNON | State WA | Zip Code 98274 | | | | | | | 28013478 nis Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 30.00 | | | | | | | | | |
| | Name of Employer (for Individual) Retired | Occi Reti | upation (for Individual) ired | | Memo Item | | | | | | | | | |
| | Receipt For: // Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 215.00 |] | | | | | | | | | | |
| С. | Full Name of Individual (Last, First, Middle Initial) ABRAHAMSON, DOUGLAS, , , |) or Full O | rganization Name | | ate of | Re | ecei | ipt | | | | | | |
| | Mailing Address 17929 W BIG LAKE BLVD | · | | | ^M 07 | / | Е | D D 18 | / Y | y y 2022 | Y | | | |
| | City MOUNT VERNON | State WA | Zip Code 98274 | A | | | | | | -28014164 nis Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 25.00 | | | | | | | | | |
| | Name of Employer (for Individual) Retired | Occu Retir | upation (for Individual) red | | Memo Item | | | | | | | | | |
| | Receipt For: // Primary General Other (specify) | Aggregate | Year-to-Date ▼ 215.00 |] | | | | | | | | | | |
| S | UBTOTAL of Receipts This Page (optional) | | | | | | y | | 5 | 90. | 00 | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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| | | Detailed Summary Page | X 11 | a | 11b | 11c | 12 | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| UNITED WOMEN'S HEALTH | I ALLIANCE | PAC | | | | | | | | | | | | |
| Full Name of Individual (Last, First, Middle A. ABRAHAMSON, DOUGLAS, , , | e Initial) or Full C | rganization Name | Date | of R | eceipt | | | | | | | | | |
| Mailing Address 17929 W BIG LAKE BLVE |) | | 0 | M 7 | / D D 26 | / Y | y y 2022 | Y | | | | | | |
| City | State | Zip Code | Tra | ansac | tion ID : | SA11AI- | 28014742 | 2 | | | | | | |
| MOUNT VERNON | WA | 98274 | Amo | Amount of Each Receipt this Period | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | | 35. | 00 | | | | | | |
| Name of Employer (for Individual) Retired | Occ Reti | upation (for Individual) ired | | Mem | o Item | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| Primary General | Aggregate | | | | | | | | | | | | | |
| Other (specify) ▼ | | 215.00 | | | | | | | | | | | | |
| Full Name of Individual (Last, First, Middle B. ALIX, ANNA, , , | e Initial) or Full C | rganization Name | Date | of R | eceipt | | | | | | | | | |
| Mailing Address 1518 TUCUMCARI DR | | | | 07 15 2022 | | | | | | | | | | |
| City | State | Zip Code | Tra | insact | tion ID : | SA11AI- | 28013038 | 3 | | | | | | |
| HOUSTON | ТХ | 77090 | | | | - | is Period | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | 75. | 00 | | | | | | | | | |
| Name of Employer (for Individual) Retired | | upation (for Individual) ired | | Mem | o Item | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| Primary General | | | 1 | | | | | | | | | | | |
| Other (specify) ▼ | | , 335.00 | | | | | | | | | | | | |
| Full Name of Individual (Last, First, Middle C. ANDERSON, JOAN, , , | e Initial) or Full C | rganization Name | Date | e of R | eceipt | | | | | | | | | |
| Mailing Address 14812 CALIFORNIA ST | | | | M 7 | / D D 19 | / Y | 2022 | Y | | | | | | |
| City | State | Zip Code | Tra | ansac | tion ID : | SA11AI- | 2801411 | 2 | | | | | | |
| ОМАНА | NE | 68154 | Amo | unt of | f Each R | eceipt th | is Period | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | y | y | 100. | 00 | | | | | | |
| Name of Employer (for Individual) Retired | Occ Reti | upation (for Individual) red | | Mem | io Item | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | | | | |
| Primary General | | 005.00 | 1 | | | | | | | | | | | |
| Other (specify) | | 335.00 | | | | | | | | | | | | |
| SUBTOTAL of Receipts This Page (optional |) | | | | 9 | , | 210. | 00 | | | | | | |
| | | | _ | | | | | | | | | | | |

TOTAL This Period (last page this line number only)......

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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| | WIZED RECEIPIS | | Detailed Summary Page | | × 11a | | 11b | 11c | | 12 | | | | |
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| | AME OF COMMITTEE (In Full) JNITED WOMEN'S HEALTH A | ALLIANCE | PAC | | | | | | | | | | | |
| | ull Name of Individual (Last, First, Middle In | iitial) or Full O | rganization Name | | Date o | of Re | eceipt | | | | | | | |
| M | ailing Address 14812 CALIFORNIA ST | | | | 07 | | 25 | | | 022 | Y | | | |
| C | ity | State | Zip Code | | Tran | sact | a second s | : SA11A | 1 | dia dia kaominina dia kaomi | 3 | | | |
| C | DMAHA | NE | 68154 | | | | | | | | | | | |
| | EC ID number of contributing deral political committee. | С | | | Amount of Each Receipt this Period | | | | | | | | | |
| | ame of Employer (for Individual) | | upation (for Individual) | | N | lem | o Item | | | | | | | |
| | etired | Reti | | _ | | | | | | | | | | |
| п Г | eceipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| - | Other (specify) V | | 335.00 |] | | | | | | | | | | |
| | ull Name of Individual (Last, First, Middle In ASKEW, SUSAN, , , | iitial) or Full O | rganization Name | | Date o | of Re | eceipt | | | | | | | |
| M | ailing Address 7913 FARMINGWOOD LN | | | | 07 | / | 05 | | | 022 022 | Y | | | |
| C | ity | State | Zip Code | | Transaction ID : SA11AI-28014688 | | | | | | | | | |
| R | ALEIGH | NC | 27615 | Amount of Each Receipt this Period | | | | | | | | | | |
| | EC ID number of contributing deral political committee. | С | | | | | | | | | 00 | | | |
| | ame of Employer (for Individual) etired | Occ Ret | upation (for Individual) ired | | N | lem | o Item | | | | | | | |
| R | eceipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| [| Primary General | , iggi oguto | | 11 | | | | | | | | | | |
| | Other (specify) V | L | 555.00 | 4 | | | | | | | | | | |
| | ull Name of Individual (Last, First, Middle In BEVERSDORF, TOM, , , | iitial) or Full O | rganization Name | | Date o | of Re | eceipt | | | | | | | |
| М | ailing Address 8433 WATERTOWN DR | | | | 07 | / | 25 | | | 022 | Y | | | |
| C | ity | State | Zip Code | | Tran | sact | tion ID | : SA11A | 1-280 |)1475(|) | | | |
| | NDIANAPOLIS | IN | 46216 | | Amoun | t of | Each I | Receipt t | his F | Period | | | | |
| | EC ID number of contributing deral political committee. | С | | | Ē | | , . | . , | _ | 50.0 | 00 | | | |
| D | ame of Employer (for Individual) FAS | | upation (for Individual) mation & Technology | | N | lem | o Item | | | | | | | |
| R | eceipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 825.00 | | | | | | | | | | | |
| SUE | STOTAL of Receipts This Page (optional) | | ••••• | <u> </u> | | | , | , | - | 275.(| 00 | | | |

TOTAL This Period (last page this line number only)......

