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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
UNITED WOMEN'S H	HEALTH ALLIANCE PA	AC	
ADDRESS (number and street)	2021 L ST NW STE 101-193	3	
Check if different than previously reported. (ACC)	WASHINGTON		DC 20036 -
2. FEC IDENTIFICATION N	NUMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00755694		S THIS NEW EPORT (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report Auarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Repo (TER)	(Q1) (c) 12-Day PRE-Election Report for the: (Q3) (YE) Election Report for the: (d) 30-Day POST-Election Report for the:	General (30G)	(Non-Election Year Only)
	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 12	31 2021
I certify that I have examined Type or Print Name of Treasur	MÁSTROIANNI, STEPHANI	my knowledge and belief it is IE, , ,	rue, correct and complete.
Signature of Treasurer	ASTROIANNI, STEPHANIE, , ,	[Electronically Filed]	Date 04 / 01 / 2022
NOTE: Submission of false, erro	neous, or incomplete information	n may subject the person signing	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 07 01 2021 12 31 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 23558.27 January 1. 2021 (b) Cash on Hand at 144400.66 Beginning of Reporting Period..... 1031642.90 1772927.05 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1796485.32 1176043.56 6(a) and 6(c) for Column B)..... 1086344.77 1706786.53 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 89698.79 89698.79 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 18083.75 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

R	eport Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	12 / 31 / 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)	33476.00	37018.00
	(ii) Unitemized	998166.90	1735909.05
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1031642.90	1772927.05
	(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	1031642.90	1772927.05
12.	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	0.00	0.00
17	to Federal Candidates and Other 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))▶	1031642.90	1772927.05
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1031642.90	1772927.05

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	deral	
Activity (from Schedule H	0.00	0.00
(i) i ederal onale	4 4	4 1 4 1 4 1 4 1
(ii) Non-Federal Share		0.00
(b) Other Federal Operating	4004000 70	40044704
Expenditures	45	1624173.46
(c) Total Operating Expenditu (add 21(a)(i), (a)(ii), and (1624173.46
Transfers to Affiliated/Other Pa	""	102111011
Committees		0.00
Contributions to Federal Candidates/Committee		
and Other Political Committee	0.00	0.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditure	79943.07 S	79943.07
(52 U.S.C. § 30116(d)) (use Schedule F)		2.00
(use ouriedule I)	0.00	0.00
Loan Repayments Made	0.00	0.00
. ,	4 4	
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	4 4
Than Political Committees	1495.00	2670.00
(1) 5 100 15 16 10		
(b) Political Party Committees		0.00
(c) Other Political Committee: (such as PACs)		0.00
		0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and	(-))	2070.00
(ddd Ei1103 20(d), (b), di10	(c))	2670.00
Other Disbursements (Includin	g	
Non-Federal Donations)	0.00	0.00
E 1 1 E1 11 A 11 11 (E2.11	0.0.0.00404400))	4 4
Federal Election Activity (52 U (a) Allocated Federal Election		
(from Schedule H6)	Activity	
(i) Federal Share		0.00
()	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity F		<u> </u>
Entirely With Federal Fun	0.00	0.00
(c) Total Federal Election Act		7 7 7
Lines 30(a)(i), 30(a)(ii) an	0.00 0.00	0.00
Total Disbursements (add Line	1 00(s))	
23, 24, 25, 26, 27, 28(d), 29 a	and 30(c)) 1086344.77	1706786.53
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Lin	e 30(a)(ii)	
from Line 31)		1706706 53
•	, 10000-1.17	1706786.53

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 1031642.90 1772927.05 (from Line 11(d), page 3) 34. Total Contribution Refunds 1495.00 2670.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 1770257.05 1030147.90 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 1004906.70 1624173.46 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 1004906.70 1624173.46 (subtract Line 37 from Line 36)

: 97 `A = G7 9 @ 65 B9 CIG`H9 LH`F9 @ 5 H98 `HC`5 `F9 DCFHžG7 < 98 I @ 9 `CF` ± H9 A ± 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 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:

During this period, the PAC repaid \$13,000 of the Debt to "STEPHANIE MASTROIANNI". The invoices that are being reimbursed, are attached to this report as MEMO Schedule B21's, all dated 09-01-2021, with MEMO TEXT designating them part of the reimbursement. The invoices original date is included in the MEMO TEXT as well.

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

Form/Schedule: F3XA
Transaction ID:

Any Schedule E that did not clear by close of books, has been marked MEMO, and carried on Schedule D into 2022.

Form/Schedule: F3XA Transaction ID:

This amendment is to correct a mistake on the dissemination date of 8 x Schedule E's attached, for the amounts of 1120.xx. The date has been corrected and is now in alignment with the F24. Also to be noted: This report has 8 x voided Schedule E's that were not included, in the amounts of 1140.xx on 11/10. The F24 reporting them has been amended to reflect accordingly.

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(C	(check only one)										
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	and Statements may not be sold or used by any pers ig the name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	H ALLIANCE PAC	
Full Name of Individual (Last, First, Midd		Date of Receipt
Mailing Address 23442 EL TORO RD APT W219		09 08 2021
City	State Zip Code	Transaction ID : SA11AI-26404445
LAKE FOREST	CA 92630	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) Retired	Memo Item
Receipt For:		1
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	325.00	
Full Name of Individual (Last, First, Midd ALFORD, JAMES, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 23442 EL TORO RD		M = M / D = D / Y = Y = Y
APT W219	Stata Zin Coda	09 30 2021
City	State Zip Code CA 92630	Transaction ID : SA11AI-26409125
LAKE FOREST	CA 92630	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	Aggregate Year-to-Date ▼	
Other (specify) ▼	325.00	
Full Name of Individual (Last, First, Midd ALFORD, JAMES, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 23442 EL TORO RD APT W219		09 30 / 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-26409265
LAKE FOREST	CA 92630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	325.00	
SUBTOTAL of Receipts This Page (optional	al)	120.00
TOTAL This Period (last page this line pun	mber only)	

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(check only one)										
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	the 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 ALFORD, JAMES, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 23442 EL TORO RD APT W219		10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LAKE FOREST	State Zip Code CA 92630	Transaction ID : SA11AI-26409915
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 ▼ 325.00	
Full Name of Individual (Last, First, Middle ALFORD, JAMES, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 23442 EL TORO RD APT W219	State Zip Code	12 28 / Y Y Y Y Y Y
City LAKE FOREST	State Zip Code CA 92630	Transaction ID : SA11AI-26425803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name of Individual (Last, First, Middle ALFORD, JAMES, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 23442 EL TORO RD APT W219 City	State Zip Code	12 30 2021
LAKE FOREST	CA 92630	Transaction ID : SA11AI-26426271 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional)		135.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 10 OF 317 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 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 ANASTASI, JOHN, , , Date of Receipt Mailing Address 3180 N LAKE SHORE DR APT 22H 2021 City State Zip Code Transaction ID: SA11AI-26391577 IL **CHICAGO** 60657 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ANASTASI, JOHN, , , Date of Receipt Mailing Address 3180 N LAKE SHORE DR 2021 APT 22H City State Zip Code Transaction ID: SA11AI-26392555 **CHICAGO** IL 60657 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ANASTASI, JOHN, , , Date of Receipt Mailing Address 3180 N LAKE SHORE DR 14 2021 APT 22H City State Zip Code Transaction ID: SA11AI-26393661 IL **CHICAGO** 60657 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE I	PAC	
Full Name of Individual (Last, First, Middle II ANASTASI, JOHN, , ,	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 3180 N LAKE SHORE DR APT 22H			07 26 2021
City	State	Zip Code	Transaction ID : SA11AI-26395873
CHICAGO	IL	60657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
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 ▼ 540.00	
Full Name of Individual (Last, First, Middle II ANASTASI, JOHN, , ,	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 3180 N LAKE SHORE DR APT 22H City	State	Zip Code	08 16 2021
CHICAGO	IL	60657	Transaction ID : SA11AI-26399787 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle II	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 3180 N LAKE SHORE DR APT 22H	la.		08
City CHICAGO	State IL	Zip Code 60657	Transaction ID : SA11AI-26401677
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 540.00	
SUBTOTAL of Receipts This Page (optional)		·····	85.00
TOTAL This Period (last page this line number	r only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In ANASTASI, JOHN, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 3180 N LAKE SHORE DR APT 22H			10 29 2021
City	State	Zip Code	Transaction ID : SA11AI-26414677
CHICAGO	IL	60657	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	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle In ANASTASI, JOHN, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 3180 N LAKE SHORE DR APT 22H	Ctata	7in Codo	11 16 2021
City CHICAGO	State IL	Zip Code 60657	Transaction ID : SA11AI-26417723 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	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle In ANASTASI, JOHN, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 3180 N LAKE SHORE DR APT 22H City	Otata	Tip Code	11 18 2021
CHICAGO	State IL	Zip Code 60657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 540.00	
SUBTOTAL of Receipts This Page (optional)			175.00
TOTAL This Period (last page this line number	r only)		

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANC	E PAC	
Α.	Full Name of Individual (Last, First, Middle Initial ANDERSON, RICHARD, , ,	al) or Full (Organization Name	Date of Receipt
	Mailing Address 6317 LOCH MOOR DR			10 08 2021
	City	State	Zip Code	Transaction ID : SA11AI-26410729
	EDINA	MN	55439	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Best Efforts		cupation (for Individual) st Efforts	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00	
В.	Full Name of Individual (Last, First, Middle Initial ANDERSON, RICHARD, , ,	al) or Full (Organization Name	Date of Receipt
	Mailing Address 6317 LOCH MOOR DR			11 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-26416013
	EDINA	MN	55439	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) Best Efforts		cupation (for Individual) est Efforts	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		230.00	
С .	Full Name of Individual (Last, First, Middle Initial APICELLA, MYRA, , ,	al) or Full (Organization Name	Date of Receipt
	Mailing Address 105 RUDDER RD			08
	City	State	Zip Code	Transaction ID : SA11AI-26397363
	MILLSBORO	DE	19966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item
	Receipt For:		e Year-to-Date ▼	
	Primary General	Aggregate		
	Other (specify)		300.00	
8	SUBTOTAL of Receipts This Page (optional)		<u> </u>	255.00
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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 APICELLA, MYRA, , , Date of Receipt Mailing Address 105 RUDDER RD 13 2021 City Zip Code State Transaction ID: SA11AI-26399327 DE **MILLSBORO** 19966 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 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. APICELLA, MYRA, , , Date of Receipt Mailing Address 105 RUDDER RD 2021 City State Zip Code Transaction ID: SA11AI-26401389 **MILLSBORO** DE 19966 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) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. APICELLA, MYRA, , , Date of Receipt Mailing Address 105 RUDDER RD 2021 City Zip Code State Transaction ID: SA11AI-26413311 DE **MILLSBORO** 19966 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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 APICELLA, MYRA, , , Date of Receipt Mailing Address 105 RUDDER RD 16 2021 City Zip Code State Transaction ID: SA11AI-26417607 DE **MILLSBORO** 19966 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** APICELLA, MYRA, , , Date of Receipt Mailing Address 105 RUDDER RD 19 2021 City State Zip Code Transaction ID: SA11AI-26418397 **MILLSBORO** DE 19966 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ARMAS, IGNACIO, , , Date of Receipt Mailing Address 112 RIVER HONDO RD 09 2021 City State Zip Code Transaction ID: SA11AI-26360555 TX CLINT 79836 Amount of Each Receipt this Period FEC ID number of contributing C 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 225.00 Other (specify) 145.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II A. ARMAS, IGNACIO, , , Mailing Address 112 RIVER HONDO RD City CLINT FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)		Date of Receipt 12
Full Name of Individual (Last, First, Middle II ARTZE, MARIA, , , Mailing Address 14811 SW 50TH TER City MIAMI FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) This is the state of t	State Zip Code FL 33185 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 220.00	Date of Receipt 07
Full Name of Individual (Last, First, Middle II ARTZE, MARIA, , , Mailing Address 14811 SW 50TH TER City MIAMI FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code FL 33185 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 08 13 2021 Transaction ID: SA11AI-26353465 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	195.00
TOTAL This Period (last page this line numbe	er 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 P	PAC	
Full Name of Individual (Last, First, Middle I ARTZE, MARIA, , , Mailing Address 14811 SW 50TH TER	Initial) or Full Orga	nization Name	Date of Receipt 09 02 2021
City	State	Zip Code	Transaction ID : SA11AI-26358701
MIAMI	FL	33185	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	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle I ARTZE, MARIA, , , Mailing Address 14811 SW 50TH TER	Initial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	09 16 2021
MIAMI	FL	33185	Transaction ID : SA11Al-26361321 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 220,00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 14811 SW 50TH TER	I e		11 18 2021
City MIAMI	State FL	Zip Code 33185	Transaction ID : SA11AI-26379039
FEC ID number of contributing federal political committee.	С	55105	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)	<u>'</u>	>	120.00
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			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In ARTZE, MARIA, , , Mailing Address 14811 SW 50TH TER	nitial) or Full Orga	anization Name	Date of Receipt
City	State	Zip Code	12 16 2021
MIAMI	FL	33185	Transaction ID : SA11AI-26385509 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)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle In BAKER, FAYE, , , Mailing Address 6527 SAPONY TRL	nitial) or Full Orga	anization Name	Date of Receipt
City ELM CITY	State NC	Zip Code 27822	Transaction ID : SA11Al-26351473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Best Efforts	Occupa Workin	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle In BAKER, FAYE, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 6527 SAPONY TRL	0	7in Code	08 13 2021
City ELM CITY	State NC	Zip Code 27822	Transaction ID : SA11AI-26353841
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Best Efforts	Occupa Working	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional)		>	65.00
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 the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	AC	
Full Name of Individual (Last, First, Middle In BAKER, FAYE, , , Mailing Address 6527 SAPONY TRL	initial) or Full Orgar	nization Name	Date of Receipt
			10 05 2021
City	State	Zip Code	Transaction ID : SA11AI-26409953
ELM CITY	NC	27822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Best Efforts	Occupati Working	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	ur-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle In BAKER, FAYE, , , Mailing Address 6527 SAPONY TRL	initial) or Full Organ	nization Name	Date of Receipt
			10 28 2021
City	State	Zip Code	Transaction ID : SA11AI-26373439
ELM CITY	NC	27822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Best Efforts	Occupat Working	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	ur-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle In BAKER, FAYE, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 6527 SAPONY TRL			12 09 2021
City ELM CITY	State NC	Zip Code 27822	Transaction ID : SA11AI-26384235
	.,,	21022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual)	'	ion (for Individual)	Memo Item
Best Efforts Receipt For:	Working		-
Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional)		>	60.00
TOTAL This Period (last page this line numbe	r only)		

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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 BAKER, FAYE, , , Date of Receipt Mailing Address 6527 SAPONY TRL 2021 City Zip Code State Transaction ID: SA11AI-26387129 NC **ELM CITY** 27822 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Best Efforts Working Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BENSON, LILA, , , Date of Receipt Mailing Address 1725 PARAGOULD DR 2021 City State Zip Code Transaction ID: SA11AI-26391579 **JONESBORO** AR 72405 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) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BENSON, GREGORY, , , Date of Receipt Mailing Address 2155 OLGA ST 17 2021 City Zip Code State Transaction ID: SA11AI-26399967 CA **OXNARD** 93036 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	ny information copied from such Reports and Stator commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC					
Α.	Full Name of Individual (Last, First, Middle Initial BENSON, GREGORY, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 2155 OLGA ST			09 21 2021				
	City OXNARD	State CA	Zip Code 93036	Transaction ID : SA11AI-26407235				
		- CA	93036	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer (for Individual) Retired	pation (for Individual) ed	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 205.00					
В.	Full Name of Individual (Last, First, Middle Initial BENSON, GREGORY, , ,	al) or Full Orç	ganization Name	Date of Receipt				
	Mailing Address 2155 OLGA ST			10 22 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26413483				
	OXNARD FEC ID number of contributing	C	93036	Amount of Each Receipt this Period 25.00				
	federal political committee.		Memo Item					
	Name of Employer (for Individual) Retired							
	Receipt For: Primary General	Aggregate Y	'ear-to-Date ▼					
	Other (specify) ▼		205.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initial BENSON, LILA, , ,	al) or Full Orç	ganization Name	Date of Receipt				
	Mailing Address 1725 PARAGOULD DR			11 27 2021				
	City JONESBORO	State AR	Zip Code 72405	Transaction ID : SA11AI-26419551 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	oation (for Individual) ed	Memo Item				
	Receipt For:	Aggregate Y	'ear-to-Date ▼					
	Other (specify)	Primary General						
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			100.00				

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may n the name and addre	ot be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC				
Full Name of Individual (Last, First, Middle BENSON, GREGORY, , ,	Initial) or Full Organ	nization Name	Date of Receipt			
Mailing Address 2155 OLGA ST			12 08 2021			
City	State	Zip Code	Transaction ID : SA11AI-26421493			
OXNARD	CA	93036	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		25.00			
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 205.00				
Full Name of Individual (Last, First, Middle BENSON, GREGORY, , ,	nization Name	Date of Receipt				
Mailing Address 2155 OLGA ST						
City	State	Zip Code	Transaction ID : SA11AI-26422877			
OXNARD	CA	93036	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		25.00			
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 205.00				
Full Name of Individual (Last, First, Middle BENSON, LILA, , ,	Initial) or Full Organ	nization Name	Date of Receipt			
Mailing Address 1725 PARAGOULD DR			12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City JONESBORO	State AR	Zip Code 72405	Transaction ID : SA11AI-26423769 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		105.00			
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 330.00				
SUBTOTAL of Receipts This Page (optional)			155.00			
TOTAL This Period (last page this line numb	er only)					

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANC	E PAC					
Α.	Full Name of Individual (Last, First, Middle Initi-BENSON, GREGORY, , ,	al) or Full (Organization Name	Date of Receipt				
	Mailing Address 2155 OLGA ST			12 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI-26424271				
	OXNARD	CA	93036	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 205.00					
В.	Full Name of Individual (Last, First, Middle Initial BENSON, LILA, , ,	Date of Receipt						
	Mailing Address 1725 PARAGOULD DR			12 21 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26424123				
	JONESBORO	AR	72405	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		330.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initi	al) or Full (Organization Name	Date of Receipt				
	Mailing Address 1725 PARAGOULD DR			12 23 2021				
	City JONESBORO	State AR	Zip Code 72405	Transaction ID : SA11AI-26424947				
	FEC ID number of contributing		.2.00	Amount of Each Receipt this Period				
	federal political committee.	C		45.00				
	Name of Employer (for Individual) Retired	I	cupation (for Individual) ired	Memo Item				
	Receipt For:							
	Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)		330.00					
S	SUBTOTAL of Receipts This Page (optional)		<u> </u>	120.00				
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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 AL	LIANCE	PAC					
Α.		al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 2155 OLGA ST			12 30 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-26426181				
	OXNARD	CA	93036	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	ů l						
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 205.00					
В.	Full Name of Individual (Last, First, Middle Initial BEVERSDORF, TOM, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 8433 WATERTOWN DR	07 09 / 2021						
	City	State	Zip Code	Transaction ID : SA11AI-26392999				
	INDIANAPOLIS	IIN	46216	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Best Efforts		oation (for Individual) Efforts	Memo Item				
	Receipt For:	Aggregate Y	ear-to-Date ▼					
	Primary General Other (specify) ▼		850,00					
С .	Full Name of Individual (Last, First, Middle Initial BEVERSDORF, TOM, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 8433 WATERTOWN DR		,	07				
	City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11AI-26395431 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Best Efforts	Occup Best E	pation (for Individual) Efforts	Memo Item				
	Receipt For:	Aggregate Y	ear-to-Date ▼					
	Other (specify) General		850.00					
H	SUBTOTAL of Receipts This Page (optional)			125.00				

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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 are to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR City INDIANAPOLIS FEC ID number of contributing	State Zip Code IN 46216	Date of Receipt 08 19 2021 Transaction ID : SA11Al-26400691 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Best Efforts Aggregate Year-to-Date 850.00	Memo Item
Full Name of Individual (Last, First, Middle II BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify)	State Zip Code 46216 C Occupation (for Individual) Best Efforts Aggregate Year-to-Date ▼	Date of Receipt 08 26 2021 Transaction ID: SA11AI-26402221 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle II BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary Other (specify)	State Zip Code IN 46216 C Occupation (for Individual) Best Efforts Aggregate Year-to-Date ▼	Date of Receipt 08 26 2021 Transaction ID: SA11AI-26402227 Amount of Each Receipt this Period 100.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		200.00
TOTAL This Period (last page this line numbe	er only)	

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			erson for the purpose of soliciting contributions at the solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE P.	AC		
Full Name of Individual (Last, First, Middle BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR	e Initial) or Full Orgar	nization Name	Date of Receipt	
Walling Address 6433 WATERTOWN DR			09 07 2021	
City	State	Zip Code	Transaction ID : SA11AI-26404297	
INDIANAPOLIS	IN	46216	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer (for Individual) Best Efforts	Occupat Best Eff	ion (for Individual) orts	Memo Item	
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle BEVERSDORF, TOM, , ,	Date of Receipt			
Mailing Address 8433 WATERTOWN DR			09 07 2021	
City	State	Zip Code	Transaction ID : SA11AI-26404299	
INDIANAPOLIS	IN	46216	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer (for Individual) Best Efforts	Occupat Best Eff	tion (for Individual) forts	Memo Item	
Receipt For:	Aggregate Yea	ır-to-Date ▼		
Primary General Other (specify) ▼		850.00		
Full Name of Individual (Last, First, Middle	e Initial) or Full Organ	nization Name	Date of Receipt	
Mailing Address 8433 WATERTOWN DR	,		10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11Al-26410569 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer (for Individual) Best Efforts	Occupat Best Effe	ion (for Individual)	Memo Item	
Receipt For:	Aggregate Yea			
Primary General Other (specify)	35.13.1110	850.00		
SUBTOTAL of Receipts This Page (optional)		150.00	
TOTAL This Period (last page this line numl	ber only)			

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC					
Α.	Full Name of Individual (Last, First, Middle Initial BEVERSDORF, TOM, , ,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 8433 WATERTOWN DR			10 26 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26413867				
	INDIANAPOLIS	IN	46216	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) Best Efforts	Occup Best E	ation (for Individual) Efforts	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 850.00					
В.	Full Name of Individual (Last, First, Middle Initial BEVERSDORF, TOM, , ,	Date of Receipt						
	Mailing Address 8433 WATERTOWN DR	11 15 2021						
	City	State	Zip Code	Transaction ID : SA11AI-26417439				
	INDIANAPOLIS	IIN	46216	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer (for Individual) Best Efforts	Occup Best E	ation (for Individual) Efforts	Memo Item				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify) ▼		850.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initial BEVERSDORF, TOM, , ,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 8433 WATERTOWN DR		I	12 27 2021				
	City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11AI-26425511 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) Best Efforts	Occup Best E	ation (for Individual) fforts	Memo Item				
	Receipt For:							
	Primary General Other (specify)		850.00					
H	SUBTOTAL of Receipts This Page (optional)			300.00				

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	Statements may not be sold or used by any pene 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 BISGROVE, RICHARD, , , Mailing Address 15091 FORD RD	nitial) or Full Organization Name	Date of Receipt
APT 404		08 25 2021
City	State Zip Code	Transaction ID : SA11AI-26401897
DEARBORN	MI 48126	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 ▼ 265.00	
Full Name of Individual (Last, First, Middle II BISGROVE, RICHARD, , ,	Date of Receipt	
Mailing Address 15091 FORD RD APT 404 City	State Zip Code	09 09 2021
DEARBORN	MI 48126	Transaction ID : SA11Al-26360693 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 ▼ 265.00	
Full Name of Individual (Last, First, Middle II) BISGROVE, RICHARD, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 15091 FORD RD APT 404		11 23 2021
City DEARBORN	State Zip Code MI 48126	Transaction ID : SA11AI-26418839
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 ▼ 265.00	
SUBTOTAL of Receipts This Page (optional)	·····	105.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER:				: [PAGE	2	29 OF	= ;	317
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini BISGROVE, RICHARD, , , Mailing Address 15091 FORD RD APT 404 City	Date of Receipt 12 01 2021 Transaction ID: SA11Al-26420207	
DEARBORN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	MI 48126 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 265.00	Amount of Each Receipt this Period 25.00 Memo Item
Full Name of Individual (Last, First, Middle Ini BISGROVE, RICHARD, , , Mailing Address 15091 FORD RD APT 404 City DEARBORN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code MI 48126 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 265.00	Date of Receipt 12 17 2021 Transaction ID : SA11Al-26423147 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle Ini BLACK, ANTHONY, , , Mailing Address 1305 NORTHCLIFF AVE APT B13 City NORMAN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code OK 73071 C Occupation (for Individual) Retired Aggregate Year-to-Date 280.00	Date of Receipt 08
SUBTOTAL of Receipts This Page (optional)	<u> </u>	110.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:				PAGE	3	30	OF	;	317			
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Any information copied from such Reports and S or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC				
Full Name of Individual (Last, First, Middle Init BLACK, ANTHONY, , , Mailing Address 1305 NORTHCLIFF AVE	Date of Receipt				
APT B13		08 09 2021			
City	State Zip Code	Transaction ID: SA11AI-26398407			
NORMAN	OK 73071	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: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	280.00				
Full Name of Individual (Last, First, Middle Init	Date of Receipt				
Mailing Address 1305 NORTHCLIFF AVE APT B13		12 08 2021			
City	State Zip Code	Transaction ID : SA11AI-26421499			
NORMAN	OK 73071	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	100.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00				
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt			
Mailing Address 1305 NORTHCLIFF AVE APT B13	Otata Zin Coda	12 17 2021			
City NORMAN	State Zip Code OK 73071	Transaction ID : SA11AI-26423217 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	75.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate rear-to-bate v				
Primary General Other (specify)	280.00				
SUBTOTAL of Receipts This Page (optional)		210.00			
TOTAL This Period (last page this line number	only)				

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or for commercial purposes, other than usin	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	H ALLIANCE PAC	
Full Name of Individual (Last, First, Midd BOERBOOM, NEIL, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 415 N 1ST ST APT 502		07 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MINNEAPOLIS	State Zip Code 55401	Transaction ID : SA11AI-26392037 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 ▼ 406.00	
Full Name of Individual (Last, First, Midd BOERBOOM, NEIL, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 415 N 1ST ST APT 502 City	State Zip Code	12 01 2021 Transaction ID : SA11Al-26420277
MINNEAPOLIS	MN 55401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	153.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 406.00	
Full Name of Individual (Last, First, Midd: BOERBOOM, NEIL, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 415 N 1ST ST APT 502		12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MINNEAPOLIS	State Zip Code MN 55401	Transaction ID : SA11AI-26420395 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	153.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 406.00	
SUBTOTAL of Receipts This Page (optional	al)	406.00
TOTAL This Period (last page this line num	nber only)	

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	mation copied from such Reports and Stat mmercial purposes, other than using the na			n for the purpose of soliciting contributions solicit contributions from such committee.					
\	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC								
A. BOC	ame of Individual (Last, First, Middle Initial DTH, ROBERT, , , g Address 1660 GRANDLE CT	Date of Receipt							
Wichini	g Address 1000 GRANDLE CT			07 01 2021					
City		State	Zip Code	Transaction ID : SA11AI-26340963					
CINC	INNATI	ОН	45230	Amount of Each Receipt this Period					
	D number of contributing al political committee.	С		50.00					
Name Retire	of Employer (for Individual) d	Occupati Retired	tion (for Individual)	Memo Item					
	pt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00						
BO0	ame of Individual (Last, First, Middle Initial DTH, ROBERT, , , g Address 1660 GRANDLE CT) or Full Orga	nization Name	Date of Receipt					
City		09 23 2021							
•	INNATI	State	Zip Code 45230	Transaction ID : SA11AI-26364469 Amount of Each Receipt this Period					
FEC I	D number of contributing all political committee.		50.00						
Name Retire	of Employer (for Individual) d	Occupa Retired	tion (for Individual)	Memo Item					
	pt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00						
	ame of Individual (Last, First, Middle Initial OTH, ROBERT, , ,) or Full Orga	nization Name	Date of Receipt					
	g Address 1660 GRANDLE CT	1 -		10 14 2021					
City CINC	INNATI	State OH	Zip Code 45230	Transaction ID : SA11AI-26369045 Amount of Each Receipt this Period					
FEC I	D number of contributing all political committee.		50.00						
Retire		Occupati Retired	tion (for Individual)	Memo Item					
	pt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 250.00						
SUBTO	TAL of Receipts This Page (optional)		>	150.00					
TOTAL	This Period (last page this line number on	y)							

FOR LINE NUMBER:				: PAG	E 33 OF	317	
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	statements may not be sold or used by any person name and address of any political committee to			
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC			
Full Name of Individual (Last, First, Middle Ini BOOTH, ROBERT, , ,	Date of Receipt			
Mailing Address 1660 GRANDLE CT		11 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City CINCINNATI	State Zip Code OH 45230	Transaction ID : SA11AI-26380851 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 ▼ 250.00			
Full Name of Individual (Last, First, Middle Ini BRADY, NANCY, , , Mailing Address 8808 OMEARA CT	tial) or Full Organization Name	Date of Receipt M M / 15 2021 Transaction ID : SA11Al-26346091 Amount of Each Receipt this Period 35.00		
City BAKERSFIELD	State Zip Code CA 93311			
FEC ID number of contributing federal political committee.	С			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00			
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt		
Mailing Address 8808 OMEARA CT		07 21 2021		
City BAKERSFIELD	State Zip Code CA 93311	Transaction ID : SA11AI-26395097 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	35.00		
Name of Employer (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 280.00			
SUBTOTAL of Receipts This Page (optional)	····	170.00		
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 BRADY, NANCY, , , Date of Receipt Mailing Address 8808 OMEARA CT 13 2021 City Zip Code State Transaction ID: SA11AI-26399383 CA **BAKERSFIELD** 93311 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 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRADY, NANCY, , , Date of Receipt Mailing Address 8808 OMEARA CT 2021 City State Zip Code Transaction ID: SA11AI-26408641 **BAKERSFIELD** CA 93311 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) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BRADY, NANCY, , , Date of Receipt Mailing Address 8808 OMEARA CT 80 2021 City State Zip Code Transaction ID: SA11AI-26410685 CA **BAKERSFIELD** 93311 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 280.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 BRADY, NANCY, , , Date of Receipt Mailing Address 8808 OMEARA CT 2021 City Zip Code State Transaction ID: SA11AI-26424955 CA **BAKERSFIELD** 93311 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 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRAVO, BONNIE, , , Date of Receipt Mailing Address 3660 VISTA CAMPANA N 2021 City State Zip Code Transaction ID: SA11AI-26423913 **OCEANSIDE** CA 92057 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) Best Efforts **Best Efforts** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BRICK, LARRY, , , Date of Receipt Mailing Address 9071 W SHARON WAY 01 2021 City State Zip Code Transaction ID: SA11AI-26341303 CA LA HABRA 90631 Amount of Each Receipt this Period FEC ID number of contributing C 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 260.00 Other (specify) 235.00 SUBTOTAL of Receipts This Page (optional).....

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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 BRICK, LARRY, , , Date of Receipt Mailing Address 9071 W SHARON WAY 13 2021 City State Zip Code Transaction ID: SA11AI-26353585 CA LA HABRA 90631 Amount of Each Receipt this Period FEC ID number of contributing C 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 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRICK, LARRY, , , Date of Receipt Mailing Address 9071 W SHARON WAY 10 2021 City State Zip Code Transaction ID: SA11AI-26367115 LA HABRA CA 90631 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) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BRICK, LARRY, , , Date of Receipt Mailing Address 9071 W SHARON WAY 02 2021 City State Zip Code Transaction ID: SA11AI-26382525 CA LA HABRA 90631 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 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) 160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may r the name and addr	not be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC						
Full Name of Individual (Last, First, Middle BROADWATER, WILMA, , , Mailing Address 419 W MAIN ST	Initial) or Full Orga	nization Name	Date of Receipt					
			08 26 2021					
City								
OAKDALE	IL	62268	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.								
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼								
Full Name of Individual (Last, First, Middle BROADWATER, WILMA, , ,	Initial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 419 W MAIN ST			08 27 2021					
City	State	Zip Code	Transaction ID : SA11AI-26402307					
OAKDALE	IL	62268	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	tion (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 230.00						
Full Name of Individual (Last, First, Middle BROADWATER, WILMA, , ,	Initial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 419 W MAIN ST			09 17 2021					
City OAKDALE	State IL	Zip Code 62268	Transaction ID : SA11Al-26406705 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		20.00					
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 230.00						
SUBTOTAL of Receipts This Page (optional)		>	85.00					
TOTAL This Period (last page this line numb	er only)							

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	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini BROADWATER, WILMA, , , Mailing Address 419 W MAIN ST	tial) or Full Organization Name	Date of Receipt 12 02 2021
City OAKDALE	State Zip Code IL 62268	Transaction ID : SA11AI-26420553 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item
Heceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle Ini BROADWATER, WILMA, , , Mailing Address 419 W MAIN ST	tial) or Full Organization Name	Date of Receipt
City OAKDALE EEC ID number of contributing	State Zip Code IL 62268	Transaction ID : SA11Al-26424833 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	50.00 Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle Ini BROWN, CORNELIA, , , Mailing Address 1955 SAN PABLO AVE	tial) or Full Organization Name	Date of Receipt
APT 220B City OAKLAND	State Zip Code CA 94612	07 04 2021 Transaction ID : SA11Al-26391735 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 ▼ 345.00	
SUBTOTAL of Receipts This Page (optional)		145.00
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	E PAC	
Α.	Full Name of Individual (Last, First, Middle Initial BROWN, CORNELIA, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1955 SAN PABLO AVE APT 220B			07 08 2021
	City	State	Zip Code	Transaction ID : SA11AI-26343701
	OAKLAND	CA	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00	
В.	Full Name of Individual (Last, First, Middle Initial BROWN, CORNELIA, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1955 SAN PABLO AVE APT 220B	101.1		07 08 2021
	City	State	Zip Code	Transaction ID : SA11AI-26392773
	OAKLAND	CA	94612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		345.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial BROWN, CORNELIA, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1955 SAN PABLO AVE APT 220B	0	The Oads	07 12 2021
	City OAKLAND	State CA	Zip Code 94612	Transaction ID : SA11AI-26393191
			34012	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	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		345.00	
s	SUBTOTAL of Receipts This Page (optional)		>	105.00
Т	OTAL This Period (last page this line number or	nly)		

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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 BROWN, WILLIAM, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 100 SECLUDED PL			08 10 2021
	City	State	Zip Code	Transaction ID: SA11AI-26398665
	LAFAYETTE	CA	94549	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer (for Individual) Retired	pation (for Individual) ed	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 320.00	
В.	Full Name of Individual (Last, First, Middle Initial BROWN, WILLIAM, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 100 SECLUDED PL	To: .		08 23 / 2021
	City	State	Zip Code	Transaction ID : SA11AI-26401157
	LAFAYETTE	CA	94549	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate \	∕ear-to-Date ▼	
	Primary General Other (specify) ▼		320.00	
С .	Full Name of Individual (Last, First, Middle Initial BROWN, CORNELIA, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1955 SAN PABLO AVE APT 220B			08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City OAKLAND	State CA	Zip Code 94612	Transaction ID : SA11AI-26402257
		- OA	94012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item
	Receipt For:	1		
	Primary General Other (specify)	33 13 11	/ear-to-Date ▼ 345.00	
S	SUBTOTAL of Receipts This Page (optional)			130.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle II BROWN, CORNELIA, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 1955 SAN PABLO AVE APT 220B		09 01 / 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-26403319					
OAKLAND	CA 94612	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	y II						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Retired Receipt For:	Retired	-					
Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	345.00						
Full Name of Individual (Last, First, Middle In BROWN, CORNELIA, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 1955 SAN PABLO AVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
APT 220B City	State Zip Code	09 08 2021 Transaction ID : SA11AI-26404505					
OAKLAND							
FEC ID number of contributing	0.0.2	Amount of Each Receipt this Period					
federal political committee.	C	50.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	345.00						
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 1955 SAN PABLO AVE APT 220B		09 21 2021					
City	State Zip Code	Transaction ID : SA11AI-26407229					
OAKLAND	CA 94612	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General Other (specify)	345.00						
SUBTOTAL of Receipts This Page (optional)	>	135.00					
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC				
Α.		al) or Full Org	anization Name	Date of Receipt			
	Mailing Address 100 SECLUDED PL			11 27 2021			
	City	State	Zip Code 94549	Transaction ID : SA11AI-26419475			
	LAFAYETTE	CA	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		55.00			
	Name of Employer (for Individual) Retired	Occup: Retired	ation (for Individual) d	Memo Item			
	Receipt For: Primary General Other (specify) ▼	pt For: Aggregate Year-to-Date ▼ Primary General					
В.	Full Name of Individual (Last, First, Middle Initial BUDDINGH, HENRY, , ,	al) or Full Org	anization Name	Date of Receipt			
	Mailing Address 1689 JUNIPER ST	12		11 01 2021			
	City LIVERMORE	State	Zip Code 94551	Transaction ID : SA11AI-26415027			
	FEC ID number of contributing federal political committee.	34331	Amount of Each Receipt this Period 50.00				
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00				
С .	Full Name of Individual (Last, First, Middle Initial BUDDINGH, HENRY, , ,	al) or Full Orga	anization Name	Date of Receipt			
	Mailing Address 1689 JUNIPER ST			11 22 2021			
	City LIVERMORE	State CA	Zip Code 94551	Transaction ID : SA11AI-26418667 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) d	Memo Item			
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼				
	Primary General Other (specify)		250.00				
H	SUBTOTAL of Receipts This Page (optional)			155.00			

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle I BUDDINGH, HENRY, , , Mailing Address 1689 JUNIPER ST	nitial) or Full Orga	anization Name	Date of Receipt
City	State	Zip Code	12 20 2021
LIVERMORE	CA	94551	Transaction ID : SA11AI-26424037 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In BURROUGHS, ROBERT, , , Mailing Address 3315 33RD PL N	nitial) or Full Orga	anization Name	Date of Receipt
			08 18 2021
City BIRMINGHAM	State AL	Zip Code 35207	Transaction ID : SA11AI-26400137 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33201	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	ear-to-Date ▼ 410.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 3315 33RD PL N	la:		09
City BIRMINGHAM	State AL	Zip Code 35207	Transaction ID : SA11AI-26359853
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 410.00	
SUBTOTAL of Receipts This Page (optional)		>	150.00
TOTAL This Period (last page this line numbe	r only)		

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir BURROUGHS, ROBERT, , , Mailing Address 3315 33RD PL N City	State Zip Code	Date of Receipt 10 08 2021 Transaction ID : SA11AI-26410757
BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	AL 35207 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 410.00	Amount of Each Receipt this Period 75.00 Memo Item
Full Name of Individual (Last, First, Middle Ir BURROUGHS, ROBERT, , , Mailing Address 3315 33RD PL N City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code AL 35207 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 410.00	Date of Receipt 12 17 2021 Transaction ID: SA11Al-26423103 Amount of Each Receipt this Period 100.00 Memo Item
Full Name of Individual (Last, First, Middle Ir BURROUGHS, ROBERT, , , Mailing Address 3315 33RD PL N City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code AL 35207 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 410.00	Date of Receipt 12 27 2021 Transaction ID: SA11AI-26425501 Amount of Each Receipt this Period 35.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	210.00
TOTAL This Period (last page this line number	only)	

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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 CASSELBURY, SUSIE, , , Date of Receipt Mailing Address 25849 PA-29 2021 City Zip Code State Transaction ID: SA11AI-26395919 WI HALLSTEAD 18822 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CASSELBURY, SUSIE, , Date of Receipt Mailing Address 25849 PA-29 2021 City State Zip Code Transaction ID: SA11AI-26404893 HALLSTEAD WI 18822 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. CASSELBURY, SUSIE, , , Date of Receipt Mailing Address 25849 PA-29 10 2021 City Zip Code State Transaction ID: SA11AI-26416755 WI **HALLSTEAD** 18822 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 85.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)	LIANOE DAG	
UNITED WOMEN'S HEALTH AI	LIANCE PAC	
Full Name of Individual (Last, First, Middle Initi	al) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26418861
HALLSTEAD	WI 18822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle Initi CASSELBURY, SUSIE, , ,	al) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		12 27 2021
City	State Zip Code	Transaction ID : SA11AI-26425563
HALLSTEAD	WI 18822	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 ▼ 250.00	
Full Name of Individual (Last, First, Middle Initi	al) or Full Organization Name	Date of Receipt
Mailing Address 1225 RIVEROAKS DR		08 13 2021
City	State Zip Code	Transaction ID : SA11AI-26352979
COLONIAL HEIGHTS	VA 23834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	205.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number of	only)	45 1 45 1 45 1

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC					
Full Name of Individual (Last, First, Middle COLLINS, BEN, , , Mailing Address 1225 RIVEROAKS DR	Initial) or Full Orga	nization Name	Date of Receipt				
City	Ctoto	Zin Codo	12 21 2021				
City COLONIAL HEIGHTS	State VA	Zip Code 23834	Transaction ID : SA11AI-26424287 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	federal political committee.						
Name of Employer (for Individual) Retired Receipt For:	Memo Item						
Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00]				
Full Name of Individual (Last, First, Middle CONNER, JOHN, , , Mailing Address 512 S MARKET ST	Initial) or Full Orga	nization Name	Date of Receipt				
City	State	Zip Code	07 05 2021				
WINAMAC	IN	46996	Transaction ID: SA11AI-26391889 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 Yea	ar-to-Date ▼ 205.00]				
Full Name of Individual (Last, First, Middle CONNER, JOHN, , ,	Initial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 512 S MARKET ST	Charles	Zin Codo	08 31 2021				
City WINAMAC	State IN	Zip Code 46996	Transaction ID : SA11AI-26403167 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		35.00				
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 205.00					
SUBTOTAL of Receipts This Page (optional).)	225.00				
TOTAL This Period (last page this line number	er only)						