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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)

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| | | | Detailed Summary Page | | 1 1a | | 11b | 11c | Щ | 12 | | | | | | | |
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| | ny information copied from such Reports and S for commercial purposes, other than using the | | | | | | | | | | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | | |
| | UNITED WOMEN'S HEALTH A | LLIANCE | PAC | | | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Ini BUIST, EVERDENE, , , | tial) or Full O | rganization Name | | Date of | f Rec | eipt | | | | | | | | | | |
| | Mailing Address 894 142ND AVE | | | | м м 07 | / | 25 | / Y | |)22 | Y | | | | | | |
| | City | State | Zip Code | | Trans | actio | n ID : S | SA11AI-2 | 2801 | 14768 | | | | | | | |
| | WAYLAND | MI | 49348 | | Amoun | t of E | ach Re | eceipt thi | s P | eriod | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | , | | - 41- | | 20.0 | | | | | | | |
| | Name of Employer (for Individual) Retired | Occu Reti | upation (for Individual) red | | M | emo | Item | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | | |
| | Primary General | | | | | | | | | | | | | | | | |
| | Other (specify) v | | 230.00 | | | | | | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Ini BUTSCH, KRISTIN, , , | tial) or Full O | rganization Name | | Date of | f Rec | eipt | | | | | | | | | | |
| | Mailing Address 6449 PARK CENTRAL DR W | | | | 07 13 2022 | | | | | | | | | | | | |
| | City | State | Zip Code | | Trans | actio | n ID : S | SA11AI-2 | 2801 | 14292 | | | | | | | |
| | INDIANAPOLIS | IN | 46260 | | Amoun | t of E | ach Re | eceipt thi | s P | eriod | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 80 | | | | | | 80.0 | 00 | | | | | | |
| | Name of Employer (for Individual) Retired | Occi | upation (for Individual) red | | M | emo | Item | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | | | | | | |
| | Primary General | | | 11. | | | | | | | | | | | | | |
| | Other (specify) ▼ | | , 270.00 | 4 | | | | | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Ini BUTSCH, KRISTIN, , , | tial) or Full O | rganization Name | | Date of | f Rec | eipt | | | | | | | | | | |
| | Mailing Address 6449 PARK CENTRAL DR W APT D | | | | м м 07 | / | D D 14 | / Y | |)22 | Y | | | | | | |
| | City | State | Zip Code | | Trans | sactio | on ID : | SA11AI-2 | 280′ | 14786 | ; | | | | | | |
| | INDIANAPOLIS | IN | 46260 | | Amoun | t of E | ach Re | eceipt thi | s P | eriod | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | <u> </u> | , | | | | 15.0 | 00 | | | | | | |
| | Name of Employer (for Individual) Retired | Occu Retir | upation (for Individual) ed | | M | emo | ltem | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | | | | | | | | |
| | Primary General | | 270.00 | 11. | | | | | | | | | | | | | |
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| | EIVIIZED RECEIPIS | | Detailed Summary Page | ¥ 11a ☐ 11b ☐ 11c ☐ 12 | | | | | | | | | |
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| | ny information copied from such Reports and S for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A | LLIANCE | PAC | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Ini CALVANO, VIRGINIA, , , | tial) or Full Org | ganization Name | Date of Receipt | | | | | | | | | |
| | Mailing Address 8029 1ST ST | | | M M / D D / Y Y Y Y Y 07 26 2022 | | | | | | | | | |
| | City | State | Zip Code | Transaction ID : SA11AI-28013930 | | | | | | | | | |
| | PARAMOUNT | CA | 90723 | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 40.00 | | | | | | | | | |
| | Name of Employer (for Individual) | Occu | pation (for Individual) | Memo Item | | | | | | | | | |
| | Retired | Retire | ed | | | | | | | | | | |
| | Receipt For: | | 'ear-to-Date ▼ | | | | | | | | | | |
| | Primary General | , igg. egute . | | 1 | | | | | | | | | |
| | Other (specify) v | | 245.00 | 1 | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Ini CHRYSTAL, CAROL, , , | tial) or Full Org | ganization Name | Date of Receipt | | | | | | | | | |
| | Mailing Address 3218 SHARPE RD | | | M M / D D / Y Y Y Y 07 12 2022 | | | | | | | | | |
| | City | State | Zip Code | Transaction ID : SA11AI-28014346 | | | | | | | | | |
| | WALL TOWNSHIP | NJ | 07719 | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 55.00 | | | | | | | | | |
| | Name of Employer (for Individual) Retired | Occu Retir | pation (for Individual) ed | Memo Item | | | | | | | | | |
| | Receipt For: | Aggregate Y | 'ear-to-Date ▼ | | | | | | | | | | |
| | Primary General | | | 1 | | | | | | | | | |
| | Other (specify) v | | 230.00 | 1 | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Ini COVIN, LEWIS, , , | tial) or Full Org | ganization Name | Date of Receipt | | | | | | | | | |
| | Mailing Address 5323 LEWIS COVIN RD | | | 07 21 2022 | | | | | | | | | |
| | City | State | Zip Code | Transaction ID : SA11AI-28009454 | | | | | | | | | |
| | MACCLENNY | FL | 32063 | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 75.00 | | | | | | | | | |
| | Name of Employer (for Individual) Retired | Occuj Retire | pation (for Individual) ed | Memo Item | | | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate Y | ⁄ear-to-Date ▼ 405.00 | 1 | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 170.00 | | | | | | | | | |

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| SCHEDULE A | (FEC Form 3X) |
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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | | 11b 11c 14 15 | 12 | | | | | | |
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| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEAL | - | | | | | | | | | | |
| Full Name of Individual (Last, First, M A. DAVIS, CARL, , , Mailing Address 3255 SANTA ROSA V | | rganization Name | Date of Rec | ceipt | • Y • Y | Y | | | | | |
| 5 | | | 07 | 06 | 2022 | | | | | | |
| City | State | Zip Code | Transactio | on ID : SA11Al· | 28014644 | | | | | | |
| REDDING | CA | 96003 | Amount of E | Each Receipt th | nis Period | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | y | 55.0 | 0 | | | | | |
| Name of Employer (for Individual) | Occu | pation (for Individual) | Memo | Item | | | | | | | |
| Retired | Reti | red | _ | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | | | |
| Primary General | | | | | | | | | | | |
| Other (specify) v | | 240.00 | 1 | | | | | | | | |
| Full Name of Individual (Last, First, M B. DAVIS, CARL, , , | ddle Initial) or Full O | rganization Name | Date of Rec | ceipt | | | | | | | |