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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 CONNER, JOHN, , , Date of Receipt Mailing Address 512 S MARKET ST 2021 City Zip Code State Transaction ID: SA11AI-26409161 IN **WINAMAC** 46996 Amount of Each Receipt this Period FEC ID number of contributing C 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 205.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CONNER, JOHN, , , Date of Receipt Mailing Address 512 S MARKET ST 2021 City State Zip Code Transaction ID: SA11AI-26415569 **WINAMAC** IN 46996 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) ▼ 205.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. CONNER, JOHN, , , Date of Receipt Mailing Address 512 S MARKET ST 09 2021 City State Zip Code Transaction ID: SA11AI-26421799 IN **WINAMAC** 46996 Amount of Each Receipt this Period FEC ID number of contributing C 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 205.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (INTEL VOMEN	n Full) 'S HEALTH ALLIAI	NCE F	PAC							
A. COOPER, SANDRA, , Mailing Address 534 NITA		Full Orga	anization Name		Date of Receipt					
City	Sta	to	Zip Code		07 23 2021					
City FULTON	MS		38843		Transaction ID : SA11AI-26395525 Amount of Each Receipt this Period					
FEC ID number of contribution federal political committee.	uting				75.00					
Name of Employer (for Inc	lividual)	Occupa Retired	ation (for Individual)		Memo Item					
Receipt For: Primary Ge Other (specify) ▼	neral Aggre	egate Yea	ar-to-Date ▼ 340.							
B. COOPER, SANDRA Mailing Address 534 NITA		-ull Orga	anization Name		Date of Receipt 08 12 2021					
City	Sta	te	Zip Code		Transaction ID : SA11AI-26399207					
FULTON	MS	3	38843		Amount of Each Receipt this Period					
FEC ID number of contribution federal political committee.	uting				50.00					
Name of Employer (for Inc Retired	lividual)	Occupa	ation (for Individual)		Memo Item					
Receipt For: Primary Ge Other (specify) ▼	neral Aggre	egate Yea	ar-to-Date ▼	.00						
Full Name of Individual (L. COOPER, SANDR	ast, First, Middle Initial) or I	-ull Orga	anization Name		Date of Receipt					
Mailing Address 534 NITA					09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City FULTON	Sta MS		Zip Code 38843		Transaction ID : SA11AI-26403277 Amount of Each Receipt this Period					
FEC ID number of contribution federal political committee.	C				25.00					
Name of Employer (for Inc	lividual)	Occupa Retired	ation (for Individual)		Memo Item					
Receipt For: Primary Ge Other (specify)	Aggre	gate Yea	ar-to-Date ▼ 340.							
SUBTOTAL of Receipts This	Page (optional)			······· •	150.00					
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCI	E PAC	
Α.	Full Name of Individual (Last, First, Middle Initi COOPER, SANDRA, , ,	al) or Full (Organization Name	Date of Receipt
	Mailing Address 534 NITA DR		10 05 2021	
	City	State	Zip Code	Transaction ID : SA11AI-26410155
	FULTON	MS	38843	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	
В.	Full Name of Individual (Last, First, Middle Initi COOPER, SANDRA, , ,	al) or Full (Organization Name	Date of Receipt
	Mailing Address 534 NITA DR			11 08 2021
	City	State	Zip Code	Transaction ID : SA11AI-26416287
	FULTON	MS	38843	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	
С .	Full Name of Individual (Last, First, Middle Initi	al) or Full (Organization Name	Date of Receipt
	Mailing Address 3656 LOWER SAXTOWN RD			09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WATERLOO	State	Zip Code 62298	Transaction ID : SA11AI-26408381 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) Retired		cupation (for Individual)	Memo Item
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify)	Aggregate	240.00	
H	SUBTOTAL of Receipts This Page (optional)			240.00

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	PAC				
Full Name of Individual (Last, First, Middle In COURTNEY, REBECCA, , , Mailing Address 3656 LOWER SAXTOWN R		nization Name	Date of Receipt			
Otto	0	7:- 0-1-	10 25 2021			
City WATERLOO	State IL	Zip Code 62298	Transaction ID : SA11AI-26413709			
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 35.00					
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00				
Full Name of Individual (Last, First, Middle In COURTNEY, REBECCA, , , Mailing Address 3656 LOWER SAXTOWN RI		nization Name	Date of Receipt			
City WATERLOO	State IL	Zip Code 62298	Transaction ID : SA11Al-26420933 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	D number of contributing					
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00				
Full Name of Individual (Last, First, Middle Ir CRADDOCK, KENNETH, , ,	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 6073 HOLLOW HILL LN City	State	Zip Code	07 01 2021			
SPRINGFIELD	VA	22152	Transaction ID : SA11AI-26341289 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 320.00				
SUBTOTAL of Receipts This Page (optional)		•	155.00			
TOTAL This Period (last page this line number	r only)					

Name of Employer (for Individual)

General

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

Retired

Receipt For:

Primary

Other (specify)

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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 CRADDOCK, KENNETH, , , Date of Receipt Mailing Address 6073 HOLLOW HILL LN 16 2021 City Zip Code State Transaction ID: SA11AI-26399651 VA **SPRINGFIELD** 22152 Amount of Each Receipt this Period FEC ID number of contributing C 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 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CRADDOCK, KENNETH, , , Date of Receipt Mailing Address 6073 HOLLOW HILL LN 2021 City State Zip Code Transaction ID: SA11AI-26358507 **SPRINGFIELD** VA 22152 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) ▼ 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. CUDDY, ROSEMARY, , , Date of Receipt Mailing Address 599 GAITHER RD 25 2021 City Zip Code State Transaction ID: SA11AI-26401693 MD SYKESVILLE 21784 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee.

Occupation (for Individual)

230.00

Retired

Aggregate Year-to-Date ▼

Memo Item

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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 P	AC	
Full Name of Individual (Last, First, Middle I CUDDY, ROSEMARY, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 599 GAITHER RD			12 19 2021
City	State	Zip Code	Transaction ID : SA11AI-26423615
SYKESVILLE	MD	21784	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	60.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle I DARBY, JANICE, , , Mailing Address 918 WESTWINDS DR	nitial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	10 14 2021
COLUMBIA	MO	65203	Transaction ID : SA11AI-26411963 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	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle IDARBY, JANICE, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 918 WESTWINDS DR	la.		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COLUMBIA	State MO	Zip Code 65203	Transaction ID : SA11Al-26418717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional)			170.00
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	d Statements may the name and add	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 DAVIS, SALLY, , , , Mailing Address 34554 MERION CT	Initial) or Full Orga	anization Name	Date of Receipt			
			10 04 2021			
City DADE CITY	State FL	Zip Code 33525	Transaction ID : SA11AI-26409659			
DADE CITY		33525	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		35.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 280.00				
Full Name of Individual (Last, First, Middle DAVIS, SALLY, , , Mailing Address 34554 MERION CT	Initial) or Full Orga	anization Name	Date of Receipt			
			11 03 2021			
City	State FL	Zip Code 33525	Transaction ID : SA11AI-26415361			
DADE CITY	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C ID number of contributing deral political committee.					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 280.00				
Full Name of Individual (Last, First, Middle DAVIS, SALLY, , ,	Initial) or Full Orga	anization Name	Date of Receipt			
Mailing Address 34554 MERION CT			11 18 2021			
City DADE CITY	State FL	Zip Code 33525	Transaction ID : SA11AI-26418119			
FEC ID number of contributing		55525	Amount of Each Receipt this Period 55.00			
federal political committee.	C		33.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For:	Aggregate Ye	ar-to-Date ▼				
Primary General Other (specify)	7	280.00				
SUBTOTAL of Receipts This Page (optional)			135.00			
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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 PAC								
DAVIS, SALLY, , , Mailing Address 34554 MERION CT City	Mailing Address 34554 MERION CT								
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date 280.00	Amount of Each Receipt this Period 60.00 Memo Item							
Full Name of Individual (Last, First, Middle In DELAMAR, EARNESTINE, , , Mailing Address 3839 SAINT BARNABAS REAPT T3 City SUITLAND FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)		Date of Receipt O7 15 2021 Transaction ID : SA11Al-26344873 Amount of Each Receipt this Period 50.00 Memo Item							
Full Name of Individual (Last, First, Middle In DELAMAR, EARNESTINE, , , Mailing Address 3839 SAINT BARNABAS REAPT T3 City SUITLAND FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)		Date of Receipt 08							
SUBTOTAL of Receipts This Page (optional)	>	160.00							
TOTAL This Period (last page this line number	r only)								

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	.LIAN	CE F	PAC				
Α.	Full Name of Individual (Last, First, Middle Initial DELAMAR, EARNESTINE, , ,	al) or Fu	ıll Orga	anization Name	Date of Re	eceipt		
	Mailing Address 3839 SAINT BARNABAS RD APT T3				08 /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	Transact	ion ID : SA11AI-26355551					
	SUITLAND	MD		20746		Each Receipt this Period		
	FEC ID number of contributing federal political committee.	y III						
	Name of Employer (for Individual) Retired							
	Receipt For: Primary General Other (specify) ▼	Aggreg	ate Ye	ear-to-Date ▼ 210.00				
В.	Full Name of Individual (Last, First, Middle Initia DELAMAR, EARNESTINE, , ,	al) or Fu	ıll Orga	anization Name	Date of Re	eceipt		
	Mailing Address 3839 SAINT BARNABAS RD APT T3	0		7: 0.4	09	22 2021		
	City	State		Zip Code		ion ID : SA11AI-26407489		
	SUITLAND	IND		20746	Amount of	Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С				35.00		
	Name of Employer (for Individual) Retired		Occupa Retire	ation (for Individual) d	Memo	o Item		
	Receipt For:	Aggreg	jate Ye	ear-to-Date ▼				
	Primary General Other (specify) ▼		•	210.00				
С .	Full Name of Individual (Last, First, Middle Initial DELAMAR, EARNESTINE, , ,	al) or Fu	ıll Orga	anization Name	Date of Re	eceipt		
	Mailing Address 3839 SAINT BARNABAS RD APT T3	la			10	28 2021		
	City SUITLAND	State MD		Zip Code 20746		ion ID : SA11AI-26414501 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	o Item		
	Receipt For:	Agarea	iate Ye	ear-to-Date ▼	1			
	Primary General Other (specify)	7.99109	1 1	210.00				
S	SUBTOTAL of Receipts This Page (optional)			>		110.00		
ΙT	OTAL This Period (last page this line number or	nly)			1			

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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 DESPO, NICHOLAS, , , Date of Receipt Mailing Address 7781 LAKE BLVD 2021 City Zip Code State Transaction ID: SA11AI-26363999 PA **JAMESTOWN** 16134 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 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DESPO, NICHOLAS, , , Date of Receipt Mailing Address 7781 LAKE BLVD 2021 City State Zip Code Transaction ID: SA11AI-26415521 **JAMESTOWN** PA 16134 Amount of Each Receipt this Period FEC ID number of contributing 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 Other (specify) ▼ 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. DEWOLF, MAXINE, , , Date of Receipt Mailing Address 514 N JENNINGS RD 80 2021 City Zip Code State Transaction ID: SA11AI-26343117 MO **INDEPENDENCE** 64056 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 265.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

		LINE	PAGE	: 5	58	OF	•	317			
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC	
Α.	Full Name of Individual (Last, First, Middle Initial DEWOLF, MAXINE, , , Mailing Address 514 N JENNINGS RD	al) or Full Org	anization Name	Date of Receipt
				07 22 2021
	City	State MO	Zip Code	Transaction ID : SA11AI-26346505
	INDEPENDENCE	IVIO	64056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 265.00	
В.	Full Name of Individual (Last, First, Middle Initial DEWOLF, MAXINE, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 514 N JENNINGS RD	State	Zip Code	07 22 2021
	City INDEPENDENCE	Transaction ID: SA11AI-26347785		
	FEC ID number of contributing federal political committee.	МО	64056	Amount of Each Receipt this Period 25.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 265.00	
С .	Full Name of Individual (Last, First, Middle Initial DEWOLF, MAXINE, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 514 N JENNINGS RD			10 14 2021
	City INDEPENDENCE	State MO	Zip Code 64056	Transaction ID : SA11AI-26370397 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual)	Memo Item
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)		265.00	
H	SUBTOTAL of Receipts This Page (optional)			110.00

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		d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir DEWOLF, MAXINE, , , Mailing Address 514 N JENNINGS RD	nitial) or Full Organization Name	Date of Receipt
		12 23 2021
City	State Zip Code	Transaction ID : SA11AI-26387971
INDEPENDENCE	MO 64056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual Retired) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	265.00
Full Name of Individual (Last, First, Middle Ir DIETZ, KAY, , , Mailing Address 3851 DECLARATION AVE	Date of Receipt	
	1-	07 09 2021
CALABASAS	State Zip Code 91302	Transaction ID : SA11AI-26392941
CALABASAS	OA 91302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individua Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	415.00
Full Name of Individual (Last, First, Middle Ir DIETZ, GREGORY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 53 CLIFF ST		09 07 2021
City DAYTON	State Zip Code 45405	Transaction ID : SA11AI-26404091 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 ▼	215.00
SUBTOTAL of Receipts This Page (optional)		135.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle DIETZ, KAY, , , Mailing Address 3851 DECLARATION AVE	Initial) or Full Orga	anization Name	Date of Receipt
			10 01 2021
City CALABASAS	State	Zip Code 91302	Transaction ID : SA11AI-26409585
	OA	91302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		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 ▼ 415.00	
Full Name of Individual (Last, First, Middle DIETZ, KAY, , , Mailing Address 3851 DECLARATION AVE	Date of Receipt		
			10 18 2021
City	State	Zip Code	Transaction ID : SA11AI-26412565
CALABASAS	CA	91302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
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 ▼ 415.00	
Full Name of Individual (Last, First, Middle DIETZ, KAY, , ,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 3851 DECLARATION AVE			10 28 2021
City CALABASAS	State CA	Zip Code 91302	Transaction ID : SA11AI-26414523
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 415.00	
SUBTOTAL of Receipts This Page (optional).		·····	225.00
TOTAL This Period (last page this line number	er only)		

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	Statements may not be sold or used by any phe 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 I DIETZ, GREGORY, , , Mailing Address 53 CLIFF ST	nitial) or Full Organization Name	Date of Receipt	
City	Otata 7th On the	11 04 2021	
City DAYTON	State Zip Code OH 45405	Transaction ID : SA11Al-26415795	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 35.00	
Name of Employer (for Individual) Retired	Retired Retired		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		
Full Name of Individual (Last, First, Middle I DIETZ, GREGORY, , , Mailing Address 53 CLIFF ST	Date of Receipt		
City DAYTON	State Zip Code OH 45405	Transaction ID : SA11AI-26419437 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 ▼ 215.00]	
Full Name of Individual (Last, First, Middle IDIETZ, GREGORY, , ,	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 53 CLIFF ST	00.0	12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City DAYTON	State Zip Code OH 45405	Transaction ID : SA11AI-26423785 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 215.00]	
SUBTOTAL of Receipts This Page (optional)		120.00	
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle DIETZ, GREGORY, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 53 CLIFF ST			12 21 2021
City	State	Zip Code	Transaction ID : SA11AI-26424293
DAYTON	ОН	45405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	ÿ		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle B. DIROSARIO, PATRICIA, , ,	Date of Receipt		
Mailing Address 87 LYMAN BARNES RD			09 03 2021
City BRIMFIELD	State MA	Zip Code 01010	Transaction ID : SA11AI-26403917
	IVIA	01010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) I	Memo Item
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify) ▼	4	750.00	
Full Name of Individual (Last, First, Middle DIROSARIO, PATRICIA, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 87 LYMAN BARNES RD			10 11 2021
City BRIMFIELD	State MA	Zip Code 01010	Transaction ID : SA11AI-26411161 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)	7	750.00	
SUBTOTAL of Receipts This Page (optional).	,	>	375.00
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				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC			
Full Name of Individual (Last, First, Middle In DIROSARIO, PATRICIA, , , Mailing Address 87 LYMAN BARNES RD		p Code	Date of Receipt 10 15 2021	
BRIMFIELD		p Code 01010	Transaction ID : SA11Al-26412297	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00	
Name of Employer (for Individual) Retired	Occupation	(for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	ipt For: Aggregate Year-to-Date ▼ Primary General			
Full Name of Individual (Last, First, Middle In DIROSARIO, PATRICIA, , , Mailing Address 87 LYMAN BARNES RD	Date of Receipt			
City	State Zip	p Code	12 17 2021	
BRIMFIELD)1010	Transaction ID : SA11Al-26423031 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	number of contributing			
Name of Employer (for Individual) Retired	Occupation Retired	(for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 750.00		
Full Name of Individual (Last, First, Middle In DIROSARIO, PATRICIA, , ,	nitial) or Full Organiza	ation Name	Date of Receipt	
Mailing Address 87 LYMAN BARNES RD			12 28 2021	
City BRIMFIELD		p Code 11010	Transaction ID : SA11AI-26425801 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer (for Individual) Retired	Retired	(for Individual)	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼ 750.00		
SUBTOTAL of Receipts This Page (optional)		>	365.00	
TOTAL This Period (last page this line numbe	r only)			

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

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		d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle Ir DIX, TOMMY, , , Mailing Address 221 OLD CARRIAGE WAY City	State Zip Code	Date of Receipt M	
WILLIAMSBURG	VA 23188	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	35.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	275.00	
Full Name of Individual (Last, First, Middle Ir DIX, TOMMY, , , Mailing Address 221 OLD CARRIAGE WAY	Date of Receipt		
City	State Zip Code	09 24 2021	
WILLIAMSBURG	VA 23188	Transaction ID : SA11AI-26408095 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	ů .		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired) Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	275.00	
Full Name of Individual (Last, First, Middle Ir	itial) or Full Organization Name	Date of Receipt	
Mailing Address 221 OLD CARRIAGE WAY		12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City WILLIAMSBURG	State Zip Code VA 23188	Transaction ID : SA11AI-26420373 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item	
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	7	275.00	
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number	only)		

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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 A	LLIANCE PAC					
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt				
Mailing Address 38 INWOOD DR		07 08 / 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-26342285				
MILLTOWN	NJ 08850	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	25.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired	_				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	205.00					
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt				
Mailing Address 38 INWOOD DR		08 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-26351535				
MILLTOWN	MILLTOWN NJ 08850					
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:	Aggregate Year-to-Date ▼]				
Primary General Other (specify) ▼	205.00					
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt				
Mailing Address 38 INWOOD DR		11 04 2021				
City	State Zip Code	Transaction ID : SA11AI-26376607				
MILLTOWN	NJ 08850	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	35.00				
Name of Employer (for Individual) Retired	Memo Item					
Receipt For:	Retired Aggregate Year-to-Date ▼	†				
Primary General						
Other (specify)	205.00					
SUBTOTAL of Receipts This Page (optional)		95.00				
TOTAL This Period (last page this line number	only)					

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r he name and addr	not be sold or used by any peress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC						
Full Name of Individual (Last, First, Middle I DOHERTY, BEATRICE, , ,	nitial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 38 INWOOD DR	11 26 2021							
City								
MILLTOWN	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	35.00							
Name of Employer (for Individual) Retired	Memo Item							
Receipt For: Primary General Other (specify) ▼								
Full Name of Individual (Last, First, Middle I DRASHER, CLAYTON, , ,	nitial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 1008 HIDEBOUND RD			09 22 2021					
City	State	Zip Code 37029	Transaction ID : SA11Al-26407559					
BURNS	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	ition (for Individual)	Memo Item					
Receipt For:	Aggregate Yea	ar-to-Date ▼						
Primary General Other (specify) ▼		305.00						
Full Name of Individual (Last, First, Middle IDRASHER, CLAYTON, , ,	nitial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 1008 HIDEBOUND RD			11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City BURNS	State TN	Zip Code 37029	Transaction ID : SA11AI-26417785 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		55.00					
Name of Employer (for Individual)	Memo Item							
Receipt For:	Retired Aggregate Yea	ar-to-Date ▼	_					
Primary General Other (specify)		305.00						
SUBTOTAL of Receipts This Page (optional)		·····	140.00					
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					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC			
Full Name of Individual (Last, First, Middle Ir DRASHER, CLAYTON, , , Mailing Address 1008 HIDEBOUND RD	nitial) or Full Orga	anization Name	Date of Receipt		
City	Zin Codo	12 27 2021			
City BURNS	State TN	Zip Code 37029	Transaction ID : SA11AI-26425569		
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00			
Name of Employer (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼					
Full Name of Individual (Last, First, Middle Ir EDWARDS, DARRYL, , ,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 100 MELROSE AVE E APT 309 City	Zip Code	09			
SEATTLE	State WA	98102	Transaction ID: SA11AI-26360971 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	EC ID number of contributing				
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 400.00			
Full Name of Individual (Last, First, Middle Ir ERICKSON, ROBERT, , ,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 644 WOODS AVE			07		
City FLEMINGTON	State PA	Zip Code 17745	Transaction ID : SA11AI-26393691		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 35.00		
Name of Employer (for Individual) Retired	ation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 240.00			
SUBTOTAL of Receipts This Page (optional)		>	485.00		
TOTAL This Period (last page this line number	· only).				