| Mailing Address 3255 SANTA ROSA V | /AY | | 07 | 2022 | Ŷ | | | | | | |
| City | State | Zip Code | Transactio | on ID : SA11AI- | 28013028 | | | | | | |
| REDDING | CA | 96003 | | Amount of Each Receipt this | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | | 40.0 | 0 | | | | | | |
| Name of Employer (for Individual) Retired | Occu Reti | upation (for Individual) red | Memo | Item | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| Primary General | | | 1 | | | | | | | | |
| Other (specify) ▼ | | , 240.00 | 1 | | | | | | | | |
| Full Name of Individual (Last, First, M C. DAVIS, SALLY, , , | ddle Initial) or Full O | rganization Name | Date of Rec | ceipt | | | | | | | |
| Mailing Address 34554 MERION CT | | | M M / 07 | D D / Y 21 | 2022 | Y | | | | | |
| City | State | Zip Code | Transactio | on ID : SA11AI | -28009460 | | | | | | |
| DADE CITY | FL | 33525 | Amount of E | Each Receipt th | nis Period | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | <u>y 1 1 y</u> | 80.0 | 0 | | | | | |
| Name of Employer (for Individual) Retired | Occu Retir | ıpation (for Individual) ed | Memo | Item | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| Other (specify) | | 285.00 | 1 | | | | | | | | |
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| or | for commercial purposes, other than using the | name and a | addr | ess of any political committee | to s | olio | cit cor | ntrib | outions | fror | m such | COI | mmitt | ee. | | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL | LIANCE | ΕP | AC | | | | | | | | | | | | |
| <u>к</u> | Full Name of Individual (Last, First, Middle Initi FILOSA, PATRICIA, , , | al) or Full C | Orga | nization Name | | Da | ate of | Re | eceipt | | | | | | | |
| | Mailing Address 60 UNION SQ | | | | | Ľ | 07 | 1 | 08 | | / Y | ү 20 |)22 | Y | | |
| | City | State | | Zip Code | | _ | Trans | acti | ion ID | : S/ | 411AI-2 | 2801 | 14512 | | | |
| | RANDOLPH | MA | | 02368 | _ | Ar | mount | of | Each | Rec | eipt thi | s P | eriod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | - | _ | -7 | | 150.0 | 00 | | |
| | Name of Employer (for Individual) Retired | | cupa tired | tion (for Individual) | | | Me | emo | ltem | | | | | | | |
| | Receipt For: | Aggregate | Yea | ar-to-Date 🔻 | | | | | | | | | | | | |
| | Other (specify) ▼ | | - | 310.00 | | | | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initi FRANKLIN, MARK, , , | al) or Full C | Orga | nization Name | | Di | ate of | Re | eceipt | | | | | | | |
| | Mailing Address 1017 SHADOWLAWN DR | | | | | 07 05 2022 | | | | | | | | | | |
| | City | State | | Zip Code | | | Trans | acti | on ID | : SA | 11AI-2 | 2801 | 5978 | | | |
| | TOLEDO | OH | | 43609 | | Ar | mount | of | Each | Rec | eipt thi | s P | eriod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 110.00 | | | | | | | | 00 | | |
| | Name of Employer (for Individual) Retired | | cupa tired | tion (for Individual) | | | Me | emo |) Item | | | | | | | |
| | Receipt For: | Aggregate | e Yea | ar-to-Date 🔻 | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | , | 515.00 | | | | | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initi FRANKLIN, MARK, , , | al) or Full C | Orga | nization Name | | Da | ate of | Re | eceipt | | | | | | | |
| | Mailing Address 1017 SHADOWLAWN DR | | | | | Γ | 07 ^M | / | D 19 | | / Y | | 22 | Y | | |
| | City | State | | Zip Code | | _ | Trans | act | ion ID | : S/ | A11AI-2 | 2801 | 12768 | ; | | |
| | TOLEDO | OH | | 43609 | _ | Ar | mount | of | Each | Rec | eipt thi | s P | eriod | | | |
| | FEC ID number of contributing federal political committee. | С | | | | Ę | _ | _ | , | _ | 9 | | 85.0 | 00 | | |
| | Name of Employer (for Individual) Retired | | cupa tired | tion (for Individual) | | Memo Item | | | | | | | | | | |
| | Receipt For: | Aggregate | e Yea | ar-to-Date 🔻 | | | | | | | | | | | | |
| | Other (specify) | | - | 515.00 | | | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH | ALLIANCE | PAC | | | | | | | | | |
| A. GREEN, JANICE, , , Mailing Address 12 MURRAY HILL RD | Initial) or Full O State MA | Zip Code 02131 | Date of Receipt | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | upation (for Individual) | 30.00 Memo Item | | | | | | | | |
| Retired Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Reti | | | | | | | | | | |
| B. Full Name of Individual (Last, First, Middle GRIFFIN, RAYMOND, , , Mailing Address 11859 CISCO BAY DR | Initial) or Full O | rganization Name | Date of Receipt | | | | | | | | |
| City DOWLING FEC ID number of contributing | State MI | Zip Code 49050 | Transaction ID : SA11AI-28014254 Amount of Each Receipt this Period | | | | | | | | |
| federal political committee. Name of Employer (for Individual) Retired | | upation (for Individual) | Memo Item | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 215.00 |] | | | | | | | | |
| C. HALVA, SHARON, , , | | rganization Name | Date of Receipt | | | | | | | | |
| Mailing Address 3150 LAKE JOHANNA BL\ <u>APT 229</u> City | /D State | Zip Code | 07 / 18 / 2022 Transaction ID : SA11AI-28014160 | | | | | | | | |
| ARDEN HILLS | MN | 55112 | Amount of Each Receipt this Period | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 75.00 | | | | | | | | |
| Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) | Reti | upation (for Individual) red Year-to-Date ▼ 220.00 | Memo Item | | | | | | | | |
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| $ $ \rangle UNITED WOMEN'S HEALTH | ALLIANCE | : PAC | | | | | | | | | | | |
| Full Name of Individual (Last, First, Middle A. HARDY, LEROY, , , | Initial) or Full C | rganization Name | | Date o | f Bc | aceint | | | | | | | |
| Mailing Address 374 HICKORY TREE RD | | | | | | | | | | | | | |
| | | | | 07 | Ľ | 14 | Ľ | 20 | 022 | | | | |
| City PLEASANT HILL | State NC | Zip Code 27866 | | | | | SA11AI- | | | | | | |
| | | 27000 | - ' | Amoun | t of | Each R | eceipt th | nis P | eriod | | | | |
| FEC ID number of contributing federal political committee. | C | | | Ľ. | | | | | 85.0 | | | | |
| Name of Employer (for Individual) | Occ | upation (for Individual) | | М | emo | ltem | | | | | | | |
| Retired | Ret | ired | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Full Name of Individual (Last, First, Middle B. HEINSHEIMER, BETTIE, , , | Initial) or Full C | organization Name | | Date o | f Re | eceipt | | | | | | | |
| Mailing Address 3722 27TH PL W | | | | 07 14 2022 | | | | | | | | | |
| APT 303 | State | Zip Code | _ | 07 | | 14 | | 1 | - | | | | |