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	Statements may not be sold or used by any person e name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC					
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt				
Mailing Address 644 WOODS AVE		07 29 2021				
City FLEMINGTON	State Zip Code PA 17745	Transaction ID : SA11AI-26396587				
FEC ID number of contributing federal political committee.	C 1//45	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 ▼ 240.00					
Full Name of Individual (Last, First, Middle Ini B. ERICKSON, ROBERT, , , Mailing Address 644 WOODS AVE	tial) or Full Organization Name	Date of Receipt				
City						
FLEMINGTON FEC ID number of contributing federal political committee.	PA 17745	Amount of Each Receipt this Period 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					
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt				
Mailing Address 644 WOODS AVE		11 03 2021				
City FLEMINGTON	State Zip Code PA 17745	Transaction ID : SA11AI-26415357 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00					
SUBTOTAL of Receipts This Page (optional)		100.00				
TOTAL This Period (last page this line number	only)					

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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) VINITED WOMEN'S HEALTH ALLIANCE PAC										
Α.	Full Name of Individual (Last, First, Middle Initial FESSLER, DOUGIE, , , Mailing Address 80 W SIERRA MADRE BLVD	al) or Full Org	ganization Name	Date of Receipt							
		State	Zip Code	11 23 2021							
	City SIERRA MADRE	Transaction ID : SA11AI-26418799									
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 100.00									
	Name of Employer (for Individual) Best Efforts	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 235.00								
В.	Full Name of Individual (Last, First, Middle Initial FESSLER, DOUGIE, , ,	Date of Receipt									
	Mailing Address 80 W SIERRA MADRE BLVD			12 09 2021							
	City	Transaction ID : SA11AI-26384895									
	SIERRA MADRE	CA	91024	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer (for Individual) Best Efforts		oation (for Individual) Efforts	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 235.00								
С .	Full Name of Individual (Last, First, Middle Initial FETTERS, LINDA, , ,	al) or Full Org	ganization Name	Date of Receipt							
	Mailing Address 3718 ASPEN RD		L	09 / 28 / 2021							
	City MOOSE LAKE	State MN	Zip Code 55767	Transaction ID : SA11AI-26408657 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		75.00							
	Name of Employer (for Individual) Retired	Memo Item									
	Receipt For: Primary General	Aggregate Y	ear-to-Date ▼								
	Other (specify)		250.00								
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	275.00							

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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 are 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 FETTERS, LINDA, , , Mailing Address 3718 ASPEN RD	nitial) or Full Organization Name	Date of Receipt							
City									
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 75.00								
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item							
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00								
Full Name of Individual (Last, First, Middle I FIENEN, JOHN, , , Mailing Address 500 W JACKSON ST	nitial) or Full Organization Name	Date of Receipt							
APT 203	State Zip Code	09 14 2021							
City SAINT PETER	Transaction ID : SA11AI-26405851 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	MN 56082	50.00							
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00								
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt							
Mailing Address 500 W JACKSON ST APT 203		09 16 / Y = Y = Y = Y = Y							
City SAINT PETER	State Zip Code MN 56082	Transaction ID : SA11AI-26406363 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	50.00							
Name of Employer (for Individual) Retired	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00								
SUBTOTAL of Receipts This Page (optional)		175.00							
TOTAL This Period (last page this line numbe	er only)								

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	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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								
Α.	Full Name of Individual (Last, First, Middle Initia	Date of Receipt							
	Mailing Address 500 W JACKSON ST APT 203	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID : SA11AI-26419029					
	SAINT PETER	MN 56082		Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		35.00					
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00						
В.	Full Name of Individual (Last, First, Middle Initial FIENEN, JOHN, , ,	Date of Receipt							
	Mailing Address 500 W JACKSON ST APT 203	7in Onda	12 18 2021						
	City	State	Zip Code	Transaction ID : SA11AI-26423495					
	SAINT PETER	MN	56082	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	100.00							
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼								
С .	Full Name of Individual (Last, First, Middle Initial FINGER, JOHN, , ,	Date of Receipt							
	Mailing Address 420 ANDREW DR	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City DACONO	State CO	Zip Code 80514	Transaction ID : SA11AI-26391421					
		100	80314	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) Retired		cupation (for Individual) ired	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify)								
H	SUBTOTAL of Receipts This Page (optional)			185.00					
1 1	OTAL This Period (last page this line number of	I II V)							

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person 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 Ini FINGER, JOHN, , ,	Date of Receipt							
Mailing Address 420 ANDREW DR	07 14 2021							
City DACONO	State Zip Code CO 80514	Transaction ID : SA11AI-26393689 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	50.00 Memo Item						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00							
Full Name of Individual (Last, First, Middle Ini FINGER, JOHN, , , Mailing Address 420 ANDREW DR	Date of Receipt							
City DACONO	State Zip Code CO 80514	09 09 2021 Transaction ID : SA11Al-26404947 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	35.00 Memo Item						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00							
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt						
Mailing Address 420 ANDREW DR								
City DACONO	State Zip Code CO 80514	Transaction ID : SA11AI-26408033 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	50.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 295.00							
SUBTOTAL of Receipts This Page (optional)		135.00						
TOTAL This Period (last page this line number	only)							

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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 FINGER, JOHN, , , Date of Receipt Mailing Address 420 ANDREW DR 2021 City Zip Code State Transaction ID: SA11AI-26418851 CO **DACONO** 80514 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 295.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FINHOLM, TIMOTHY, , , Date of Receipt Mailing Address 9198 WISTERIA ST 10 2021 City State Zip Code Transaction ID: SA11AI-26374487 **LADSON** SC 29456 Amount of Each Receipt this Period FEC ID number of contributing 350.00 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. FRANKLIN, MARK, , , Date of Receipt Mailing Address 1017 SHADOWLAWN DR 23 2021 City Zip Code State Transaction ID: SA11AI-26364243 OH **TOLEDO** 43609 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 660.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 FREEMAN, KELMITH, , , Date of Receipt Mailing Address 1151 NW 92ND ST 17 2021 City Zip Code State Transaction ID: SA11AI-26399941 OK **OKLAHOMA CITY** 73114 Amount of Each Receipt this Period FEC ID number of contributing C 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 585.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** FREEMAN, JANICE, , , Date of Receipt Mailing Address 2613 TEABERRY DR 2021 City State Zip Code Transaction ID: SA11AI-26401445 NORTH CHESTERFIELD VA 23236 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. FREEMAN, KELMITH, , , Date of Receipt Mailing Address 1151 NW 92ND ST 01 2021 City Zip Code State Transaction ID: SA11AI-26403413 OK OKLAHOMA CITY 73114 Amount of Each Receipt this Period FEC ID number of contributing C 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 585.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

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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 FREEMAN, KELMITH, , , Date of Receipt Mailing Address 1151 NW 92ND ST 2021 City State Zip Code Transaction ID: SA11AI-26418779 OK **OKLAHOMA CITY** 73114 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 585.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FREEMAN, KELMITH, , , Date of Receipt Mailing Address 1151 NW 92ND ST 11 2021 City State Zip Code Transaction ID: SA11AI-26418843 OKLAHOMA CITY OK 73114 Amount of Each Receipt this Period FEC ID number of contributing 105.00 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) 585.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. FREEMAN, JANICE, , , Date of Receipt Mailing Address 2613 TEABERRY DR 01 2021 City State Zip Code Transaction ID: SA11AI-26420247 VANORTH CHESTERFIELD 23236 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee.

Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)	>	155.00
FOTAL This Period (last page this line number	only)	
		FEC Schedule A (Form 3X) Rev. 06/2

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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 FREEMAN, KELMITH, , , Date of Receipt Mailing Address 1151 NW 92ND ST 10 2021 City Zip Code State Transaction ID: SA11AI-26421953 OK **OKLAHOMA CITY** 73114 Amount of Each Receipt this Period FEC ID number of contributing C 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 585.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** FREEMAN, JANICE, , , Date of Receipt Mailing Address 2613 TEABERRY DR 2021 City State Zip Code Transaction ID: SA11AI-26424289 NORTH CHESTERFIELD VA 23236 Amount of Each Receipt this Period FEC ID number of contributing 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 Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. FREEMAN, KELMITH, , , Date of Receipt Mailing Address 1151 NW 92ND ST 22 2021 City Zip Code State Transaction ID: SA11AI-26424573 OK OKLAHOMA CITY 73114 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 585.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 In GARRAHAN-MASTERS, MARY, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 501 HARRIET LN			08 13 2021
City	State	Zip Code	Transaction ID : SA11AI-26399363
HAVERTOWN	PA	19083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	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 ▼ 895.00	
Full Name of Individual (Last, First, Middle In GARRAHAN-MASTERS, MARY, ,		anization Name	Date of Receipt
Mailing Address 501 HARRIET LN			08 19 2021
City HAVERTOWN	State	Zip Code 19083	Transaction ID : SA11AI-26400413
FEC ID number of contributing federal political committee.	C	19063	Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 895.00	
Full Name of Individual (Last, First, Middle In GARRAHAN-MASTERS, MARY)		anization Name	Date of Receipt
Mailing Address 501 HARRIET LN			11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HAVERTOWN	State PA	Zip Code 19083	Transaction ID : SA11AI-26415827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		105.00
Name of Employer (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 895.00	
SUBTOTAL of Receipts This Page (optional)			355.00
TOTAL This Period (last page this line numbe	r only)		

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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 GARRAHAN-MASTERS, MARY, , , Date of Receipt Mailing Address 501 HARRIET LN 18 2021 City Zip Code State Transaction ID: SA11AI-26418185 PA **HAVERTOWN** 19083 Amount of Each Receipt this Period FEC ID number of contributing C 310.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 895.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** GATTI, GEORGE, , , Date of Receipt Mailing Address 310 W 4TH ST 2021 City State Zip Code Transaction ID: SA11AI-26391491 SAN DIMAS CA 91773 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) 205.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. GATTI, GEORGE, , , Date of Receipt Mailing Address 310 W 4TH ST 09 2021 City Zip Code State Transaction ID: SA11AI-26398493 CA SAN DIMAS 91773 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 205.00 Other (specify) 380.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number 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	PAC						
Full Name of Individual (Last, First, Middle In GAYDEN, BRIGETTE, , , Mailing Address 4808 CRESTFIELD RD	nitial) or Full Org	ganization Name	Date of Receipt					
			12 16 2021					
City	Transaction ID : SA11AI-26386875							
MILLINGTON	38053	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů l							
Name of Employer (for Individual) Best Efforts								
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼							
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , , Mailing Address 337 GRACE VILLAGE DR	nitial) or Full Org	anization Name	Date of Receipt					
			08 07 2021					
City	State	Zip Code	Transaction ID : SA11AI-26398177					
WINONA LAKE	IN	46590	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) ed	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 210.00						
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , ,	nitial) or Full Org	anization Name	Date of Receipt					
Mailing Address 337 GRACE VILLAGE DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City WINONA LAKE	State IN	Zip Code 46590	Transaction ID : SA11AI-26414909					
FEC ID number of contributing		70000	Amount of Each Receipt this Period					
federal political committee.	C		35.00 Memo Item					
Name of Employer (for Individual) Retired	Retired Retired							
Receipt For:	Aggregate Y	ear-to-Date ▼						
Primary General Other (specify)		210.00						
SUBTOTAL of Receipts This Page (optional)		•	320.00					
TOTAL This Period (last page this line numbe	r only)							

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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 GEPHARK, ANN, , , Date of Receipt Mailing Address 337 GRACE VILLAGE DR 2021 City Zip Code State Transaction ID: SA11AI-26420123 IN WINONA LAKE 46590 Amount of Each Receipt this Period FEC ID number of contributing C 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 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GEPHARK, ANN, , , Date of Receipt Mailing Address 337 GRACE VILLAGE DR 2021 City State Zip Code Transaction ID: SA11AI-26422157 WINONA LAKE IN 46590 Amount of Each Receipt this Period FEC ID number of contributing 40.00 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) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. GEPHARK, ANN, , , Date of Receipt Mailing Address 337 GRACE VILLAGE DR 17 2021 City Zip Code State Transaction ID: SA11AI-26423357 IN WINONA LAKE 46590 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 115.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 (Leat First Middle Initial) or Full Organization Name										
Α.		al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 337 GRACE VILLAGE DR	12 27 2021									
	City	Transaction ID : SA11AI-26425443									
	WINONA LAKE	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	25.00									
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 210.00								
В.	Full Name of Individual (Last, First, Middle Initial GRAHAM, WEST, , ,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 4635 BORDER VILLAGE RD APT 6-2	04-4-	77. 0.4.	08 23 2021							
	City SAN YSIDRO	State CA	Zip Code 92173	Transaction ID : SA11AI-26401063 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V									
С .	Full Name of Individual (Last, First, Middle Initia GRAHAM, WEST, , ,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 4635 BORDER VILLAGE RD APT 6-2			08							
	City SAN YSIDRO	State CA	Zip Code 92173	Transaction ID : SA11AI-26401413 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer (for Individual) Retired	Memo Item									
	Receipt For: Primary General										
	Primary General Other (specify)		290.00								
H	SUBTOTAL of Receipts This Page (optional)			125.00							

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by he name and address of any political co	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 GRAHAM, WEST, , ,	· · ·	Date of Receipt
Mailing Address 4635 BORDER VILLAGE R APT 6-2	D	11 24 2021
City	Transaction ID : SA11AI-26419021	
SAN YSIDRO	CA 92173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	105.00	
Name of Employer (for Individual) Retired	Memo Item	
Receipt For: Primary General Other (specify) ▼	00	
Full Name of Individual (Last, First, Middle GRAHAM, WEST, , , Mailing Address 4635 BORDER VILLAGE R	, ,	Date of Receipt
APT 6-2		11 26 2021
City	State Zip Code	Transaction ID : SA11AI-26419175
SAN YSIDRO	CA 92173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	290.	00
Full Name of Individual (Last, First, Middle GRAY, DORIS, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 16319 122ND AVE E		08 11 2021
City PUYALLUP	State Zip Code WA 98374	Transaction ID : SA11AI-26398783 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual) Retired	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	295.	00
SUBTOTAL of Receipts This Page (optional).		225.00
TOTAL This Period (last page this line number	er only)	

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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 GRAY, DORIS, , , Date of Receipt Mailing Address 16319 122ND AVE E 13 2021 City Zip Code State Transaction ID: SA11AI-26399451 WA **PUYALLUP** 98374 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 295.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GRAY, DORIS, , , Date of Receipt Mailing Address 16319 122ND AVE E 17 2021 City State Zip Code Transaction ID: SA11AI-26423253 **PUYALLUP** WA 98374 Amount of Each Receipt this Period FEC ID number of contributing 70.00 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) 295.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. GREENE, BETTY, , , Date of Receipt Mailing Address 5886 DE ZAVALA RD 25 2021 City Zip Code State Transaction ID: SA11AI-26401691 TX SAN ANTONIO 78249 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 655.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

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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 In GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	nitial) or Full Orga	anization Name	Date of Receipt					
City	09 03 2021							
SAN ANTONIO	State	Zip Code 78249	Transaction ID : SA11AI-26403845 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	35.00							
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item					
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date V							
Full Name of Individual (Last, First, Middle In GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	nitial) or Full Orga	anization Name	Date of Receipt					
City SAN ANTONIO	State TX	Zip Code 78249	Transaction ID : SA11AI-26412525 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	ation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 655.00						
Full Name of Individual (Last, First, Middle In GREENE, BETTY, , ,	nitial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 5886 DE ZAVALA RD	01-1	7: 0-1-	10 28 2021					
City SAN ANTONIO	State TX	Zip Code 78249	Transaction ID : SA11AI-26414507 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period					
Name of Employer (for Individual) Retired	Retired Retired							
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 655.00						
SUBTOTAL of Receipts This Page (optional)		>	175.00					
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 the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle In GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 5000 DE ZAVALA ND			11 12 2021
City	State	Zip Code	Transaction ID : SA11AI-26417101
SAN ANTONIO	TX	78249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 655.00	
Full Name of Individual (Last, First, Middle II GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	nitial) or Full Orga	nization Name	Date of Receipt
			11 23 2021
City	State	Zip Code	Transaction ID : SA11AI-26418761
SAN ANTONIO	IX	78249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify) ▼		655.00	
Full Name of Individual (Last, First, Middle In GREENE, BETTY, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD	lo.		12 22 2021
City SAN ANTONIO	State TX	Zip Code 78249	Transaction ID : SA11AI-26424557 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual)	Occupation Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	-
Primary General Other (specify)	Aggregate 162	655.00	
SUBTOTAL of Receipts This Page (optional)		>	225.00
TOTAL This Period (last page this line numbe	r only)		

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or for commercial purposes, other than using			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 A. GUENTHER, JUDITH, , , Mailing Address 6841 W FOND DU LAC AV		ganization Name	Date of Receipt 07 01 2021
City MILWAUKEE	State WI	Zip Code 53218	Transaction ID : SA11AI-26391479 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)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle B. GUENTHER, JUDITH, , ,	·	ganization Name	Date of Receipt
Mailing Address 6841 W FOND DU LAC AV	/E State	Zip Code	07 16 2021
MILWAUKEE	WI	53218	Transaction ID : SA11AI-26394121 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle C. GUENTHER, JUDITH, , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 6841 W FOND DU LAC A			11 29 2021
City MILWAUKEE	State WI	Zip Code 53218	Transaction ID : SA11AI-26419655 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
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 ▼ 255.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		<u> </u>	105.00

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	Statements may not be sold or used by any phe name and address of any political committed	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle HAGER, THOMAS, , , Mailing Address 695 SUMMER LN	Initial) or Full Organization Name	Date of Receipt
City	State 7in Code	07 07 2021
City WHITE SALMON	State Zip Code WA 98672	Transaction ID : SA11AI-26392575
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00]
Full Name of Individual (Last, First, Middle B. HAGER, THOMAS, , , Mailing Address 695 SUMMER LN	Initial) or Full Organization Name	Date of Receipt 12 09 2021
City WHITE SALMON	State Zip Code WA 98672	Transaction ID : SA11AI-26384519 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 ▼ 230.00]
Full Name of Individual (Last, First, Middle HAM, LEWIS, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5500 CALLE REAL APT C-226 City	State 7in Code	08 07 2021
SANTA BARBARA	State Zip Code CA 93111	Transaction ID : SA11AI-26398157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 385.00]
SUBTOTAL of Receipts This Page (optional).		200.00
TOTAL This Period (last page this line number	er only)	

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	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini HAM, LEWIS, , , Mailing Address 5500 CALLE REAL APT C-226 City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)		Date of Receipt 12 02 2021 Transaction ID: SA11AI-26420555 Amount of Each Receipt this Period 150.00 Memo Item
Full Name of Individual (Last, First, Middle Ini HAM, LEWIS, , , Mailing Address 5500 CALLE REAL APT C-226 City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code CA 93111 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 385.00	Date of Receipt 12 21 2021 Transaction ID: SA11Al-26424403 Amount of Each Receipt this Period 75.00 Memo Item
Full Name of Individual (Last, First, Middle Ini HAM, LEWIS, , , Mailing Address 5500 CALLE REAL APT C-226 City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	tial) or Full Organization Name State	Date of Receipt 12 22 2021 Transaction ID: SA11AI-26424623 Amount of Each Receipt this Period 110.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	335.00
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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 HAMMELL, SUSAN, , , Date of Receipt Mailing Address 817 SUMMIT AVE 2021 City Zip Code State Transaction ID: SA11AI-26350373 NJ WESTFIELD 07090 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HAMMELL, SUSAN, , , Date of Receipt Mailing Address 817 SUMMIT AVE 2021 City State Zip Code Transaction ID: SA11AI-26359579 WESTFIELD NJ 07090 Amount of Each Receipt this Period FEC ID number of contributing 75.00 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) 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. HAMMELL, SUSAN, , , Date of Receipt Mailing Address 817 SUMMIT AVE 26 2021 City Zip Code State Transaction ID: SA11AI-26382195 NJ WESTFIELD 07090 Amount of Each Receipt this Period FEC ID number of contributing C 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 375.00 Other (specify)

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may in the name and additional ad	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 I HAMMELL, SUSAN, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 817 SUMMIT AVE			12 09 / 2021
City	State	Zip Code	Transaction ID : SA11AI-26384769
WESTFIELD	NJ	07090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 375.00	
Full Name of Individual (Last, First, Middle I HEINOLD, RICHARD, , , Mailing Address 142 WATCH HILL RD	Initial) or Full Orga	nization Name	Date of Receipt
			07 15 2021
City	State RI	Zip Code	Transaction ID : SA11AI-26346205
WESTERLY EEC ID number of contributing		02891	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) d	Memo Item
Receipt For: Primary General	Aggregate Ye	ar-to-Date ▼	
Other (specify) ▼		230.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 142 WATCH HILL RD			09 28 2021
City WESTERLY	State RI	Zip Code 02891	Transaction ID : SA11Al-26408653
FEC ID number of contributing	С		Amount of Each Receipt this Period 50.00
federal political committee.			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General	Aggregate Ye	ar-to-Date ▼	
Other (specify)	-	230.00	
SUBTOTAL of Receipts This Page (optional)		·····	175.00
TOTAL This Period (last page this line number	er only)		

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Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions 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 HEINOLD, RICHARD, , ,	e Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 142 WATCH HILL RD			12 20 / 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-26423685
WESTERLY	RI	02891	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		110.00
Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle HOLMES, GAYLE, , ,		ganization Name	Date of Receipt
Mailing Address 8545 CARMEL VALLEY R	lD.		10 08 2021
City	State	Zip Code	
CARMEL	CA	93923	Transaction ID : SA11AI-26410775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item
Receipt For:	Aggregate Y	ear-to-Date ▼	
Primary General Other (specify) ▼		205.00	
Full Name of Individual (Last, First, Middle C. HOLMES, GAYLE, , ,	e Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 8545 CARMEL VALLEY F	RD		10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CARMEL	State CA	Zip Code 93923	Transaction ID : SA11AI-26414379 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)	Memo Item
Receipt For:		ear-to-Date ▼	
Primary General Other (specify)	Aggregate	205.00	
SUBTOTAL of Receipts This Page (optional		·····	185.00