| SEATTLE | WA | 98199 | | | | | SA11AI- leceipt th | | | | | | |
| FEC ID number of contributing | | | | | | | | | | | | | |
| federal political committee. | C | | | 300.00 Memo Item | | | | | | | | | |
| Name of Employer (for Individual) | Occ | upation (for Individual) | | | | | | | | | | | |
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| Full Name of Individual (Last, First, Middle C. HERZBERG, JOHN, , , | Initial) or Full C | Organization Name | | Date o | f Re | eceipt | | | | | | | |
| Mailing Address 3012 BLUFFWOOD DR | | | | 07 | / | D D D 11 | / Y | |)22 | Y | | | |
| City | State | Zip Code | | Trans | sact | ion ID : | SA11AI- | 280 | 14398 | | | | |
| SAINT CHARLES | MO | 63301 | - : | Amoun | t of | Each R | eceipt th | nis P | eriod | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | y | . , | | 55.0 | 00 | | | |
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| Any Information copied from such Reports and Statements may not be sold or used by any person for the upropee of solicit contributions from such committee. 118 14 14 14 16 16 17 NAME OF 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 Are HUTTER, JAMES, Mailing Address 113 GOLD MINE RD Date of Receipt City State Zip Code 70 201 2022 City State Zip Code 70 21 2022 City State Zip Code 70 21 2022 City Retired Retired Receipt 70 21 2022 City Retired Receipt 70 202 70 202 70 202 70 202 70 202 70 70 202 70 202 70 202 70 202 70 202 70 202 70 202 70 202 70 202 70 202 70 202 70 200 <t< th=""><th>•••</th><th></th><th></th><th></th><th>Detailed Summary Page</th><th></th><th>×</th><th>11a</th><th></th><th>11b</th><th>11c</th><th></th><th>12</th><th></th></t<> | ••• | | | | Detailed Summary Page | | × | 11a | | 11b | 11c | | 12 | | | | |
|--|--------------|---|-----------------|-------|----------------------------|----------|------------|----------------|----------|----------|-----------|------------------|---------------|----|--|--|--|
| 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 Fail Name of individual (Last, First, Middle Initial) or Full Organization Name A. HUTTER, JAMES, Mailing Address 113 GOLD MINE RD Oity FGC ID number of contributing federal policical committee. Name of Employer (for Individual) Retired Retired Retired B. JOHNSON, LORA, Mailing Address 2525 BELT RD City City State Zip Code Retired Retired Retired B. JOHNSON, LORA, Mailing Address 2525 BELT RD City Kitx FeC ID number of contributing federal political committee. City Retired Receipt For: Politner (specify) ▼ City State City State Pail Name of Individual (Last, First, Middle Initial) or Full Organization Name | ۸ | v information conied from such Denote and C | tatomonto m | | not be cold or used by arm | | , <i>t</i> | 13 or the l | <u> </u> | 14 | 15 | | 16 ntribut | 17 | | | |
| UNITED WOMEN'S HEALTH ALLIANCE PAC A. HUTTER, JAMES, Mailing Address 113 GOLD MINE RD City POSTER Rescription Rescription City POSTER Rescription Rescription Poster Rescription Poster Poster Rescription Other (specify) City City Rescription Poster Poster Rescription City Poster Poster <td></td> | | | | | | | | | | | | | | | | | |
| ✓ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. HUTTER, JAMES, Mailing Address 113 GOLD MINE RD 07 / 21 / 2022 City FSTER RI 02825 POSTER RI 02825 Amount of Each Receipt Initial 2001/2004 Name of Employer (for Individual) Retired 65.00 Memo Item Retired Receipt For: Aggregate Year-to-Date V 07 / 2022 77 / 2022 Mailing Address 2625 BELT RD City State Zip Code 77 / 07 / 2022 77 / 2022 Mailing Address 2625 BELT RD City State Zip Code 77 / 07 / 2022 77 / 2022 Mailing Address 2625 BELT RD City State Zip Code Amount of Each Receipt His Period Receipt For: Aggregate Year-to-Date V Interview Individual Aggregate Year-to-Date V Interview Individual Amount of Each Receipt His Period Receipt For: Aggregate Year-to-Date V Interview Individual Interview Individual Amount of Each Receipt His Period Interview Individual Interview Individual Interview Individual Interview Individual Interview Individual Interview Individual <td>\backslash</td> <td>· ,</td> <td></td> | \backslash | · , | | | | | | | | | | | | | | | |
| A. HUTTER, JAMES, , Date of Receipt Mailing Address 113 GOLD MINE RD Of 21 2022 City State Zip Code FOSTER RI D32825 Name of Employer (for Individual) C Amount of Each Receipt this Period Retired Retired Retired Receipt For: Primary General Other (specify) General Occupation (for Individual) Retired Aggregate Year-to-Date ▼ Memo Item B. JOHNSON, LORA, , . Mailing Address 2525 BELT RD To 37 2000 City State Zip Code Transaction ID : SA114/E2013580 Receipt For: Name of Employer (for Individual) Retired Amount of Each Receipt Ibit Period FEC ID number of contributing federal political committee. C Transaction ID : SA114/E2013580 Amount of Each Receipt Ibit Period Receipt For: Primary General Occupation (for Individual) Receipt Ibit Period Imount of Each Receipt Ibit Period Receipt For: Primary General Occupation (for Individual) Receipt Ibit Period Imount of Each Receipt Ibit Period Receipt For: Public Social Social Socia | | | | | | | | | | | | | | | | | |
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| Mailing Address 76 F | ACTORY ST | | _ | | 07 ^M | / 19 | | 2022 | Y | | | | | | |
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FEC Schedule A (Form 3X) Rev. 06/2016

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| | UNITED WOMEN'S HEALTH AL | | : PAC | | | | | | | | | | | | |
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| А. | Mailing Address 208 FALL HARVEST | | | | | | Re | eceipt | | V | V | Y | | | |
| | | | | | 07 11 2022 | | | | | | | | | | |
| | City | Zip Code | Transaction ID : SA11AI-28014408 | | | | | | | | | | | | |
| | CENTERVILLE | GA | 31028 | _ | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | _ | | - | - | _ | 55.0 |)0 | | | |
| | Name of Employer (for Individual) | Occ | upation (for Individual) | | | Me | emc | Item | | | | | | | |
| | Retired | Ret | red | | | _ | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date V | | | | | | | | | | | | |
| | Other (specify) V | | 280.00 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initi SOSA, ANITA, , , | al) or Full C | rganization Name | | Da | te of | Re | eceipt | | | | | | | |
| | Mailing Address 2510 DARWIN DR | | | ™ 07 | 1 | 08 |) / Y | | 22 22 | Y | | | | | |
| | City | State | Zip Code | | Т | ransa | acti | ion ID : | SA11AI- | 2801 | 4516 | | | | |
| | SAN ANTONIO | TX | 78228 | | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 40.00 | | | | | | | | | | |
| | Name of Employer (for Individual) Retired | Occ Ret | upation (for Individual) ired | | | Me | emo | ltem | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | | | | |
| | Primary General | | 270.00 | L. | | | | | | | | | | | |
| | Other (specify) | | 370.00 | 1 | | | | | | | | | | | |
| <u> </u> | Full Name of Individual (Last, First, Middle Initi STARR, BETH, , , | al) or Full C | rganization Name | | Dat | te of | Re | eceipt | | | | | | | |
| | Mailing Address 2231 NE BRIDGECREEK AVE | : | | | | M | / | D D | | | Y | Y | | | |
| | APT L107 | State | Zip Code | | _ | 07 | | 06 | | 1.00 | 22 | | | | |
| | VANCOUVER | WA | 98664 | | | | | | SA11AI | | | | | | |
| | FEC ID number of contributing | | | | | Journ | | Laon n | | | | _ | | | |
| | federal political committee. | С | | | Ļ | - | - | y = | | - | 80.0 |)0 | | | |
| | Name of Employer (for Individual) | | upation (for Individual) | | Ŀ | Me | emo |) Item | | | | | | | |
| | Retired Receipt For: | Reti | | | | | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Other (specify) | | 385.00 | | | | | | | | | | | | |
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| s | UBTOTAL of Receipts This Page (optional) | | • | • | | _ | _ | , | ., | _ | 175.0 | 0 | | | |

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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| | | | Detailed Summary Page | × | _ | \square | 11b | 11c | | 2 | | | | | |
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| ۸- | ny information copied from such Reports and | Statemonto m | av not be sold or used by one n | | 13 for the | | 14 | 15 soliciting | | l6 ributi | 000 | | | | |
| | for commercial purposes, other than using th | | | | | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | UNITED WOMEN'S HEALTH A | ALLIANCE | PAC | | | | | | | | | | | | |
| | Full Name of Individual (Last, First, Middle In TAGUE, DENNIS, , , | nitial) or Full C | rganization Name | | | | | | | | | | | | |
| Α. | Mailing Address 150 HAGY ST | | | - | Date of | | · . | _ | | | _ | | | | |
| | Maining Address 150 HAGT ST | | | | м м 07 | | 05 | / Y | 202 | 22 | Y | | | | |
| | City | State | Zip Code | Transaction ID : SA11AI-28014682 | | | | | | | | | | | |
| | POUNDING MILL | VA | 24637 | | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | - | | 50.0 | 0 | | | | |
| | Name of Employer (for Individual) | Occ | upation (for Individual) | _ | М | emo | Item | | | | | | | | |
| | Dennis Tague | Ow | ner | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 265.00 | 11. | | | | | | | | | | | |
| | | | | 11 | | | | | | | | | | | |
| — B | Full Name of Individual (Last, First, Middle In TAGUE, DENNIS, , , | nitial) or Full C | Organization Name | | Date o | f Red | ceipt | | | | | | | | |
| | Mailing Address 150 HAGY ST | | | | M M | _ | DD | / Y | Y | Y | Y | | | | |
| | | | | | 07 | | 27 | | 202 | 2 | | | | | |
| | City | State VA | Zip Code | | | | | SA11AI-2 | | | | | | | |
| | | VA | 24637 | | Amoun | t of I | Each R | eceipt thi | is Pe | riod | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | - | | - | | 55.0 | 0 | | | | |
| | Name of Employer (for Individual) Dennis Tague | Occ Ow | upation (for Individual) ner | | М | emo | Item | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | | | 11. | | | | | | | | | | | |
| | Other (specify) ▼ | | , 265.00 | | | | | | | | | | | | |
| C. | Full Name of Individual (Last, First, Middle In TRAMER, HARRIET, , , | nitial) or Full C | organization Name | | Date o | f Red | ceipt | | | | | | | | |
| | Mailing Address 151 N MICHIGAN AVE | | | | M | / | | / Y | | Y | Y | | | | |
| | APT 1604 | State | Zip Code | _ | 07 Trans | acti | 25 on ID : | SA11AI-2 | 202 | | | | | | |
| | CHICAGO | IL | 60601 | | | | | eceipt thi | | | | | | | |
| | FEC ID number of contributing | | | | | | | | | | | | | | |
| | federal political committee. | С | | | <u> </u> | - | y : | y | | 40.0 | 0 | | | | |
| | Name of Employer (for Individual) | | upation (for Individual) | | M | lemo | Item | | | | | | | | |
| | Retired Receipt For: | Reti | | _ | | | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Other (specify) | | 230.00 | | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | ▶ | | | | | 1 | 145.0 | 0 | | | | |
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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29

| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|---|
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| NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH ALL | IANCE PAC | |
| Name of Employer (for Individual) Retired | or Full Organization Name State Zip Code C 91710 C Occupation (for Individual) Retired 320.00 | Date of Receipt |
| Name of Employer (for Individual) Retired | or Full Organization Name State Zip Code C 91710 Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 320.00 | Date of Receipt |
| Name of Employer (for Individual) Retired | o or Full Organization Name State Zip Code NH 03870 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 230.00 230.00 | Date of Receipt |
| SUBTOTAL of Receipts This Page (optional) | ••••• | 280.00 |

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FEC Schedule A (Form 3X) Rev. 06/2016

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| | | Detailed Summary Page | | ′ 11a | | 11b | 11c | | 12 | | |
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| Any information copied from such Reports a | and Statements ma | w not be sold or used by any n | erson | 13 for the | nur | 14 | 15 soliciting | | 16 tributi | 17 ions | |
| or for commercial purposes, other than usin | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| UNITED WOMEN'S HEALT | H ALLIANCE | PAC | | | | | | | | | |
| Full Name of Individual (Last, First, Mido A. VANDYKE, MARCIA, , , | lle Initial) or Full O | rganization Name | | Data a | | agint | | | | | |
| Mailing Address 140 WASHINGTON RD | | | _ | Date of | _ | | | V | V | Y | |
| | | | | 07 | ĺ | 19 | / 1 | 202 | 22 | | |
| City | | Transaction ID : SA11AI-28012836 | | | | | | | | | |
| RYE | NH | 03870 | | Amoun | t of | Each Re | eceipt th | is Pe | riod | | |
| FEC ID number of contributing federal political committee. | С | | | Ľ. | _ | | | | 55.0 | 0 | |
| Name of Employer (for Individual) Retired | Occi Reti | upation (for Individual) red | | M | emo | o Item | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| Primary General | | | 11 | | | | | | | | |
| Other (specify) V | | 230.00 | 4 | | | | | | | | |
| Full Name of Individual (Last, First, Midc B. WEIS, SUZANNE, , , | lle Initial) or Full O | rganization Name | | Date of | f Re | eceipt | | | | | |