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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 AL	LIANCE	PAC								
Α.	Full Name of Individual (Last, First, Middle Initial HOLMES, GAYLE, , , Mailing Address 8545 CARMEL VALLEY RD	al) or Full Org	anization Name	Date of Receipt							
	Maining Address 6545 CARMEL VALLET RD			11 30 2021							
	City	State CA	Zip Code	Transaction ID : SA11AI-26419941							
	CARMEL	CA	93923	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	35.00									
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 205.00								
В.	Full Name of Individual (Last, First, Middle Initial HOLMES, GAYLE, , ,	Date of Receipt									
	Mailing Address 8545 CARMEL VALLEY RD	12 01 2021									
	City CARMEL	State	Zip Code 93923	Transaction ID: SA11AI-26420329							
	FEC ID number of contributing federal political committee.	С	30020	Amount of Each Receipt this Period 35.00							
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 205.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial HOLMES, GAYLE, , ,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 8545 CARMEL VALLEY RD			12 06 2021							
	City CARMEL	State CA	Zip Code 93923	Transaction ID : SA11AI-26421041 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) d	Memo Item							
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼								
	Other (specify)		205.00								
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			95.00							

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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 P	AC					
Full Name of Individual (Last, First, Middle I HOOD, LLOYD, , , , Mailing Address 7830 CAMINO REAL	Initial) or Full Orgar	nization Name	Date of Receipt				
APT 409			08 07 2021				
City	State	Zip Code	Transaction ID : SA11AI-26398161				
MIAMI	FL	33143	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		25.00				
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼							
Full Name of Individual (Last, First, Middle I HOOD, LLOYD, , , Mailing Address 7830 CAMINO REAL	Initial) or Full Orgar	nization Name	Date of Receipt				
APT 409	Ta:	T=	09 16 2021				
City	State	Zip Code	Transaction ID : SA11AI-26406577				
MIAMI	FL	33143	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 215.00					
Full Name of Individual (Last, First, Middle I HOOD, LLOYD, , ,	Initial) or Full Orgar	nization Name	Date of Receipt				
Mailing Address 7830 CAMINO REAL APT 409		7: 0.1	10 15 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City MIAMI	State FL	Zip Code 33143	Transaction ID : SA11AI-26412191				
	1.5	00170	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		35.00				
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (coesify)	Aggregate Yea	ar-to-Date ▼ 215.00					
Other (specify)		210.00					
SUBTOTAL of Receipts This Page (optional)		>	110.00				
TOTAL This Period (last page this line number	er only)						

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	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 HOOD, LLOYD, , ,	nitial) or Full Organization Name	Date of Receipt 10 22 2021			
Mailing Address 7830 CAMINO REAL APT 409					
City	State Zip Code	Transaction ID : SA11AI-26413411			
MIAMI	FL 33143	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	45.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired	Retired				
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General					
Other (specify) ▼	215.00				
Full Name of Individual (Last, First, Middle III) HOOD, LLOYD, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 7830 CAMINO REAL		M = M / D = D / Y = Y = Y			
APT 409	State 7:00-d-	12 01 2021			
City	State Zip Code	Transaction ID : SA11AI-26420245			
MIAMI	FL 33143	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	Aggregate Year-to-Date ▼				
Other (specify) ▼	215.00				
Full Name of Individual (Last, First, Middle In HUDSON, JODIE, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address PO BOX 692		07 01 / 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-26391477			
LAKE ARTHUR	LA 70549	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:	1				
Primary General	Aggregate Year-to-Date ▼				
Other (specify)	295.00				
SUBTOTAL of Receipts This Page (optional)		115.00			
TOTAL This Period (last page this line numbe	r only)				

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or for commercial purposes, other than using the	tatements may not be sold or used by any persigname and address of any political committee to						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC						
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt					
Mailing Address PO BOX 692		07 08 2021					
City	State Zip Code	Transaction ID : SA11AI-26392703					
LAKE ARTHUR	LA 70549	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) ▼	295.00						
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt					
Mailing Address PO BOX 692		07 20 / Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI-26394663					
LAKE ARTHUR	LA 70549	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00						
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt					
Mailing Address PO BOX 692		09 27 2021					
City	State Zip Code	Transaction ID : SA11AI-26408427					
LAKE ARTHUR	LA 70549	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	1						
Primary General							
Other (specify)	295.00						
SUBTOTAL of Receipts This Page (optional)		105.00					
TOTAL This Period (last page this line number	<u> </u>						

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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 AL	LIANCE	PAC							
Α.	Full Name of Individual (Last, First, Middle Initi HUDSON, JODIE, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address PO BOX 692			10 05 / Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID : SA11AI-26409959						
	LAKE ARTHUR	LA	70549	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		50.00							
	Name of Employer (for Individual) Retired	Occu Retir	upation (for Individual) red	Memo Item						
	Receipt For: Primary General Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initi IGLESIAS, SHIRLEY, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1802 TULPEHOCKEN RD APT 279	08 26 2021								
	City	State	Zip Code	Transaction ID: SA11AI-26402209						
	READING	PA	19610	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	50.00								
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 5513 N GARELOCH AVE			07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City AZUSA	State CA	Zip Code 91702	Transaction ID : SA11AI-26391891						
	AZUSA	_ CA	91702	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		35.00						
	Name of Employer (for Individual) Retired	Occu Retir	upation (for Individual) red	Memo Item						
	Receipt For:		Year-to-Date ▼							
	Primary General Other (specify)	riggiogato	275.00							
H	SUBTOTAL of Receipts This Page (optional)			135.00						
I T	OTAL This Period (last page this line number o	nly)								

FOR LINE NUMBER:						PAGE	: 5	97	OF	,	317
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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 AL	LIANCE I	PAC								
Α.	Full Name of Individual (Last, First, Middle Initi- JOCHER, RONALD, , , Mailing Address 5513 N GARELOCH AVE	al) or Full Org	anization Name	Date of Receipt							
	Maining Address 5515 N GARLLOCH AVE			08 17 2021							
	City AZUSA	State CA	Zip Code 91702	Transaction ID : SA11AI-26399861							
	FEC ID number of contributing federal political committee.	C	31702	Amount of Each Receipt this Period 35.00							
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00								
В.	Full Name of Individual (Last, First, Middle Initi JOCHER, RONALD, , ,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 5513 N GARELOCH AVE	10 14 2021									
	City AZUSA	State CA	Zip Code 91702	Transaction ID : SA11AI-26411865 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		60.00							
	Name of Employer (for Individual) Retired	Occup Retire	eation (for Individual)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00								
С .	Full Name of Individual (Last, First, Middle Initi JOCHER, RONALD, , ,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 5513 N GARELOCH AVE			11 16 2021							
	City AZUSA	State CA	Zip Code 91702	Transaction ID : SA11AI-26417727 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) d	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 275.00								
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	115.00							

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir JOCHER, RONALD, , , Mailing Address 5513 N GARELOCH AVE City	State Zip Code	Date of Receipt M
AZUSA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General Other (specify) ▼	CA 91702 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 275.00	Amount of Each Receipt this Period 55.00 Memo Item
Full Name of Individual (Last, First, Middle In JOHNSON, HENRY, , , Mailing Address 2950 KIRKBRIDE WAY APT 212 City INDIANAPOLIS 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 IN 46222 C Occupation (for Individual) Retired Aggregate Year-to-Date 235.00	Date of Receipt O7 O1 2021 Transaction ID: SA11AI-26391481 Amount of Each Receipt this Period 20.00 Memo Item
Full Name of Individual (Last, First, Middle In JOHNSON, HENRY, , , , Mailing Address 2950 KIRKBRIDE WAY APT 212 City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code IN 46222	Date of Receipt M M M / 24 2021 Transaction ID: SA11AI-26401595 Amount of Each Receipt this Period 20.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		95.00
TOTAL This Period (last page this line number	r only)	

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle In JOHNSON, HENRY, , , Mailing Address 2950 KIRKBRIDE WAY	itial) or Full Organization Name	Date of Receipt
APT 212		09 09 2021
City	State Zip Code	Transaction ID : SA11AI-26404991
INDIANAPOLIS	IN 46222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	
Full Name of Individual (Last, First, Middle In JOHNSON, HENRY, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 2950 KIRKBRIDE WAY	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
APT 212 City	State Zip Code	09 30 2021
INDIANAPOLIS	IN 46222	Transaction ID : SA11AI-26409267 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) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle In JOHNSON, HENRY, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 2950 KIRKBRIDE WAY APT 212 City	State Zip Code	12 14 2021 Transaction ID : SA11AI-26422599
INDIANAPOLIS	IN 46222	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:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	235.00	
SUBTOTAL of Receipts This Page (optional)	····	75.00
TOTAL This Period (last page this line number	only)	

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle JOHNSON, HENRY, , ,	· Initial) or Full Organization Name	Date of Receipt
Mailing Address 2950 KIRKBRIDE WAY APT 212		12
City INDIANAPOLIS	State Zip Code 46222	Transaction ID : SA11AI-26424669 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) ▼	Aggregate Year-to-Date ▼ 235.00	
Full Name of Individual (Last, First, Middle JONES, CAROLE, , , Mailing Address 2550 KENSINGTON GARI	Date of Receipt	
UNIT 205	State Zip Code	07 08 2021 Transaction ID : SA11AI-26392775
ELLICOTT CITY FEC ID number of contributing federal political committee.	MD 21043	Amount of Each Receipt this Period 25.00
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 JONES, CAROLE, , , Mailing Address 2550 KENSINGTON GAR	· · ·	Date of Receipt
UNIT 205 City ELLICOTT CITY	State Zip Code MD 21043	09 13 2021 Transaction ID : SA11Al-26405549 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)	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional))	75.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini JONES, CAROLE, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 2550 KENSINGTON GARDNI UNIT 205	ES	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State Zip Code	Transaction ID : SA11AI-26417373
ELLICOTT CITY	MD 21043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	240.00	
Other (specify)	240.00	
Full Name of Individual (Last, First, Middle Ini		Date of Receipt
Mailing Address 2550 KENSINGTON GARDNE UNIT 205	12 18 2021	
City	State Zip Code	Transaction ID : SA11AI-26423395
ELLICOTT CITY	MD 21043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
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 Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 232 FAIRFAX DR		07 15 2021
City	State Zip Code	Transaction ID : SA11AI-26344603
WARWICK	RI 02888	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	225.00	
SUBTOTAL of Receipts This Page (optional)	>	105.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini JORJORIAN, ELEANOR, , , Mailing Address 232 FAIRFAX DR	tial) or Full Organization Name	Date of Receipt
City WARWICK	State Zip Code RI 02888	08 03 2021 Transaction ID : SA11AI-26397401
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle Ini JORJORIAN, ELEANOR, , , Mailing Address 232 FAIRFAX DR	tial) or Full Organization Name	Date of Receipt
City WARWICK	State Zip Code RI 02888	Transaction ID : SA11AI-26409975 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 232 FAIRFAX DR	Otata Za Carta	10 08 2021
City WARWICK	State Zip Code RI 02888	Transaction ID : SA11AI-26410751 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)	>	50.00
TOTAL This Period (last page this line number	only)	

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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 JORJORIAN, ELEANOR, , , Date of Receipt Mailing Address 232 FAIRFAX DR 2021 City Zip Code State Transaction ID: SA11AI-26415249 RΙ WARWICK 02888 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JORJORIAN, ELEANOR, , , Date of Receipt Mailing Address 232 FAIRFAX DR 05 2021 11 City State Zip Code Transaction ID: SA11AI-26415915 **WARWICK** RΙ 02888 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. JORJORIAN, ELEANOR, , , Date of Receipt Mailing Address 232 FAIRFAX DR 03 2021 City Zip Code State Transaction ID: SA11AI-26420813 RΙ WARWICK 02888 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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12

16

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini JORJORIAN, ELEANOR, , , Mailing Address 232 FAIRFAX DR	tial) or Full Organization 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 WARWICK	State Zip Code RI 02888	Transaction ID : SA11AI-26424213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	225.00	
Full Name of Individual (Last, First, Middle Ini 3. JUDD, JUDY, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 1241 ISLAND DR APT 101 City	State Zip Code	08 26 2021 Transaction ID : SA11Al-26356133
ANN ARBOR FEC ID number of contributing federal political committee.	MI 48105	Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 1042 NEUMARK AVE		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PLEASANTVILLE	State Zip Code NJ 08232	Transaction ID : SA11AI-26365495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (optional)		370.00
TOTAL This Period (last page this line number	only)	

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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 KARRISH, GEORGE, , , Date of Receipt Mailing Address 1042 NEUMARK AVE 2021 City Zip Code State Transaction ID: SA11AI-26365725 NJ **PLEASANTVILLE** 08232 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 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** KARRISH, GEORGE, , , Date of Receipt Mailing Address 1042 NEUMARK AVE 10 2021 City State Zip Code Transaction ID: SA11AI-26370733 **PLEASANTVILLE** NJ 08232 Amount of Each Receipt this Period FEC ID number of contributing 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 Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KARRISH, GEORGE, , , Date of Receipt Mailing Address 1042 NEUMARK AVE 04 2021 City Zip Code State Transaction ID: SA11AI-26376735 NJ **PLEASANTVILLE** 08232 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 230.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 KEENAN, WILLIAM, , , Date of Receipt Mailing Address 5100 SHARON RD **UNIT 1201** 2021 City Zip Code State Transaction ID: SA11AI-26391875 NC **CHARLOTTE** 28210 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 385.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KEENAN, WILLIAM, , , Date of Receipt Mailing Address 5100 SHARON RD 10 15 2021 **UNIT 1201** City State Zip Code Transaction ID: SA11AI-26412105 **CHARLOTTE** NC 28210 Amount of Each Receipt this Period FEC ID number of contributing 200.00 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) 385.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KELLIHER, ANNE, , , Date of Receipt Mailing Address 32 GRANT AVE 01 2021 City Zip Code State Transaction ID: SA11AI-26340813 MA NORWOOD 02062 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 260.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

SCHEDULE A (FEC Form 3X)

FEC ID number of contributing

Name of Employer (for Individual)

General

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

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

federal political committee.

Other (specify)

Retired

Receipt For:

Primary

FOR LINE NUMBER: (check only one) **X** 11a 11b 11c

PAGE 107 OF Use separate schedule(s) ITEMIZED RECEIPTS 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 KELLIHER, ANNE, , , Date of Receipt Mailing Address 32 GRANT AVE 18 2021 City Zip Code State Transaction ID: SA11AI-26400219 MA NORWOOD 02062 Amount of Each Receipt this Period FEC ID number of contributing C 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 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** KELLIHER, ANNE, , , Date of Receipt Mailing Address 32 GRANT AVE 16 2021 City State Zip Code Transaction ID: SA11AI-26406361 **NORWOOD** MA 02062 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) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KELLIHER, ANNE, , , Date of Receipt Mailing Address 32 GRANT AVE 22 2021 City Zip Code State Transaction ID: SA11AI-26407619 MA NORWOOD 02062 Amount of Each Receipt this Period

C

Retired

Aggregate Year-to-Date ▼

Occupation (for Individual)

230.00

7

Memo Item

35.00

120.00

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

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		ny person for the purpose of soliciting contributions nittee 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 KELLIHER, ANNE, , , Mailing Address 32 GRANT AVE		Date of Receipt
		10 14 2021
City NORWOOD	State Zip Code MA 02062	Transaction ID : SA11AI-26368883
	1VIA 02002	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 ▼ 230.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KELLIHER, ANNE, , , Mailing Address 32 GRANT AVE		Date of Receipt
		12 17 2021
City	State Zip Code	Transaction ID : SA11AI-26423349
NORWOOD	MA 02062	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 Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle C. KELLY, ROSALEEN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 54 HACIENDA CIR		07 28 2021
City	State Zip Code CA 94563	Transaction ID: SA11AI-26396327
ORINDA	CA 94563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional).		185.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir KELLY, ROSALEEN, , , Mailing Address 54 HACIENDA CIR City ORINDA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 94563 C Occupation (for Individual) Retired Aggregate Year-to-Date 300.00	Date of Receipt 09 27 2021 Transaction ID: SA11AI-26408343 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle In KENT, PHILIP, , , Mailing Address 1601 W GILFORD RD City CARO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MI 48723 C Occupation (for Individual) Retired Aggregate Year-to-Date 260.00	Date of Receipt M 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 KENT, PHILIP, , , Mailing Address 1601 W GILFORD RD City CARO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MI 48723 C Occupation (for Individual) Retired Aggregate Year-to-Date 260.00	Date of Receipt 09
SUBTOTAL of Receipts This Page (optional)	>	250.00
TOTAL This Period (last page this line number	r only)	

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	Statements may not be sold or used by any persone name and address of any political committee t	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In KENT, PHILIP, , , , Mailing Address 1601 W GILFORD RD City CARO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MI 48723 C Occupation (for Individual) Retired Aggregate Year-to-Date 260.00	Date of Receipt 12 23 2021 Transaction ID: SA11Al-26424797 Amount of Each Receipt this Period 60.00 Memo Item
Full Name of Individual (Last, First, Middle Ir KING, EARL, , , Mailing Address 20815 ADELINE DR City COLFAX FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 95713 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M
Full Name of Individual (Last, First, Middle In KING, EARL, , , , Mailing Address 20815 ADELINE DR City COLFAX FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 95713 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	105.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle III) KING, EARL, , , Mailing Address 20815 ADELINE DR	nitial) or Full Orga	nization Name	Date of Receipt
			11 03 2021
City	State	Zip Code	Transaction ID: SA11AI-26415409
COLFAX	CA	95713	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 Yea	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle III) KING, EARL, , , Mailing Address 20815 ADELINE DR	nitial) or Full Orga	nization Name	Date of Receipt
ZZ Z0010 ADELINE DIX			11 18 2021
City	State	Zip Code	Transaction ID : SA11AI-26418251
COLFAX	CA	95713	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 Yea	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle II	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 88 EAGER RD		I=	08 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NORTH FRANKLIN	State CT	Zip Code 06254	Transaction ID : SA11AI-26355931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		Amount or Each Receipt this Period
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)			100.00
TOTAL This Period (last page this line numbe	r only)		1 1 40 1 1 40 1 1 40 1

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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 KOCHISS, JOHN, , , Date of Receipt Mailing Address 88 EAGER RD 2021 City Zip Code State Transaction ID: SA11AI-26367351 CT **NORTH FRANKLIN** 06254 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 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KOCHISS, JOHN, , , Date of Receipt Mailing Address 88 EAGER RD 10 2021 City State Zip Code Transaction ID: SA11AI-26370737 **NORTH FRANKLIN** CT 06254 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) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KOCHISS, JOHN, , , Date of Receipt Mailing Address 88 EAGER RD 2021 City Zip Code State Transaction ID: SA11AI-26371215 CT **NORTH FRANKLIN** 06254 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 240.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 KOCHISS, JOHN, , , Date of Receipt Mailing Address 88 EAGER RD 16 2021 City Zip Code State Transaction ID: SA11AI-26385621 CT **NORTH FRANKLIN** 06254 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 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KULE, NANCY, , , Date of Receipt Mailing Address 74 FOX TRACE LN 2021 City State Zip Code Transaction ID: SA11AI-26398109 HUDSON OH 44236 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) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KULE, NANCY, , , Date of Receipt Mailing Address 74 FOX TRACE LN 03 2021 City Zip Code State Transaction ID: SA11AI-26415515 OH HUDSON 44236 Amount of Each Receipt this Period FEC ID number of contributing C 55.00 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) 140.00 SUBTOTAL of Receipts This Page (optional).....

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

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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 KULE, NANCY, , , Date of Receipt Mailing Address 74 FOX TRACE LN 09 2021 City Zip Code State Transaction ID: SA11AI-26421691 OH HUDSON 44236 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 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. KULIK, MICHELE, , , Date of Receipt Mailing Address 2101 BIRCH TRACE DR 2021 City State Zip Code Transaction ID: SA11AI-26396121 **AUSTINTOWN** OH 44515 Amount of Each Receipt this Period FEC ID number of contributing 75.00 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) 445.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KULIK, MICHELE, , , Date of Receipt Mailing Address 2101 BIRCH TRACE DR 18 2021 City Zip Code State Transaction ID: SA11AI-26400385 OH **AUSTINTOWN** 44515 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 445.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Primary

C.

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		, , , , , , , , , , , , , , , , , , , ,				
Full Name of Individual (Last, First, Middle In LABELLE, ROBERT, , ,	itial) or Full Or	ganization Name	Date of Receipt			
Mailing Address 182 W 126TH AVE			10 06 2021			
City	State	Zip Code	Transaction ID: SA11AI-26410279			
CROWN POINT	IN	46307	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	35.00					
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item			
Retired	Retire	ed				
Receipt For:	Aggregate \	∕ear-to-Date ▼				
Primary General Other (specify)	33 45	215.00				
SUBTOTAL of Receipts This Page (optional)			120.00			

215.00

Aggregate Year-to-Date ▼

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

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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 LABELLE, ROBERT, , , Date of Receipt Mailing Address 182 W 126TH AVE 2021 City Zip Code State Transaction ID: SA11AI-26422601 **CROWN POINT** IN 46307 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 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** LABELLE, ROBERT, , , Date of Receipt Mailing Address 182 W 126TH AVE 2021 City State Zip Code Transaction ID: SA11AI-26423777 **CROWN POINT** IN 46307 Amount of Each Receipt this Period FEC ID number of contributing 70.00 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) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. LEBLANC, WADE, , , Date of Receipt Mailing Address 4862 KEITHDALE LN 19 2021 City Zip Code State Transaction ID: SA11AI-26394487 MI **BLOOMFIELD TWP** 48302 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 215.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In LEBLANC, WADE, , , Mailing Address 4862 KEITHDALE LN City BLOOMFIELD TWP FEC ID number of contributing	State Zip Code MI 48302	Date of Receipt 08 26 2021 Transaction ID : SA11AI-26402213 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date 215.00	Memo Item
Full Name of Individual (Last, First, Middle In LEBLANC, WADE, , , Mailing Address 4862 KEITHDALE LN City BLOOMFIELD TWP FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MI 48302 C Occupation (for Individual) Retired Aggregate Year-to-Date 215,00	Date of Receipt 08 27 2021 Transaction ID : SA11Al-26402523 Amount of Each Receipt this Period 35.00 Memo Item
Full Name of Individual (Last, First, Middle In LEE, JANE, , , Mailing Address 1640 CORTE DE MEDEA City SAN JOSE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	7 7	Date of Receipt O7 29 2021 Transaction ID: SA11AI-26349139 Amount of Each Receipt this Period 35.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	only)	

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

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any proper name and address of any political committee	erson 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 LEE, JANE, , , Mailing Address 1640 CORTE DE MEDEA City SAN JOSE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired	State Zip Code CA 95124 C Occupation (for Individual) Retired	Date of Receipt M M M / 2021 Transaction ID : SA11AI-26366027 Amount of Each Receipt this Period 35.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle II LEE, LOIS, , , Mailing Address 4705 RANGER LN City CHATTANOOGA	State Zip Code TN 37416	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General	Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 75.00 Memo Item
Other (specify) ▼ Full Name of Individual (Last, First, Middle In LEE, JANE, , , Mailing Address 1640 CORTE DE MEDEA City SAN JOSE	275.00 nitial) or Full Organization Name State	Date of Receipt 11 18 2021 Transaction ID: SA11AI-26379893 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Occupation (for Individual) Retired Aggregate Year-to-Date 210.00	35.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		145.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC				
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt			
Mailing Address 4705 RANGER LN		11 22 2021			
City CHATTANOOGA	State Zip Code TN 37416	Transaction ID : SA11AI-26418599			
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 ▼ 275.00				
Full Name of Individual (Last, First, Middle Init LEE, JANE, , , Mailing Address 1640 CORTE DE MEDEA	ial) or Full Organization Name	Date of Receipt			
City SAN JOSE	State Zip Code CA 95124	12 23 2021 Transaction ID : SA11AI-26387783 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 ▼ 210.00				
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt			
Mailing Address 6 ORCHARDCREST DR		08 02 2021			
City OROVILLE	State Zip Code CA 95965	Transaction ID : SA11AI-26397093 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00				
SUBTOTAL of Receipts This Page (optional)	>	185.00			
TOTAL This Period (last page this line number of	only)				

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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 LEUBE, JENNIFER, , , Date of Receipt Mailing Address 6 ORCHARDCREST DR 2021 City Zip Code State Transaction ID: SA11AI-26371469 CA **OROVILLE** 95965 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** LEUBE, JENNIFER, , , Date of Receipt Mailing Address 6 ORCHARDCREST DR 80 2021 City State Zip Code Transaction ID: SA11AI-26421503 **OROVILLE** CA 95965 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) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. LEWIS, LANA, , , Date of Receipt Mailing Address 7801 JOYCE DR 01 2021 City State Zip Code Transaction ID: SA11AI-26391397 CA **SEBASTOPOL** 95472 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 275.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per le name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In LEWIS, LANA, , , Mailing Address 7801 JOYCE DR City SEBASTOPOL FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 95472 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt O7 19 2021 Transaction ID : SA11AI-26394535 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle In LEWIS, ROY, , , Mailing Address 214 LAKEVIEW ST City MILFORD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State KS Code 66514 C C C Cocupation (for Individual) Retired Aggregate Year-to-Date 320.00	Date of Receipt 07 30 2021 Transaction ID: SA11Al-26396907 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle In LEWIS, ROY, , , Mailing Address 214 LAKEVIEW ST City MILFORD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State KS 2ip Code KS 66514 C Occupation (for Individual) Retired Aggregate Year-to-Date 320.00	Date of Receipt 08
SUBTOTAL of Receipts This Page (optional)		135.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using			rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	,	
Full Name of Individual (Last, First, Middle LEWIS, ROY, , ,	e Initial) or Full Organizat	tion Name	Date of Receipt
Mailing Address 214 LAKEVIEW ST			09 24 2021
City		Code	Transaction ID : SA11AI-26407977
MILFORD	KS 6	6514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupation Retired	(for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	-Date ▼ 320.00	
Full Name of Individual (Last, First, Middle LEWIS, ROY, , , Mailing Address 214 LAKEVIEW ST	e Initial) or Full Organizat	tion Name	Date of Receipt
Mailing Address 214 LAKEVIEW ST			12 27 2021
City	State Zip	Code	
MILFORD	'	6514	Transaction ID: SA11AI-26425427 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupation Retired	(for Individual)	Memo Item
Receipt For:	Aggregate Year-to-	-Date ▼	
Primary General Other (specify) ▼		320.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organizat	tion Name	Date of Receipt
Mailing Address 405 AVENIDA DR			07 01 2021
City HAUGHTON	'	Code 1037	Transaction ID : SA11AI-26340855 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Retired	Occupation Retired	(for Individual)	Memo Item
Receipt For:		Doto V	\dashv
Primary General Other (specify)	Aggregate Year-to-	400.00	
SUBTOTAL of Receipts This Page (optional		>	200.00

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 123 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 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 LITTLE, GILBERT, , , Date of Receipt Mailing Address 405 AVENIDA DR 2021 City Zip Code State Transaction ID: SA11AI-26370351 71037 LA **HAUGHTON** Amount of Each Receipt this Period FEC ID number of contributing C 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 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** LITTLE, GILBERT, , , Date of Receipt Mailing Address 405 AVENIDA DR 2021 City State Zip Code Transaction ID: SA11AI-26415139 **HAUGHTON** LA 71037 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) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. LOPEZ, MARY LOU, , , Date of Receipt Mailing Address 380 WALNUT LN 18 2021 City State Zip Code Transaction ID: SA11AI-26418085 CA **GILROY** 95020 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼

205.00

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	Statements may not be sold or used by any person e name and address of any political committee to				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC				
Full Name of Individual (Last, First, Middle Ini LOPEZ, MARY LOU, , , Mailing Address 380 WALNUT LN	itial) or Full Organization Name	Date of Receipt			
		12 12 2021			
City GILROY	State Zip Code CA 95020	Transaction ID : SA11AI-26422129			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 45.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00				
Full Name of Individual (Last, First, Middle Ini LYNCH, LOUISE, , , Mailing Address 2529 ZINFANDEL DR	itial) or Full Organization Name	Date of Receipt			
City RANCHO CORDOVA	State Zip Code CA 95670	Transaction ID : SA11AI-26391489 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00				
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt			
Mailing Address 2529 ZINFANDEL DR		08 13 2021			
City RANCHO CORDOVA	State Zip Code CA 95670	Transaction ID : SA11AI-26399365 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 ▼ 265.00				
SUBTOTAL of Receipts This Page (optional)		160.00			
TOTAL This Period (last page this line number	only)				

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC					
Α.	Full Name of Individual (Last, First, Middle Initi-LYNCH, LOUISE, , ,	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 2529 ZINFANDEL DR			10 04 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26409891				
	RANCHO CORDOVA	CA	95670	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		75.00				
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date V						
В.	Full Name of Individual (Last, First, Middle Initi MANUAL, SHIRLEY, , ,	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 916 SANTIAGO AVE	07 22 2021						
	City	State	Zip Code	Transaction ID: SA11AI-26395321				
	LONG BEACH	CA	90804	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) red	Memo Item				
	Receipt For:	Aggregate \	Year-to-Date ▼					
	Primary General Other (specify) ▼		, 215.00					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi MANUAL, SHIRLEY, , ,	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 916 SANTIAGO AVE			11 17 2021				
	City LONG BEACH	State CA	Zip Code 90804	Transaction ID : SA11AI-26417895 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		35.00				
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item				
	Receipt For:	Aggregate \	Year-to-Date ▼	1				
	Primary General Other (specify)	Primary General						
H	SUBTOTAL of Receipts This Page (optional)			160.00				
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NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
MATSUTANI, WENDY, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MATSUTANI, WENDY, , , Vailing Address 609 W SIERRA MADRE BLVD					
APT 8		08 29 2021				
City SIERRA MADRE	State Zip Code CA 91024	Transaction ID : SA11AI-26402567				
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 ▼ 205.00					
Full Name of Individual (Last, First, Middle MATSUTANI, WENDY, , , Mailing Address 609 W SIERRA MADRE BI		Date of Receipt				
APT 8 City SIERRA MADRE	State Zip Code CA 91024	10 14 2021 Transaction ID : SA11AI-26412071 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00					
Full Name of Individual (Last, First, Middle MATSUTANI, WENDY, , ,		Date of Receipt				
Mailing Address 609 W SIERRA MADRE B APT 8 City	State Zip Code	11 08 2021 Transaction ID : SA11Al-26416175				
SIERRA MADRE	CA 91024	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 ▼ 205.00					
SUBTOTAL of Receipts This Page (optional)		120.00				
TOTAL This Period (last page this line numb	per only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	AC				
Full Name of Individual (Last, First, Middle In MATSUTANI, WENDY, , , Mailing Address 609 W SIERRA MADRE BLV		nization Name	Date of Receipt			
APT 8	70		12 01 2021			
City	State	Zip Code	Transaction ID : SA11AI-26420321			
SIERRA MADRE	CA	91024	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00				
MATSUTANI, WENDY, , ,						
Mailing Address 609 W SIERRA MADRE BLV APT 8						
SIERRA MADRE	CA	91024	Transaction ID : SA11AI-26423821 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 Yea	ar-to-Date ▼ 205.00				
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 4 TAMARACK RD			07			
City NATICK	State MA	Zip Code 01760	Transaction ID : SA11AI-26341347			
FEC ID number of contributing federal political committee.	C	01700	Amount of Each Receipt this Period 25.00			
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 230.00				
SUBTOTAL of Receipts This Page (optional)			110.00			
TOTAL This Period (last page this line number	r only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
MCCARTHY, ROBERT, , ,							
Mailing Address 4 TAMARACK RD		07 22 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-26347151					
NATICK	MA 01760	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	15.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Retired	Retired	_					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General							
Other (specify) ▼	230.00						
Full Name of Individual (Last, First, Middle MCCARTHY, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 4 TAMARACK RD		08 05 2021					
City	State Zip Code	Transaction ID : SA11AI-26351133					
NATICK	MA 01760	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	Aggregate Year-to-Date ▼						
Other (specify) ▼	230.00						
Full Name of Individual (Last, First, Middle MCCARTHY, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 4 TAMARACK RD		11 11 2021					
City	State Zip Code	Transaction ID : SA11AI-26377401					
NATICK	MA 01760	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General							
Other (specify)	230.00						
SUBTOTAL of Receipts This Page (optional).		100.00					
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TOTAL This Period (last page this line number	er only)						

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317 PAGE 129 OF Use separate schedule(s) 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 MCCARTHY, ROBERT, , , Date of Receipt Mailing Address 4 TAMARACK RD 09 2021 City Zip Code State Transaction ID: SA11AI-26384851 MA **NATICK** 01760 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCNAIRY, BOBBIE, , , Date of Receipt Mailing Address 2 GALESVILLE CT 2021 City State Zip Code Transaction ID: SA11AI-26403445 **GAITHERSBURG** MD 20878 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) 295.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MCNAIRY, BOBBIE, , , Date of Receipt Mailing Address 2 GALESVILLE CT 15 2021 City Zip Code State Transaction ID: SA11AI-26417401

MD **GAITHERSBURG** 20878 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 295.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 FEC Schedule A (Form 3X) Rev. 06/2016

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions 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 MCNAIRY, BOBBIE, , , , Mailing Address 2 GALESVILLE CT	nitial) or Full Organization Name	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI-26422595
GAITHERSBURG	MD 20878	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle I MCNAIRY, BOBBIE, , , Mailing Address 2 GALESVILLE CT	nitial) or Full Organization Name	Date of Receipt
Maining Address 2 GALESVILLE CT	12 14 2021	
City	State Zip Code	Transaction ID : SA11AI-26422739
GAITHERSBURG	MD 20878	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1564 N KING ST APT 1C		07 08 7 2021
City HAMPTON	State Zip Code VA 23669	Transaction ID : SA11AI-26343935 Amount of Each Receipt this Period
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	Aggregate Year-to-Date ▼	
Other (specify)	260.00	
SUBTOTAL of Receipts This Page (optional)		220.00
TOTAL This Period (last page this line numbe	er only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle MELVILLE, TERESA, , , Mailing Address 1564 N KING ST	Initial) or Full Organization Name	Date of Receipt			
APT 1C		10 01 2021			
City	State Zip Code	Transaction ID : SA11AI-26409435			
HAMPTON	VA 23669	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	60.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired	Retired				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00				
Full Name of Individual (Last, First, Middle MILLER, JOAN, , , Mailing Address 119 PUESTA DEL SOL	Initial) or Full Organization Name	Date of Receipt			
		07 14 2021			
City	State Zip Code	Transaction ID : SA11AI-26393763			
LOS GATOS	CA 95032	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 ▼ 250.00				
Full Name of Individual (Last, First, Middle MILLER, JOAN, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 119 PUESTA DEL SOL		12 10 / 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-26421899			
LOS GATOS	CA 95032	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	250.00				
SUBTOTAL of Receipts This Page (optional)	·····	210.00			
TOTAL This Period (last page this line numb	per only)				

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I MILLS, NORMA, , , Mailing Address 2725 S NELLIS BLVD	nitial) or Full Organizatio	n Name	Date of Receipt			
UNIT 2004	Otata Zin C	\ada	07 13 2021			
City LAS VEGAS	State Zip C		Transaction ID : SA11AI-26393581			
LAS VEGAS	147 69	121	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		35.00			
Name of Employer (for Individual) Retired	Occupation (fo	or Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 235.00				
Full Name of Individual (Last, First, Middle I	n Name	Date of Receipt				
Mailing Address 2725 S NELLIS BLVD UNIT 2004 City	UNIT 2004					
LAS VEGAS	NV 891	•	Transaction ID : SA11AI-26406351 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 Retired	or Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 235.00				
Full Name of Individual (Last, First, Middle I	nitial) or Full Organizatio	n Name	Date of Receipt			
Mailing Address 1845 QUAIL DR			09			
City SAN LUIS OBISPO	State Zip C		Transaction ID : SA11AI-26408125			
FEC ID number of contributing			Amount of Each Receipt this Period			
federal political committee.	[C]		100.00			
Name of Employer (for Individual) Retired	Occupation (for Retired	or Individual)	Memo Item			
Receipt For: Primary General	Aggregate Year-to-D	ate ▼				
Other (specify)	1	235.00				
SUBTOTAL of Receipts This Page (optional)			170.00			
TOTAL This Period (last page this line number	er only)					

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NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle MILLS, NORMA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2725 S NELLIS BLVD UNIT 2004		10 27 2021
City	State Zip Code	Transaction ID : SA11AI-26414297
LAS VEGAS	NV 89121	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 ▼	1
Primary General		
Other (specify) ▼	235.00	
Full Name of Individual (Last, First, Middle MILLS, NORMA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2725 S NELLIS BLVD		M M / D D / Y Y Y Y Y
UNIT 2004	Ctoto 7: 0 - d -	12 03 2021
City	State Zip Code NV 89121	Transaction ID : SA11AI-26420809
LAS VEGAS	NV 89121	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:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	235.00	
Full Name of Individual (Last, First, Middle MILLS, NORMA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2725 S NELLIS BLVD UNIT 2004		12 / 22 / 2021
City	State Zip Code	Transaction ID : SA11AI-26424421
LAS VEGAS	NV 89121	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:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	235.00	
SUBTOTAL of Receipts This Page (optional).		105.00
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TOTAL This Period (last page this line numb	er only)	45 45 45

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle I MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST	nitial) or Full Organization	Name	Date of Receipt
APT 1			07 02 2021
City	State Zip Co	ode	Transaction ID : SA11AI-26391573
SOMERVILLE	NJ 0887	76	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupation (for Retired	r Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 205.00	
Full Name of Individual (Last, First, Middle I MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST	nitial) or Full Organization	Name	Date of Receipt
APT 1			07 12 2021
City	State Zip Co	ode	Transaction ID : SA11AI-26393201
SOMERVILLE	NJ 0887	76	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Retired	Occupation (fo Retired	r Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 205.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization	Name	Date of Receipt
Mailing Address 17 GORDON AVE APT 17	0		08 13 2021
City NEWMARKET	State Zip Co	_	Transaction ID : SA11AI-26352559
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupation (for Retired	r Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Da	te ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)		>	90.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST	Initial) or Full Organization Name	Date of Receipt
APT 1		09 22 2021
City	State Zip Code	Transaction ID : SA11AI-26407585
SOMERVILLE	NJ 08876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST	Initial) or Full Organization Name	Date of Receipt
APT 1		09 29 2021
City SOMERVILLE	State Zip Code NJ 08876	Transaction ID : SA11Al-26408905 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle MOORE, DAVID, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 17 GORDON AVE APT 17		09 30 / 2021
City NEWMARKET	State Zip Code NH 03857	Transaction ID : SA11AI-26365579 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional).		90.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	vC	
Full Name of Individual (Last, First, Middle I MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST	nitial) or Full Organiz	zation Name	Date of Receipt
APT 1			10 07 2021
City	State	Zip Code	Transaction ID : SA11AI-26410463
SOMERVILLE	NJ	08876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Retired	Occupatio Retired	n (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle I MOORE, DAVID, , , Mailing Address 17 GORDON AVE	nitial) or Full Organiz	zation Name	Date of Receipt
APT 17			10 21 2021
City		Zip Code	Transaction ID : SA11AI-26371725
NEWMARKET	NH	03857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		70.00
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 330.00	
Full Name of Individual (Last, First, Middle I MOORE, BRADLEY, , ,	nitial) or Full Organiz	zation Name	Date of Receipt
Mailing Address 25 DIVISION ST APT 1		Tir. Oada	10 29 2021
City SOMERVILLE	State Z	Zip Code 08876	Transaction ID : SA11AI-26414621
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Retired	Occupatio Retired	n (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-	to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional)		•	110.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I MOORE, DAVID, , , Mailing Address 17 GORDON AVE	nitial) or Full Organization Name	Date of Receipt
APT 17		11 18 2021
City	State Zip Code	Transaction ID : SA11AI-26379903
NEWMARKET	NH 03857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individua Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	330.00
Full Name of Individual (Last, First, Middle I MOORE, BRADLEY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 25 DIVISION ST APT 1	12 22 2021	
City SOMERVILLE	State Zip Code 08876	Transaction ID : SA11AI-26424571 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 Individua Retired	I) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	205.00
Full Name of Individual (Last, First, Middle I MYERS, STEPHEN, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 12413 LICK RUN RD		10 01 2021
City NEWCOMERSTOWN	State Zip Code 43832	Transaction ID : SA11AI-26409535
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 Individua Retired	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)		220.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I MYERS, STEPHEN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 12413 LICK RUN RD		10 19 2021
City	State Zip Code	Transaction ID: SA11AI-26412709
NEWCOMERSTOWN	OH 43832	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	00 0	
Other (specify) ▼	220.00	
Full Name of Individual (Last, First, Middle I MYERS, STEPHEN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 12413 LICK RUN RD		11 10 2021
City	State Zip Code	Transaction ID : SA11Al-26416831
NEWCOMERSTOWN	OH 43832	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 ▼	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 12413 LICK RUN RD		11 12 2021
City	State Zip Code	Transaction ID : SA11AI-26417125
NEWCOMERSTOWN	OH 43832	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:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify)	220.00	
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle NATHAN, BARBARA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 350 DEMOTT LN APT 202		07 15 2021
City	State Zip Code	Transaction ID : SA11AI-26346111
SOMERSET	NJ 08873	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 Individ	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	255.00
Full Name of Individual (Last, First, Middle NATHAN, BARBARA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 350 DEMOTT LN APT 202 City	State Zip Code	12 30 2021
SOMERSET	NJ 08873	Transaction ID : SA11AI-26388921 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 Individ	dual) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	255.00
Full Name of Individual (Last, First, Middle NEWTON, GEORGE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 42 BLACKBERRY LN		12 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST DOVER	State Zip Code VT 05356	Transaction ID : SA11AI-26387101
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individ	lual) Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (optional).		385.00
TOTAL This Period (last page this line number	r only)	

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Name of Employer (for Individual) Best Efforts Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. NGUYEN, THANH THUY, , , Mailing Address 3823 RAINIER AVE S City State Zip Code Transaction ID : SA1									
A. NGUYEN, THUY, , , Mailing Address 8325 W SAHARA AVE APT 2072 City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. NGUYEN, THANH THUY, , , Mailing Address 3823 RAINIER AVE S Date of Receipt M M M / 30 Transaction ID : SA1 Amount of Each Receipt Memo Item Date of Receipt Date of Receipt Transaction ID : SA1									
City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. NGUYEN, THANH THUY, , , Mailing Address 3823 RAINIER AVE S City State Zip Code Transaction ID : SA1 Amount of Each Receipt Memo Item Date of Receipt Transaction ID : SA1 Transaction ID : SA1									
City LAS VEGAS 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 B. NGUYEN, THANH THUY, , , Mailing Address 3823 RAINIER AVE S City State Zip Code R9117 Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Determine Transaction ID : SA1	2021								
LAS VEGAS NV 89117	11AI-26366755								
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 B. NGUYEN, THANH THUY, , , Mailing Address 3823 RAINIER AVE S City State Zip Code Transaction ID : SA1									
Best Efforts Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. NGUYEN, THANH THUY, , , Mailing Address 3823 RAINIER AVE S City State Zip Code Transaction ID : SA1	200.00								
Primary General Other (specify) ▼									
B. NGUYEN, THANH THUY, , , Mailing Address 3823 RAINIER AVE S City State Zip Code Transaction ID : SA1									
City State Zip Code Transaction ID : SA1									
Transaction in SAT	2021								
SEATTLE WA 98118 Amount of Each Recei	eipt this Period								
FEC ID number of contributing federal political committee.	250.00								
Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts Memo Item									
Receipt For: Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼ 250.00									
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. OAS, RICHARD, , , Date of Receipt									
Mailing Address 106 10TH ST NE APT 124 ON 10 10 10 10 10 10 10 10 10 10 10 10 10	2021								
City State Zip Code Transaction ID : SA1 AUBURN WA 98002 Amount of Each Recei									
FEC ID number of contributing federal political committee.	25.00								
Name of Employer (for Individual) Best Efforts Occupation (for Individual) Memo Item									
Receipt For: Aggregate Year-to-Date ▼									
Primary General Other (specify) 226.00									
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)									