| Mailing Address 412 N BROADWAY AVE | | м м 07 | / | 01 | / Y | 202 | 2 | Y | | | |
| City | State | Zip Code | | Trans | act | ion ID : S | SA11AI- | 28015 | 5794 | | |
| MARSHFIELD | WI | 54449 | _ | Amoun | t of | Each Re | eceipt th | is Pe | riod | | |
| FEC ID number of contributing federal political committee. | C | | | | | - | - 7 | _ | 35.0 | 0 | |
| Name of Employer (for Individual) Retired | Occ Ret | upation (for Individual) red | | M | emo | b Item | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| Primary General | | 220.00 | 11. | | | | | | | | |
| Other (specify) v | | , | 41 | | | | | | | | |
| Full Name of Individual (Last, First, Midc C. ZAK, HENRY, , , | lle Initial) or Full O | rganization Name | | Date of | f Re | eceipt | | | | | |
| Mailing Address 8204 E BOULEVARD D | R | | | 07 ^M | / | D D 26 | / Y | y 202 | 22 | Y | |
| City | State | Zip Code | | Trans | act | ion ID : S | SA11AI- | 2801 | 3948 | | |
| ALEXANDRIA | VA | 22308 | _ | Amoun | t of | Each Re | eceipt th | is Pe | riod | | |
| FEC ID number of contributing federal political committee. | ů – – – – – – – – – – – – – – – – – – – | | | | | | | | 80.0 | 0 | |
| Name of Employer (for Individual) Retired | Occi Reti | upation (for Individual) ed | | M | emo | o Item | | | | | |
| | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| Other (specify) | | 480.00 |] | | | | | | | | |
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| S | CHEDULE B (FEC Form 3X) | | FC |)R I | | NI | MBEF | <u>۱</u> . | | | P | AGE | 23 (|)F | 29 | | |
|-----------------|---|------------------------|-------------------------|------------|-------------|------------|------------------------------|--------------------------------|-------|-----------|---------|--------|------|-------------------|--------|----|--|
| IT | EMIZED DISBURSEMENTS | | an apparate appadula(a) | | | | | k only one) | | | | | | | | | |
| | | | Summary Page | | × | 21b 28a | | 22 28b | | 23 28c | | 26 | | 27 30b | | | |
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| | ny information copied from such Reports and Staten for commercial purposes, other than using the nam | | | | | | | | | | | | | | | | |
| $\left \right $ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | | |
| | UNITED WOMEN'S HEALTH ALLI | ANCE P | AC | | | | | | | | | | | | | | |
| ^ | Full Name (Last, First, Middle Initial) | | | | | | | Date o | | oburo | o.m | aant | | | | | |
| Α. | ABC Company | | | | | | | | | | | | V | (Y | V | | |
| | Mailing Address PO Box 2413 | | | | | | 07 19 2022 | | | | | | | | | | |
| | 5 | State NY | Zip Code | | | | | FEC I | denti | ficatic | n | Numb | ər | | | | |
| | Huntington Purpose of Disbursement | INT | 11743 | | | | | \mathbf{c} | | | | | | | | | |
| | Fundraising and Media Consulting | | | 0 | 04 | | Transaction ID : SB21B-74197 | | | | | | | | | | |
| | Candidate Name | | L | Cate | gor | ·y/ | | | | | | - | | 4197 It this I | Period | d | |
| | Office Cought | | | | /pe | | | | | - | | | 4 | 5000.0 | 0 | ٦. | |
| | Office Sought: House Disburser | nent For: Primary | General | | | | | | | , | | | _ | 3000.0 | 0 | | |
| | President | Other (spec | | | | | | M | amo | Item | | | | | | | |
| _ | State: District: | | | | | | | IVI | enio | item | | | | | | | |
| - | Full Name (Last, First, Middle Initial) | | | | | | | . . | | | | | | | | | |
| В. | Blank Rome LLP | | | | | | Date of Disbursement | | | | | | | | | | |
| | Mailing Address 1825 Eye Street NW | | | | | 07 19 2022 | | | | | | | | | | | |
| | , | State | Zip Code | | | | | FEC I | denti | ficatio | n | Numb | ər | | | | |
| | Washington Purpose of Disbursement | DC | 20006 | | | | FEC Identification Number | | | | | | | | | | |
| | Legal Fees | 001 | | | | | | C Transaction ID : SB21B-74 | | | | | | | | | |
| | Candidate Name | | L | Cate Ty | egor /pe | ·y/ | | | | | | | | 4197 It this I | Period | d | |
| | Office Sought: House Disbursen | nent For: | | | | | | | | | | | | 2921.0 | 0 | | |
| | President | Primary Other (spec | General | | | | | _ | | | | | | | | | |
| | State: District: | Other (spec | iiy <i>)</i> | | | | | Μ | emo | Item | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | | |
| C. | COA Network Inc. | | | | | | | Date o | _ | | | | | | | | |
| | Mailing Address 991 Route 22 West | | | | | | - | M 07 | / | | р 25 | | | 022 | Y | | |
| | Suite 200 | | 1 | | | | | | | | | 1.1 | | _ | | | |
| | City S Bridgewater Township | State NJ | Zip Code 08807 | | | | | FEC I | denti | ficatio | n | Numb | ər | | | | |
| | Purpose of Disbursement | | | _ | _ | _ | | С | | | | | | | | | |
| | 800 Telephone numbers 001 Candidate Name Category/ Type Office Sought: House | | | | | | | _ | ans | actior | n II | D : SB | 21B- | 74197 | | | |
| | | | | | | ·γ/ | | Amour | nt of | Each | D | isburs | emer | it this I | Period | d | |
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| | Senate | Primary | General | | | | | | | | | | | 1.4 | | | |
| | President | Other (spec | ify) 🔻 | | | | | M | emo | Item | | | | | | | |
| | State: District: | | | | | | | _ | _ | | _ | | | | | _ | |
| 5 | SUBTOTAL of Disbursements This Page (optional) | | | | | | | | | - | | | | 18071. | 15 | | |
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| SCHEDULE B (FEC Form 3X) | | arate schedule(s) | FOR LINE | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | for each | category of the Summary Page | (check only 21b 28a | one) 22 23 26 27 28b 28c 29 30b | | | | | | | |
| Any information copied from such Reports and State or for commercial purposes, other than using the nar | | | | | | | | | | | |
| NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH ALL | IANCE F | PAC | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. EagleBank | | | | Date of Disbursement | | | | | | | |
| Mailing Address 7815 Woodmont ave | | | | 07 12 2022 | | | | | | | |
| Bethesda | State MD | Zip Code 20814 | | FEC Identification Number | | | | | | | |
| Purpose of Disbursement Bank analysis fee | | | | | | | | | | | |
| Candidate Name | | | Category/ Type | Amount of Each Disbursement this Period | | | | | | | |
| Senate President | ment For: Primary Other (spe | General cify) ▼ | | 383.88 Memo Item | | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) B. Google Gsuite Mailing Address 1600 Amphitheatre Pkwy | | | | Date of Disbursement | | | | | | | |