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	g the name and address of any political committee						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC						
OCONNOR, JUDITH, , ,							
Mailing Address 3321 STEEPLE HL	07 23 2021						
City SAINT CHARLES	State Zip Code 63301	Transaction ID : SA11AI-26395603 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 ▼ 270.00						
Full Name of Individual (Last, First, Middl OCONNOR, JUDITH, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 3321 STEEPLE HL City SAINT CHARLES	State Zip Code MO 63301	08 06 2021 Transaction ID : SA11Al-26397869					
FEC ID number of contributing federal political committee.	C 03301	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 ▼ 270.00						
Full Name of Individual (Last, First, Middl OCONNOR, JUDITH, , , Mailing Address 3321	e Initial) or Full Organization Name	Date of Receipt					
STEEPLE HL City SAINT CHARLES	State Zip Code MO 63301	08 13 2021 Transaction ID : SA11AI-26399361 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 ▼ 270.00						
SUBTOTAL of Receipts This Page (optional	ıl)	100.00					
TOTAL This Period (last page this line num	nber only)						

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		used by any person for the purpose of soliciting contributions tical 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 I OCONNOR, JUDITH, , , Mailing Address 3321	Date of Receipt					
STEEPLE HL	09 15 2021					
City	State Zip Code	Transaction ID : SA11AI-26406075				
SAINT CHARLES	MO 63301	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	lual) Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	270.00				
Full Name of Individual (Last, First, Middle I OCONNOR, JUDITH, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 3321 STEEPLE HL		10 26 2021				
City SAINT CHARLES	State Zip Code 63301	Transaction ID : SA11AI-26413951 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 Individ	dual) Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	270.00				
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 71192 DUNDEE ST		09				
City ABITA SPRINGS	State Zip Code 70420	Transaction ID : SA11AI-26404733 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	15.00				
Name of Employer (for Individual) Retired						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	255.00				
SUBTOTAL of Receipts This Page (optional)		75.00				
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 the							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC					
Full Name of Individual (Last, First, Middle II OLIVER, PAUL, , ,	Date of Receipt						
Mailing Address 71192 DUNDEE ST	11 03 2021						
City	State	Zip Code	Transaction ID : SA11AI-26415473				
ABITA SPRINGS	LA	70420	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	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00					
Full Name of Individual (Last, First, Middle II OLIVER, PAUL, , , Mailing Address 71192 DUNDEE ST	nitial) or Full Orga	nization Name	Date of Receipt				
	11 05 2021						
City							
ABITA SPRINGS FEC ID number of contributing		Amount of Each Receipt this Period					
federal political committee.							
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00					
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 71192 DUNDEE ST			11 12 2021				
City ABITA SPRINGS	State LA	Zip Code 70420	Transaction ID : SA11AI-26417257				
FEC ID number of contributing		70420	Amount of Each Receipt this Period				
federal political committee.	ÿ						
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼					
Other (specify)	7	255.00					
SUBTOTAL of Receipts This Page (optional)		>	65.00				
TOTAL This Period (last page this line numbe	r only)						

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	he 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 PANNABECKER, BETTY, , ,	Date of Receipt					
Mailing Address 16623 N WEST POINT PKV APT 227	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City SURPRISE	State Zip Code AZ 85374	Transaction ID : SA11AI-26393169 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00					
Full Name of Individual (Last, First, Middle BANNABECKER, BETTY, , ,		Date of Receipt				
Mailing Address 16623 N WEST POINT PKV APT 227 City	VY State Zip Code	07 21 2021 Transaction ID : SA11Al-26395055				
SURPRISE	AZ 85374	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	FEC ID number of contributing ederal political committee.					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00					
Full Name of Individual (Last, First, Middle PANNABECKER, BETTY, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 16623 N WEST POINT PKV APT 227 City	07 21 2021 Transaction ID : SA11AI-26395099					
SURPRISE	State Zip Code AZ 85374	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00					
SUBTOTAL of Receipts This Page (optional).		150.00				
TOTAL This Period (last page this line number	er only)					

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	the 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 I PATRIARCA, ANTHONY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 6 8TH AVE		10 28 2021
City	State Zip Code	Transaction ID: SA11AI-26374293
SEASIDE HEIGHTS	NJ 08751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle I PATRIARCA, ANTHONY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 6 8TH AVE		11 26 2021
City	State Zip Code	Transaction ID : SA11AI-26381701
SEASIDE HEIGHTS	NJ 08751	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 Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7855 BOULEVARD E APT 9I		10 28 2021
City	State Zip Code	Transaction ID : SA11AI-26373865
NORTH BERGEN	NJ 07047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify)	220.00	
SUBTOTAL of Receipts This Page (optional)		200.00
TOTAL This Period (last page this line number	er only)	4 4 4

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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	PAC	
Full Name of Individual (Last, First, Middle In PATTON, LOWELL, , , Mailing Address 7855 BOULEVARD E	nitial) or Full Org	ganization Name	Date of Receipt
APT 9I	Ta:		11 04 2021
City NORTH BERGEN	State NJ	Zip Code 07047	Transaction ID : SA11AI-26375883
	140	07047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item
Receipt For: Primary General Other (specify) ▼	ear-to-Date ▼ 220.00		
Full Name of Individual (Last, First, Middle In PATTON, LOWELL, , ,	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 7855 BOULEVARD E APT 9I City	State	Zip Code	12 02 7 2021
NORTH BERGEN	NJ	07047	Transaction ID : SA11Al-26420501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		70.00
Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle In PEERS, MICHAEL, , ,	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 100 SETTLERS ROW N			12 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PONTE VEDRA BEACH	State FL	Zip Code 32082	Transaction ID : SA11AI-26421117
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	Amount of Each Receipt this Period 500.00
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)		ear-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (optional)		>	620.00
TOTAL This Period (last page this line number	r only)		

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	Statements may not be sold or used by any pers ne 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 III	nitial) or Full Organization Name	Date of Receipt
Mailing Address 100 SETTLERS ROW N		12 13 2021
City PONTE VEDRA BEACH	State Zip Code FL 32082	Transaction ID : SA11AI-26422317
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
Full Name of Individual (Last, First, Middle In PHILLIPS, BETTY, , ,	Date of Receipt	
Mailing Address 108 N 8TH AVE City	State Zip Code	07 08 2021 Transaction ID : SA11AI-26343253
MAYODAN	NC 27027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name of Individual (Last, First, Middle In PHILLIPS, BETTY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 108 N 8TH AVE		07 08 2021
City MAYODAN	State Zip Code NC 27027	Transaction ID : SA11AI-26343809 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)	•	95.00
TOTAL This Period (last page this line numbe	r only)	

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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 PHILLIPS, BETTY, , , Date of Receipt Mailing Address 108 N 8TH AVE 2021 City Zip Code State Transaction ID: SA11AI-26349995 NC **MAYODAN** 27027 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PHILLIPS, BETTY, , , Date of Receipt Mailing Address 108 N 8TH AVE 2021 City State Zip Code Transaction ID: SA11AI-26355967 **MAYODAN** NC 27027 Amount of Each Receipt this Period FEC ID number of contributing 20.00 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) 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. PHILLIPS, BETTY, , , Date of Receipt Mailing Address 108 N 8TH AVE 14 2021 City Zip Code State Transaction ID: SA11AI-26422479 NC **MAYODAN** 27027 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 235.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle I PHILLIPS, BETTY, , , Mailing Address 108 N 8TH AVE	nitial) or Full Organizati	on Name	Date of Receipt
			12 30 2021
City	1 '	Code	Transaction ID : SA11AI-26388659
MAYODAN FEO. ID acceptance of a contributions	INC 2/	7027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Date ▼ 330.00		
Full Name of Individual (Last, First, Middle I POTTS, WILLIAM, , ,	nitial) or Full Organizati	on Name	Date of Receipt
Mailing Address 1550 E RIVER RD APT 234	Chata -	Codo	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TUCSON	'	Code 718	Transaction ID : SA11AI-26394115 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupation (Retired	(for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Date ▼ 280.00	
Full Name of Individual (Last, First, Middle I POTTS, WILLIAM, , ,	nitial) or Full Organizati	on Name	Date of Receipt
Mailing Address 1550 E RIVER RD APT 234			08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TUCSON		Code 718	Transaction ID : SA11AI-26400573
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)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-l	Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)		·····	90.00
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	Statements may not be he name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle I POTTS, WILLIAM, , , Mailing Address 1550 E RIVER RD	nitial) or Full Organization	n Name	Date of Receipt
APT 234			09 30 2021
City	State Zip C	ode	Transaction ID : SA11AI-26409263
TUCSON	AZ 857	18	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupation (fo	r Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	ate ▼ 280.00		
Full Name of Individual (Last, First, Middle I POTTS, WILLIAM, , ,	nitial) or Full Organization	n Name	Date of Receipt
Mailing Address 1550 E RIVER RD APT 234 City	State Zip C	² odo	10 11 2021
TUCSON	AZ 857	•	Transaction ID: SA11AI-26411031 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 Retired	or Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Day	ate ▼ 280.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization	n Name	Date of Receipt
Mailing Address 1550 E RIVER RD APT 234			10 26 / Y Y Y Y Y Y
City TUCSON	State Zip C AZ 857		Transaction ID : SA11AI-26413845 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)	Aggregate Year-to-Da	ate ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)			130.00
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							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC					
Full Name of Individual (Last, First, Middle I POWERS, DENNIS, , , Mailing Address 5420 W INTERURBAN BLV		nization Name	Date of Receipt				
City	Ctots	Zin Codo	11 02 2021				
City BOTHELL	State WA	Zip Code 98012	Transaction ID : SA11AI-26415253				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
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					
Full Name of Individual (Last, First, Middle I POWERS, DENNIS, , , Mailing Address 5420 W INTERURBAN BLV		nization Name	Date of Receipt				
City BOTHELL	State WA	Zip Code 98012	Transaction ID : SA11AI-26379897 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		100.00				
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 I REDMAN, MARY, , ,	nitial) or Full Orgar	nization Name	Date of Receipt				
Mailing Address 867 S HANSON DR	Otet	7in Code	08 22 2021				
City WATSEKA	State IL	Zip Code 60970	Transaction ID : SA11AI-26401013				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00				
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)		>	200.00				
TOTAL This Period (last page this line numbe	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 II REDMAN, MARY, , , Mailing Address 867 S HANSON DR City WATSEKA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) Other (specify)		Date of Receipt M M M / D B / 2021 Transaction ID : SA11Al-26404501 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle II REVERE, HENRY, , , Mailing Address 43 RED WING LN City WARSAW FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code VA 22572 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 370.00	Date of Receipt O7 22 2021 Transaction ID : SA11AI-26395323 Amount of Each Receipt this Period 150.00 Memo Item
Full Name of Individual (Last, First, Middle In REVERE, HENRY, , , Mailing Address 43 RED WING LN City WARSAW FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code VA Zip Code 22572 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 11 05 2021 Transaction ID: SA11Al-26416103 Amount of Each Receipt this Period 60.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	260.00
TOTAL This Period (last page this line numbe	r only)	

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		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC								
Full Name of Individual (Last, First, Middle In REVERE, HENRY, , , Mailing Address 43 RED WING LN	nitial) or Full Organization Name	Date of Receipt							
011	17: 0	11 15 2021							
City WARSAW	State Zip Code VA 22572	Transaction ID : SA11AI-26417453							
	22312	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	110.00							
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	370.00								
RICE, CAROL, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name RICE, CAROL, , ,								
Mailing Address 9 CHESTER ST	09 03 2021								
City WORCESTER	State Zip Code MA 01605	Transaction ID : SA11AI-26403899							
WORCESTER EEC ID number of contributing	MA 01605	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	35.00							
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	430.00								
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt							
Mailing Address 9 CHESTER ST		10 19 2021							
City	State Zip Code	Transaction ID : SA11AI-26412857							
WORCESTER	MA 01605	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:	Aggregate Year-to-Date ▼								
Primary General Other (specify)	430.00								
SUBTOTAL of Receipts This Page (optional)		. 170.00							
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	Statements may not be sold or used by any pe he 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 I RICE, CAROL, , , Mailing Address 9 CHESTER ST City WORCESTER FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MA 01605 C Occupation (for Individual) Retired Aggregate Year-to-Date 430.00	Date of Receipt 10 29 2021 Transaction ID : SA11AI-26414743 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle I RICE, CAROL, , , Mailing Address 9 CHESTER ST City WORCESTER FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) General	State Zip Code MA 01605 C Occupation (for Individual) Retired Aggregate Year-to-Date 430.00	Date of Receipt 12 08 2021 Transaction ID: SA11Al-26421511 Amount of Each Receipt this Period 40.00 Memo Item
Full Name of Individual (Last, First, Middle I RICE, CAROL, , , Mailing Address 9 CHESTER ST City WORCESTER FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	or Full Organization Name State	Date of Receipt 12 21 2021 Transaction ID : SA11AI-26424295 Amount of Each Receipt this Period 105.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		195.00
TOTAL This Period (last page this line numbe	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address 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 PAC	
Full Name of Individual (Last, First, Middle In RICE, CAROL, , , , Mailing Address 9 CHESTER ST City WORCESTER FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)		Date of Receipt 12 26 2021 Transaction ID : SA11AI-26425087 Amount of Each Receipt this Period 75.00 Memo Item
Full Name of Individual (Last, First, Middle In RICE, CAROL, , , , Mailing Address 9 CHESTER ST City WORCESTER FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MA 01605 C Occupation (for Individual) Retired Aggregate Year-to-Date 430,00	Date of Receipt 12 26 2021 Transaction ID : SA11Al-26425093 Amount of Each Receipt this Period 75.00 Memo Item
Full Name of Individual (Last, First, Middle In ROESCH, WILLIAM, , , Mailing Address 11 NORTHWAY CT City ANDERSON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code IN 46011 C Occupation (for Individual) Retired Aggregate Year-to-Date 400.00	Date of Receipt M M M / 21 2021 Transaction ID: SA11AI-26395067 Amount of Each Receipt this Period 50.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		200.00
TOTAL This Period (last page this line number	r only)	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIAN	CE F	PAC				
Α.	Full Name of Individual (Last, First, Middle Initial ROESCH, WILLIAM, , ,	al) or Ful	ll Orga	nization Name	Date of Re	eceipt		
	Mailing Address 11 NORTHWAY CT				12	14 2021		
	City	State		Zip Code	Transact	tion ID : SA11AI-26422727		
	ANDERSON	IN		46011	Amount of	Each Receipt this Period		
	FEC ID number of contributing federal political committee.	300.00						
	Name of Employer (for Individual) Retired		Occupa Retired	ation (for Individual) I	Memo	o Item		
	Receipt For: Primary General Other (specify) ▼							
В.	Full Name of Individual (Last, First, Middle Initial ROGERS, EUGENIA, , ,	Date of Re	eceipt					
	Mailing Address 12339 TIGER CREEK LN	08	26 2021					
	City	State		Zip Code		ion ID : SA11Al-26357523		
	JACKSONVILLE	FL		32225	Amount of	Each Receipt this Period		
	FEC ID number of contributing federal political committee.	ÿ						
	Name of Employer (for Individual) Retired		Occupa Retired	ation (for Individual)	Memo	o Item		
	Receipt For:	Aggrega	ate Ye	ar-to-Date ▼				
	Primary General Other (specify) ▼		•	225.00				
С .	Full Name of Individual (Last, First, Middle Initial ROGERS, EUGENIA, , ,	al) or Ful	ll Orga	anization Name	Date of Re	eceipt		
	Mailing Address 12339 TIGER CREEK LN				09	09 2021		
	City JACKSONVILLE	State		Zip Code 32225		tion ID : SA11AI-26359577		
				OEEE0	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)	Mem	o Item		
	Receipt For:	Aggrega	ate Ve	ar-to-Date ▼	7			
	Primary General Other (specify)							
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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 ROGERS, EUGENIA, , , Date of Receipt Mailing Address 12339 TIGER CREEK LN 2021 City Zip Code State Transaction ID: SA11AI-26364317 FL **JACKSONVILLE** 32225 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ROGERS, EUGENIA, , , Date of Receipt Mailing Address 12339 TIGER CREEK LN 10 14 2021 City State Zip Code Transaction ID: SA11AI-26368989 **JACKSONVILLE** FL 32225 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) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ROSE, GERALD, , , Date of Receipt Mailing Address 792 SALEM ST 13 2021 City Zip Code State Transaction ID: SA11AI-26399487 MA **GROVELAND** 01834 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 345.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 ROSE, GERALD, , , Date of Receipt Mailing Address 792 SALEM ST 17 2021 City Zip Code State Transaction ID: SA11AI-26417911 MA **GROVELAND** 01834 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 345.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** ROSE, GERALD, , , Date of Receipt Mailing Address 792 SALEM ST 19 2021 City State Zip Code Transaction ID: SA11AI-26418365 **GROVELAND** MA 01834 Amount of Each Receipt this Period FEC ID number of contributing 40.00 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) 345.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ROSE, GERALD, , , Date of Receipt Mailing Address 792 SALEM ST 17 2021 City Zip Code State Transaction ID: SA11AI-26423223 MA **GROVELAND** 01834 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 345.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

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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 ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 2021 City Zip Code State Transaction ID: SA11AI-26391383 IN **EAST CHICAGO** 46312 Amount of Each Receipt this Period FEC ID number of contributing C 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 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 10 14 2021 City State Zip Code Transaction ID: SA11AI-26412047 **EAST CHICAGO** IN 46312 Amount of Each Receipt this Period FEC ID number of contributing 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 Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 09 2021 City Zip Code State Transaction ID: SA11AI-26416493 IN **EAST CHICAGO** 46312 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC						
Α.		al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 3710 CATALPA ST			12 25 2021					
	City EAST CHICAGO	State IN	Zip Code 46312	Transaction ID : SA11AI-26425013					
	FEC ID number of contributing federal political committee.	С	40312	Amount of Each Receipt this Period 80.00					
	Name of Employer (for Individual) Retired	Memo Item							
	Receipt For: Primary General Other (specify) ▼								
В.	Full Name of Individual (Last, First, Middle Initial ROSS, THURMAN, , ,	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 3710 CATALPA ST			12 26 2021					
	City	ST CHICAGO ST CHICAGO IN 46312							
	FEC ID number of contributing federal political committee.	C	40312	Amount of Each Receipt this Period 30.00					
	Name of Employer (for Individual) Retired	Occup Retire	nation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 440.00						
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial ROSS, THURMAN, , ,	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 3710 CATALPA ST	10		12 26 2021					
	City EAST CHICAGO	State IN	Zip Code 46312	Transaction ID : SA11Al-26425115 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) Retired	ation (for Individual) d	Memo Item						
	Receipt For: Primary General Other (specify)	Primary General Aggregate Teal-to-Date V							
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	140.00					