| | State CA | Zip Code 94043 | 001 Category/ | FEC Identification Number C Transaction ID : SB21B-74195 Amount of Each Disbursement this Period | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary Other (spe | General Cify) | Туре | 39.11 Memo Item | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Grasshopper | | | | Date of Disbursement | | | | | | | |
| Mailing Address 320 Summer St | State | Zip Code | | 07 18 2022 FEC Identification Number | | | | | | | |
| Boston Purpose of Disbursement Telephone Service Candidate Name | MA | 02210 | 001 Category/ Type | Transaction ID : SB21B-7419 Amount of Each Disbursement this Period | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary Other (spe | General cify) ▼ | | 110.88 Memo Item | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional). | | | ····· ► | 533.87 | | | | | | | |
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| SCHEDULE B (FEC Form 3X) | llse sens | arate schedule(s) | | | | NUMBER: PAGE 25 OF 29 | | | | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | | | - | one) 22 28b | | 23 28c | F | 26 29 | | 27 30b | | | | | |
| Any information copied from such Reports and State or for commercial purposes, other than using the na | | | | | | | | | | | | | | | | | |
| NAME OF COMMITTEE (IN Full) | IANCE F | PAC | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Intuit Inc. | | | | | | Date o | | sburse | | | YY | Y | Y | | | | |
| Mailing Address 2700 Coast Ave | | | | | | 07 | | |)5 | | | 022 | | | | | |
| City Mountain View | State CA | Zip Code 94043 | | | | FEC k | lenti | ficatio | n N | lumbe | r | - | | | | | |
| Purpose of Disbursement Accounting Software Candidate Name | | | | 01 | | | | | | : SB2 | | | | | | | |
| | ement For: | | | egory/ /pe | | Amoun | t of | Each | Di | sburse | emen | t this P 106.00 | - | | | | |
| Senate President State: District: | Primary Other (spec | General cify) ▼ | | | | Me | emo | Item | | -9 | | | | | | | |
| Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR Mailing Address 1607 Ponce de Leon ave | | Date o | _ | D | | ent / | | 022 | Y | | | | | | | | |
| Suite GM8 City | State | Zip Code | | | _ | FEC Identification Number | | | | | | | | | | | |
| SAN JUAN Purpose of Disbursement Telephone fundraising Candidate Name | PR | 00909 | | 03 gory/ | C Transaction ID : SB21E | | | | | | 1B-7 | | oriod | | | | |
| Office Sought: House Disburse Senate President | ement For: Primary | General | | pe | | Amount of Each Disbursement this 34944. | | | | | 4944.52 | | | | | | |
| State: District: | Other (spec | 511y) | | | | Me | emo | Item | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. North American Marketing Solutio | ns Inc | | | | | Date o | f Di | sburse | | ent | YYY | Y | Y | | | | |
| Mailing Address 3245 N 126th St | | | | | | 07 | ľ | | 9 | Ľ | | 022 | | | | | |
| City Brookfield Purpose of Disbursement | State WI | Zip Code 53005 | | | _ | FEC IC | lenti | ficatio | n N | lumbe | r | - | | | | | |
| Mailers and Caging Candidate Name | 003 Catego Typ | | | | | | Transaction ID : SB21B-74197 Amount of Each Disbursement this Period | | | | | | | | | | |
| Senate | ement For: Primary | General | 1 9 | he | | | | , | | - | | 6072.07 | , | | | | |
| State: District: | Other (spec | cify) 🔻 | | | | Me | emo | Item | | | | | | | | | |
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| SCHEDULE B (FEC Form 3X) | | parate schedule(s) | FOR LINE | | | | | | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | for each | category of the | (check only 21b | one) 22 23 26 27 | | | | | | | | | | | | |
| | Detailed | Summary Page | 28a | 28b 28c 29 30b | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| VINITED WOMEN'S HEALTH | ALLIANCE | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. RallyPay | | | | Date of Disbursement | | | | | | | | | | | | |
| Mailing Address 995 Market Street Floor 2 | | | | 07 / D D / Y Y Y Y 07 05 / 2022 | | | | | | | | | | | | |
| City San Franciso | State CA | Zip Code 94103 | | FEC Identification Number | | | | | | | | | | | | |
| Purpose of Disbursement Merchant Fees | | | 003 | C | | | | | | | | | | | | |
| Candidate Name | | | Category/ | Transaction ID : SB21B-74195 Amount of Each Disbursement this Period | | | | | | | | | | | | |
| | bursement For: | | Туре | 1497.54 | | | | | | | | | | | | |
| President | Senate Primary General President Other (specify) | | | | | | | | | | | | | | | |
| State: District: | | | | Memo Item | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. RallyPay | | | | Date of Disbursement | | | | | | | | | | | | |
| Mailing Address 995 Market Street Floor 2 | | | | | | | | | | | | | | | | |
| City San Franciso | State CA | Zip Code 94103 | | FEC Identification Number | | | | | | | | | | | | |
| Purpose of Disbursement Merchant Fees | | 003 | C | | | | | | | | | | | | | |
| Candidate Name | | | Category/ Type | Transaction ID : SB21B-74195 Amount of Each Disbursement this Period | | | | | | | | | | | | |
| Office Sought: House Dis | bursement For: | General | | 64.00 | | | | | | | | | | | | |
| State: District: | Other (spe | | | Memo Item | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | | |
| C. RallyPay | | | | Date of Disbursement | | | | | | | | | | | | |
| Mailing Address 995 Market Street Floor 2 | | | | 07 31 2022 | | | | | | | | | | | | |
| City San Franciso | State CA | Zip Code 94103 | | FEC Identification Number | | | | | | | | | | | | |
| Purpose of Disbursement Combined "off the top" CC Transaction fees | pose of Disbursement | | | | | | | | | | | | | | | |
| Candidate Name | | Category/ Type | Transaction ID : SB21B-75322 Amount of Each Disbursement this Period | | | | | | | | | | | | | |
| Office Sought: House Dis | bursement For: | Gaparal | iype | 63.20 | | | | | | | | | | | | |
| State: District: | Other (spe | ecify) ▼ | | Memo Item | | | | | | | | | | | | |
| | | | | 1624.74 | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optic | · | | | | | | | | | | | | | | | |
| TOTAL This Period (last page this line numbe | r only) | | ••••• | | | | | | | | | | | | | |

| SCHEDULE B (| - | Use sepa | Use separate schedule(s) | | | NUMBER: PAGE 27 OF 29 | | | | | | | | |
|---|---|-------------------------------------|---------------------------------|------------------|----------|--|----------|---------|----------------------|----------------------------|-------|--|--|--|
| ITEMIZED DISBU | IKSEMENIS | for each | category of the Summary Page | | 1b 8a | 22 28b | 2 | 3 8c | 26 | 27 30b | | | | |
| | om such Reports and State es, other than using the na | | | | | | | | | | | | | |
| NAME OF COMMITTE | EE (In Full) EN'S HEALTH ALL | IANCE F | PAC | | | | | | | | | | | |
| Full Name (Last, First, A. RallyPay | Middle Initial) | | | | | Date of Disbursement | | | | | | | | |
| Mailing Address 995 M Floor | | | | | | 07 31 2022 | | | | | | | | |
| City San Franciso | - ut | State CA | Zip Code 94103 | | | | entifica | ation | Numbe | er | | | | |
| Purpose of Disbursem Combined "off the top Candidate Name | ent " Credit Card Chargebacks | | | 003 Category/ | | | | | - | 21B-75322 ement this Pe | əriod | | | |
| Office Sought: | House Disburse Senate | ement For: Primary | General | Туре | _ | | -9- | | | 116.00 | | | | |
| State: Dist | President | Other (spe | cify) ▼ | | | Me | | | | | | | | |
| Full Name (Last, First, B. RallyPay | Full Name (Last, First, Middle Initial) RallyPay | | | | | | | | Date of Disbursement | | | | | |
| Mailing Address 995 Floor | Market Street 2 | | | | | 07 | / | 3′ | | 2022 | | | | |
| City San Franciso | San Franciso CA 94103 | | | | | | | ation | Numbe | er | | | | |
| Purpose of Disbursem Combined "off the top Candidate Name | " CC Transaction fees Jul | | | 003 Category/ | 1 | | | | - | 21B-75321 ement this Pe | eriod | | | |
| Office Sought: | House Disburse Senate President rict: | ement For: Primary Other (spe | General Cify) | Туре | | Amount of Each Disbursement this Pe 117.20 Memo Item | | | | | | | | |
| Full Name (Last, First, C. RallyPay | Middle Initial) | | | | | Date of | | urse | | Y Y Y Y | | | | |
| Mailing Address 995 M Floor | | | | | | 07 | | 31 | | 2022 | | | | |
| City San Franciso Purpose of Disbursem | ent | State CA | Zip Code 94103 | | | | entifica | ation | Numbe | er | | | | |
| | " Credit Card Chargebacks | ard Chargebacks | | | | C Transaction ID : SB21B-75321 Amount of Each Disbursement this Period | | | | | | | | |
| Office Sought: | t: House Disbursement For: Senate Primary General President Other (specify) ▼ | | | | | | 290.00 | | | | | | | |
| State: Dist | trict: | | - , , , , , | | | Me | mo Ite | em | | | | | | |
| SUBTOTAL of Disburse | ments This Page (optional) | | | •••••• | • | | -, | | | 523.20 | 0 | | | |
| TOTAL This Period (last | page this line number only | y) | | | • | | | | | | 1 | | | |

| SCHEDULE B (FEC Form 3X) | Use sena | arate schedule(s) | FOR LINE I (check only | | | | | | | | | |
|--|-------------------------------------|---------------------------------|---------------------------|--|--|--|--|--|--|--|--|--|
| TEMIZED DISBURSEMENTS | for each | category of the Summary Page | 21b 28a | 22 23 26 27 28b 28c 29 30b | | | | | | | | |
| Any information copied from such Reports and Stat or for commercial purposes, other than using the na | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | LIANCE F | PAC | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Date of Disbursement | | | | | | | | |
| Mailing Address 995 Market Street Floor 2 | | | | 07 31 2022 | | | | | | | | |
| City San Franciso | State CA | Zip Code 94103 | | FEC Identification Number | | | | | | | | |
| Purpose of Disbursement Combined "off the top" CC Transaction fees Jul Candidate Name | | | 003 | C Transaction ID : SB21B-75322 | | | | | | | | |
| | | | Category/ Type | Amount of Each Disbursement this Period 638.87 | | | | | | | | |
| Office Sought: House Disburs Senate President | ement For: Primary Other (spe | General cify) ▼ | | | | | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | Memo Item | | | | | | | | |
| RallyPay | | | | Date of Disbursement | | | | | | | | |
| Mailing Address 995 Market Street Floor 2 | 1 | | | 07 31 2022 | | | | | | | | |
| City San Franciso | State CA | Zip Code 94103 | | FEC Identification Number | | | | | | | | |
| Purpose of Disbursement Combined "off the top" CC Transaction fees Jul | 1 | | 003 | C Transaction ID : SB21B-75322 | | | | | | | | |
| Candidate Name | | | Category/ Type | Amount of Each Disbursement this Period | | | | | | | | |
| Senate President | ement For: Primary Other (spe | General Cify) | | 673.61 | | | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| RallyPay | | | | Date of Disbursement | | | | | | | | |
| Mailing Address 995 Market Street Floor 2 | | | | 07 31 2022 | | | | | | | | |
| City San Franciso Purpose of Disbursement | State CA | Zip Code 94103 | | FEC Identification Number | | | | | | | | |
| Combined "off the top" CC Transaction fees Jul | | | 003 | Transaction ID : SB21B-7532 Amount of Each Disbursement this Period | | | | | | | | |
| Office Sought: House Disburs | ement For: | Category/ Type | 1379.31 | | | | | | | | | |
| State: District: | Primary Other (spe | General cify) ▼ | | Memo Item | | | | | | | | |
| | | | | 2691.79 | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number onl | | | | 64567.34 | | | | | | | | |

| SCHEDULE D (FEC Form 3X) | | | (Use separate | PAGE 29 OF 29 | | | |
|---|-----------------|----------------------|-------------------------|---|--|--|--|
| DEBTS AND OBLIGATIONS | | | schedule(s) for each | FOR LINE NUMBER: (check only one) 9 | | | |
| Excluding Loans | | | numbered line) | (chock chily cho) × 10 | | | |
| NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAI | NCE PAC | | | | | | |
| A. Full Name (Last, First, Middle Initial) of Debtor Mastroianni, Stephanie, , , | r or Creditor | | | ebt (Purpose): r various legal, administrative | | | |
| Mailing Address 2021 L St NW Ste 101-193 | | | | | | | |
| City Washington | State DC | Zip Code 20036 | | | | | |
| Outstanding Balance Beginning This Period 2920.07 | | | Transacti | on ID : SD10-1014686 | | | |
| Amount Incurred This Period | Payr | ment This Period | Outstandir | ng Balance at Close of This Period | | | |
| 0.00 | | 0.0 | | 2920.07 | | | |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of D | ebt (Purpose): | | | |
| | | | | | | | |
| Mailing Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Outstanding Balance Beginning This Period Amount Incurred This Period | Payr | nent This Period | Outstandi | ng Balance at Close of This Period | | | |
| C. Full Name (Last, First, Middle Initial) of Debtor | r or Creditor | | Nature of D | ebt (Purpose): | | | |
| | | | | | | | |
| Mailing Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Outstanding Balance Beginning This Period Amount Incurred This Period | Payr | nent This Period | Outstandir | ng Balance at Close of This Period | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | ▶ | 2920.07 | | | |
| 2) TOTALS This Period (last page this line number | only) | | ▶ | 2920.07 | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule (| C (last page on | ly) | ► | 0.00 | | | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summar | y Page (last page on | ıly) ► | 2920.07 | | | |