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Any information copied from such Report for commercial purposes, other than	rts and Statements may not be sold or used by any per- using the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEA	LTH ALLIANCE PAC	
Full Name of Individual (Last, First, M. RUST, JOSEPH, , , , Mailing Address 1614 GOLF COURS	Middle Initial) or Full Organization Name	Date of Receipt
APT 245		07 09 2021
City	State Zip Code	Transaction ID : SA11AI-26392897
GRAND RAPIDS	MN 55744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
B. RUST, JOSEPH, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1614 GOLF COURS APT 245 City	E RD State Zip Code	09 19 2021
GRAND RAPIDS	MN 55744	Transaction ID : SA11AI-26406855 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name of Individual (Last, First, N. RUST, JOSEPH, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1614 GOLF COURS APT 245		09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GRAND RAPIDS	State Zip Code MN 55744	Transaction ID : SA11AI-26407293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (op	tional)	75.00
TOTAL This Period (last page this line	number 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 RUST, JOSEPH, , , Mailing Address 1614 GOLF COURSE RD APT 245 City	nitial) or Full Organization Name State Zip Code	Date of Receipt M
GRAND RAPIDS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date 255.00	Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , , Mailing Address 1614 GOLF COURSE RD APT 245 City GRAND RAPIDS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MN 55744 C Occupation (for Individual) Retired Aggregate Year-to-Date 255.00	Date of Receipt 11 03 2021 Transaction ID: SA11Al-26415523 Amount of Each Receipt this Period 35.00 Memo Item
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , , Mailing Address 1614 GOLF COURSE RD APT 245 City GRAND RAPIDS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 55744 C Occupation (for Individual) Retired Aggregate Year-to-Date 255.00	Date of Receipt 12 17 2021 Transaction ID: SA11AI-26423377 Amount of Each Receipt this Period 25.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	110.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the		on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE PAC	
Full Name of Individual (Last, First, Middle Initial SABATO, STEPHEN, , ,	al) or Full Organization Name	Date of Receipt
Mailing Address 1400 HIGH ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26359501
BURLINGTON	NJ 08016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Best Efforts	Best Efforts	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33 3	
Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle Initial SABATO, STEPHEN, , ,	al) or Full Organization Name	Date of Receipt
Mailing Address 1400 HIGH ST		09 23 2021
City	State Zip Code	Transaction ID : SA11AI-26364155
BURLINGTON	NJ 08016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle Initial). SABATO, STEPHEN, , ,	al) or Full Organization Name	Date of Receipt
Mailing Address 1400 HIGH ST		09 30 2021
City	State Zip Code	Transaction ID : SA11AI-26366265
BURLINGTON	NJ 08016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	255.00	
SUBTOTAL of Receipts This Page (optional)		135.00
TOTAL This Period (last page this line number of		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle A. SABATO, STEPHEN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1400 HIGH ST		10 28 2021
City	State Zip Code	Transaction ID : SA11AI-26373277
BURLINGTON	NJ 08016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Best Efforts	Best Efforts	-
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle SABATO, STEPHEN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1400 HIGH ST		11 04 2021
City	State Zip Code	Transaction ID : SA11AI-26375983
BURLINGTON	NJ 08016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle SABATO, STEPHEN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1400 HIGH ST		11 04 2021
City	State Zip Code	Transaction ID : SA11AI-26376047
BURLINGTON	NJ 08016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:		1
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	255.00	
SUBTOTAL of Receipts This Page (optional).		120.00
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.		al) or Full Org	anization Name	Date of Receipt
	Mailing Address 1494 N 9TH ST			07 30 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-26396839
	COLTON	CA	92324	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	ation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 210.00	
В.	Full Name of Individual (Last, First, Middle Initial SCHARF, RICHARD, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 3521 E VINEYARD DR N	12	I	07 01 7 2021 2021
	City	State	Zip Code	Transaction ID : SA11AI-26391493
	PAHRUMP	INV	89048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼		255.00	
С .	Full Name of Individual (Last, First, Middle Initial SCHARF, RICHARD, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 3521 E VINEYARD DR N			08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City PAHRUMP	State NV	Zip Code 89048	Transaction ID : SA11Al-26398651 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	nation (for Individual) d	Memo Item
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify)		255.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	105.00

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Name of Employer (for Individual) Retired		by information copied from such Reports and State for commercial purposes, other than using the ι			
A. SCHARF, RICHARD Mailing Address 3521 E VINEYARD DR N City PAHRUMP State PAHRUMP State PAHRUMP State PAHRUMP State PAHRUMP Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼ City PAHRUMP State PAHRUMP FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SCHARF, RICHARD Mailing Address 3521 E VINEYARD DR N City PAHRUMP FEC ID number of contributing federal political committee. C SCHARF, RICHARD Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11Al-26388213. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al-26388213. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al-26388213. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al-26388213. Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al-26400223 Transaction ID: SA11Al-26400223 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al-26400223 Transaction ID: SA11Al-26400223 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al-26400223 Transaction ID: SA11Al-26400223 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al-2640023 Transaction ID: SA11Al-2640023 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al-2640023 Transaction ID: SA11Al-2640023 Transaction ID: SA11Al-2640023 Transaction ID: SA11Al-2640023 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al-2640023 Transaction ID: SA11Al-2640124 Transaction ID: SA11Al-2640024 Transaction ID: SA11Al-2640124 Transaction		, , ,	LIANCE	E PAC	
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Primary General Other (specify) ▼		Retired			Memo Item
Other (specify) ▼ 255,00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SCHARF, RICHARD, , , Mailing Address 3521 E VINEYARD DR N City PAHRUMP State NV State NV State NV State State NV Stat			Aggregate	Year-to-Date ▼	
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PAHRUMP NV 89048		Mailing Address 3521 E VINEYARD DR N			11 03 2021
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle In SCHARF, RICHARD, , , Mailing Address 3521 E VINEYARD DR N	nitial) or Full Orga	nization Name	Date of Receipt
		Terre	11 15 2021
City PAHRUMP	State NV	Zip Code 89048	Transaction ID : SA11AI-26417385
	144	00040	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) I	Memo Item
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle In SCHARF, RICHARD, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 3521 E VINEYARD DR N		T	11 16 2021
City PAHRUMP	State NV	Zip Code 89048	Transaction ID : SA11Al-26417717 Amount of Each Receipt this Period
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Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle In	nitial) or Full Orga	ınization Name	Date of Receipt
Mailing Address 519 WINSTON CT			07 01 2021
City BENICIA	State CA	Zip Code 94510	Transaction ID : SA11AI-26341285
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 225.00	
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	Statements may not be sold or used by any person and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In SCHAUFFERT, KATHLEEN, , , Mailing Address 519 WINSTON CT City BENICIA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Date of Receipt 08	
Full Name of Individual (Last, First, Middle Ir SCHAUFFERT, KATHLEEN, , , Mailing Address 519 WINSTON CT City BENICIA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code CA 94510 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 225.00	Date of Receipt 09 09 2021 Transaction ID: SA11AI-26360873 Amount of Each Receipt this Period 35.00 Memo Item
Full Name of Individual (Last, First, Middle In SCHAUFFERT, KATHLEEN, , , Mailing Address 519 WINSTON CT City BENICIA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 94510 C Occupation (for Individual) Retired Aggregate Year-to-Date 225.00	Date of Receipt 10 14 2021 Transaction ID: SA11AI-26369613 Amount of Each Receipt this Period 20.00 Memo Item
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	Statements may not be sold or used by any per- ne 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 II SCHAUFFERT, KATHLEEN, , , Mailing Address 519 WINSTON CT City BENICIA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Date of Receipt 12 02 2021 Transaction ID: SA11AI-26383237 Amount of Each Receipt this Period 15.00 Memo Item	
Full Name of Individual (Last, First, Middle In SCHAUFFERT, KATHLEEN, , ,) Mailing Address 519 WINSTON CT City BENICIA FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Date of Receipt 12 23 2021 Transaction ID: SA11Al-26386963 Amount of Each Receipt this Period 35.00 Memo Item	
Retired Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle In SCHLEIN, PHILIP, , , Mailing Address 1661 PINE ST APT 723 City SAN FRANCISCO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 94109 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 08
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC							
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1661 PINE ST APT 723		09 09 2021						
City	State Zip Code	Transaction ID : SA11AI-26360421						
SAN FRANCISCO	CA 94109	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Retired	Retired	_						
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General	33 3							
Other (specify) ▼	Other (specify) ▼ 220.00							
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1661 PINE ST		M M / D D / Y Y Y Y Y						
APT 723	State 7:- 0-1-	09 23 2021						
City SAN ERANCISCO	State Zip Code CA 94109	Transaction ID : SA11AI-26363435						
SAN FRANCISCO	CA 94109	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	50.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼]						
Primary General Other (specify) ▼	220.00							
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt						
Mailing Address PO BOX 5404		07 29 2021						
City	State Zip Code	Transaction ID : SA11AI-26396723						
PALM SPRINGS	CA 92263	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:	Aggregate Year-to-Date ▼	1						
Primary General								
Other (specify)	240.00							
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle SHEA, EDWARD, , , Mailing Address 81 LIBERTY RD	Initial) or Full Organization Name	Date of Receipt					
APT 59		07 29 2021					
City	State Zip Code	Transaction ID : SA11AI-26349081					
OAKDALE	CT 06370	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle SHEA, EDWARD, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 81 LIBERTY RD APT 59 City	State Zip Code	09 02 7 2021					
OAKDALE	Transaction ID : SA11AI-26357967 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	FEC ID number of contributing						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00						
Full Name of Individual (Last, First, Middle SHEA, EDWARD, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 81 LIBERTY RD APT 59		09					
City OAKDALE	State Zip Code CT 06370	Transaction ID : SA11AI-26358265 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00						
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle SHEA, EDWARD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 81 LIBERTY RD APT 59		09 02 2021
City OAKDALE	State Zip Code CT 06370	Transaction ID : SA11AI-26358683
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle SMITH, MARY, , , Mailing Address 1285 TURNER CHURCH F		Date of Receipt
City MCDONOUGH	State Zip Code GA 30252	Transaction ID : SA11AI-26345831 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle SMITH, MARY, , ,		Date of Receipt
Mailing Address 1285 TURNER CHURCH I	State Zip Code	07 29 2021
MCDONOUGH	GA 30252	Transaction ID : SA11AI-26348853 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 215.00	
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle SMITH, MATTHEW, , , Mailing Address 11 MOONACHIE RD APT B12		Date of Receipt 10 22 2021
City	State Zip Code	Transaction ID : SA11AI-26413459
HACKENSACK	NJ 07601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle SMITH, MARY, , , Mailing Address 1285 TURNER CHURCH	, 0	Date of Receipt
		10 26 2021
City	State Zip Code	Transaction ID : SA11AI-26413873
MCDONOUGH	GA 30252	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 11 MOONACHIE RD APT B12		11 03 / 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-26415359
HACKENSACK	NJ 07601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	260.00	
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC				
Α.	Full Name of Individual (Last, First, Middle Initi SMITH, MARY, , ,	al) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 1285 TURNER CHURCH RD			11 11 2021			
	City	State	Zip Code	Transaction ID: SA11AI-26376819			
	MCDONOUGH	GA	30252	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	50.00					
	Name of Employer (for Individual) Retired	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 215.00				
В.	Full Name of Individual (Last, First, Middle Initi SMITH, MATTHEW, , ,	al) or Full Orç	ganization Name	Date of Receipt			
	Mailing Address 11 MOONACHIE RD APT B12	12 10 2021					
	City	State	Zip Code	Transaction ID : SA11AI-26421961			
	HACKENSACK	NJ	07601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		60.00			
	Name of Employer (for Individual) Retired	Occu Retire	Memo Item				
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	Primary General Other (specify) ▼		, 260.00				
С .	Full Name of Individual (Last, First, Middle Initi SMITH, MATTHEW, , ,	al) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 11 MOONACHIE RD APT B12 City	State	Zip Code	12 17 2021 12 17 2021			
	HACKENSACK	NJ	07601	Transaction ID : SA11AI-26423029			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
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	Receipt For:						
	Primary General Other (specify)	riggiogato					
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	220.00			
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Use separate schedule(s) for each category of the Detailed Summary Page

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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 A	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle Ir SMITH, MARY, , , Mailing Address 1285 TURNER CHURCH RE		Date of Receipt 12 23 2021					
City	State Zip Code	Transaction ID : SA11AI-26387429					
MCDONOUGH	CDONOUGH GA 30252						
FEC ID number of contributing federal political committee.	C	75.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00						
Full Name of Individual (Last, First, Middle Ir SMITH, MATTHEW, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 11 MOONACHIE RD APT B12 City	State Zip Code	12 30 2021					
HACKENSACK	NJ 07601	Transaction ID : SA11AI-26388925 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	60.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00						
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 937 E PARK AVE APT 225	State 7in Code	07 01 2021					
City COLUMBIANA	State Zip Code OH 44408	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify)	445.00						
SUBTOTAL of Receipts This Page (optional)	>	170.00					
TOTAL This Period (last page this line number	r only)						

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	Statements may not be sold or used by any pers le 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 II STRATIGOS, PATRICIA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 937 E PARK AVE APT 225		07 22 2021
City	State Zip Code	Transaction ID : SA11AI-26346815
COLUMBIANA	OH 44408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	445.00	
Full Name of Individual (Last, First, Middle In STRATIGOS, PATRICIA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 937 E PARK AVE APT 225	09 12 2021	
City	State Zip Code	Transaction ID : SA11AI-26405437
COLUMBIANA	OH 44408	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 ▼ 445.00	
Full Name of Individual (Last, First, Middle In STRATIGOS, PATRICIA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 937 E PARK AVE APT 225		09 23 2021
City	State Zip Code	Transaction ID : SA11AI-26407859
COLUMBIANA	OH 44408	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:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	445.00	
SUBTOTAL of Receipts This Page (optional)	>	105.00
TOTAL This Period (last page this line number	r only)	

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· \	AME OF COMMITTEE (In Full) JNITED WOMEN'S HEALTH ALI	_IAN(CE F	PAC			
A. 5	ull Name of Individual (Last, First, Middle Initial STRATIGOS, PATRICIA, , ,) or Fu	ıll Orga	anization Name	Date of Re	eceipt	
M	lailing Address 937 E PARK AVE APT 225				09 /	30 2021	
C	ity	State		Zip Code	Transact	tion ID : SA11AI-26366167	
C	COLUMBIANA	OH 44408			Amount of	Each Receipt this Period	
	EC ID number of contributing deral political committee.	35.00					
R	ame of Employer (for Individual) etired	Memo	o Item				
R [eceipt For: Primary General Other (specify)	Aggrega	ate Ye	ar-to-Date ▼ 445.00			
B5	ull Name of Individual (Last, First, Middle Initial STRATIGOS, PATRICIA, , ,) or Fu	ıll Orga	anization Name	Date of Re	eceipt	
_	lailing Address 937 E PARK AVE APT 225	11 /	04 2021				
	ity Columbiana	State		Zip Code 44408		ion ID : SA11AI-26415889	
F	EC ID number of contributing orderal political committee.	С		44400	Amount of	Each Receipt this Period 35.00	
R	lame of Employer (for Individual) etired						
R	eceipt For: Primary General Other (specify) ▼						
C. \$	ull Name of Individual (Last, First, Middle Initial) or Fu	ıll Orga	anization Name	Date of Re	eceipt	
M	ailing Address 937 E PARK AVE APT 225 ity	State		Zip Code	12 T-2002000	27 2021	
	COLUMBIANA	OH		44408		tion ID : SA11AI-26425293	
F	EC ID number of contributing ederal political committee.	С			Amount of	Each Receipt this Period	
	ame of Employer (for Individual) etired		Occupa Retired	ation (for Individual)	Mem	o Item	
R	eceipt For: Primary General Other (specify)	Aggrega	ate Ye	ar-to-Date ▼ 445.00			
	BTOTAL of Receipts This Page (optional)					270.00	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle Is SUNDSTROM, MAE, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 20 W CHESTNUT AVE APT 409			07 19 2021
City	State	Zip Code	Transaction ID : SA11AI-26394583
MERCHANTVILLE	NJ	08109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle Is SUNDSTROM, MAE, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 20 W CHESTNUT AVE APT 409 City	State	Zip Code	08 26 2021
MERCHANTVILLE	NJ	08109	Transaction ID : SA11AI-26402065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 220,00	
Full Name of Individual (Last, First, Middle II	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 20 W CHESTNUT AVE APT 409	104-4-	75. 0.4.	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MERCHANTVILLE	State NJ	Zip Code 08109	Transaction ID : SA11AI-26402627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		>	80.00
TOTAL This Period (last page this line numbe	r only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC			
Full Name of Individual (Last, First, Middle In SUNDSTROM, MAE, , ,	Date of Receipt			
Mailing Address 20 W CHESTNUT AVE	09 13 2021			
City APT 409	APT 409 City State Zip Code			
MERCHANTVILLE	NJ 08109	Transaction ID : SA11AI-26405641 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00			
Full Name of Individual (Last, First, Middle In SUNDSTROM, MAE, , ,	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 20 W CHESTNUT AVE APT 409 City	State Zip Code	12 18 2021		
MERCHANTVILLE	NJ 08109	Transaction ID : SA11AI-26423467 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 Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00			
Full Name of Individual (Last, First, Middle In SUNDSTROM, MAE, , ,	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 20 W CHESTNUT AVE APT 409	Choto Zin Code	12 28 2021		
City MERCHANTVILLE	State Zip Code NJ 08109	Transaction ID : SA11AI-26425819 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	65.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Primary General Other (specify)	220.00			
SUBTOTAL of Receipts This Page (optional)	•	140.00		
TOTAL This Period (last page this line number	r only)			

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In TABOR, STEPHEN, , ,	Date of Receipt		
Mailing Address 4301 FORDER GARDENS P	08 11 2021		
City	APT G City State Zip Code		
SAINT LOUIS	МО	63129	Transaction ID : SA11AI-26398787 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle In TABOR, STEPHEN, , ,	Date of Receipt		
Mailing Address 4301 FORDER GARDENS PI APT G City	State	Zip Code	09 07 2021
SAINT LOUIS	MO	63129	Transaction ID: SA11AI-26404237 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 210.00]
Full Name of Individual (Last, First, Middle In	Date of Receipt		
Mailing Address 4301 FORDER GARDENS P APT G		7:n Code	10 01 2021
City SAINT LOUIS	State MO	Zip Code 63129	Transaction ID : SA11AI-26409581 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	_
Other (specify)	-	210.00	
SUBTOTAL of Receipts This Page (optional)			185.00
TOTAL This Period (last page this line number	only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle TAORMINO, PATRICIA, , , Mailing Address 2825 VIA CARMEN	Initial) or Full Orga	anization Name	Date of Receipt 07 22 2021
City	State	Zip Code	7 22 2021 Transaction ID : SA11AI-26346323
SAN JOSE	CA	95124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Best Efforts	Occupa Best E	ation (for Individual) fforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle THOMAS, DALE, , , Mailing Address 1854 BARTON ST	anization Name	Date of Receipt	
0.1	lou.	7:- 0-1-	08 02 2021
City REDWOOD CITY	State CA	Zip Code 94061	Transaction ID : SA11AI-26397259 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	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle THOMPSON, HOWARD, , ,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1413 VILLAGE DR APT 9	le:	Tin Onda	07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ARLINGTON HEIGHTS	State IL	Zip Code 60004	Transaction ID : SA11AI-26393521
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional).		>	370.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init THOMPSON, HOWARD, , , , Mailing Address 1413 VILLAGE DR APT 9 City ARLINGTON HEIGHTS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code IL 60004 C Occupation (for Individual) Retired Aggregate Year-to-Date 240.00	Date of Receipt 07 28 2021 Transaction ID: SA11AI-26396367 Amount of Each Receipt this Period 15.00 Memo Item
Full Name of Individual (Last, First, Middle Ini THOMPSON, HOWARD, , , Mailing Address 1413 VILLAGE DR APT 9 City ARLINGTON HEIGHTS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code IL 60004 C Occupation (for Individual) Retired Aggregate Year-to-Date 240.00	Date of Receipt M 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 Ini THOMPSON, HOWARD, , , , Mailing Address 1413 VILLAGE DR APT 9 City ARLINGTON HEIGHTS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code IL 60004 C Occupation (for Individual) Retired Aggregate Year-to-Date 240.00	Date of Receipt 10 11 2021 Transaction ID: SA11AI-26411203 Amount of Each Receipt this Period 15.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	45.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC				
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , , Mailing Address 1413 VILLAGE DR	nitial) or Full Orga	nization Name	Date of Receipt			
APT 9			10 14 2021			
City	State	Zip Code	Transaction ID : SA11AI-26411973			
ARLINGTON HEIGHTS	IL	60004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		20.00			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate rear-to-Date ▼					
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , ,	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 1413 VILLAGE DR APT 9 City						
ARLINGTON HEIGHTS	State	Zip Code 60004	Transaction ID : SA11AI-26413983 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		20.00			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00				
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , ,	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 1413 VILLAGE DR APT 9	101-1-	7. 0.4	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City ARLINGTON HEIGHTS	State IL	Zip Code 60004	Transaction ID : SA11AI-26414129 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		15.00			
Name of Employer (for Individual) Retired						
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 240.00				
SUBTOTAL of Receipts This Page (optional)		>	55.00			
TOTAL This Period (last page this line numbe	r only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle Ir THOMPSON, HOWARD, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1413 VILLAGE DR APT 9		11 15 2021				
City	State Zip Code	Transaction ID : SA11AI-26417389				
ARLINGTON HEIGHTS	IL 60004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	240.00					
Full Name of Individual (Last, First, Middle Ir THOMPSON, HOWARD, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1413 VILLAGE DR		11 29 2021				
APT 9 City	State Zip Code	11 29 2021 Transaction ID : SA11AI-26419829				
ARLINGTON HEIGHTS	'					
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 20.00				
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 Ir THOMPSON, HOWARD, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1413 VILLAGE DR APT 9		12 11 2021				
City ARLINGTON HEIGHTS	State Zip Code IL 60004	Transaction ID : SA11AI-26422065 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify)	240.00					
SUBTOTAL of Receipts This Page (optional)	.	60.00				
TOTAL This Period (last page this line number	· only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	AC							
Full Name of Individual (Last, First, Middle Ir THOMPSON, HOWARD, , , Mailing Address 1413 VILLAGE DR	nitial) or Full Orgar	nization Name	Date of Receipt						
•	APT 9								
City	State	Zip Code	Transaction ID : SA11AI-26423775						
ARLINGTON HEIGHTS	IL	60004	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		20.00						
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Year-to-Date ▼								
Full Name of Individual (Last, First, Middle Ir THOREN, PAUL, , ,	nitial) or Full Orgar	nization Name	Date of Receipt						
Mailing Address 40 IRVING AVE APT 906 City	Zip Code	08 07 2021							
EAST PROVIDENCE	State RI	02914	Transaction ID : SA11AI-26398063 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 255.00							
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orgar	nization Name	Date of Receipt						
Mailing Address 40 IRVING AVE APT 906			08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City EAST PROVIDENCE	State RI	Zip Code 02914	Transaction ID : SA11AI-26398159						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 20.00						
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 255.00							
SUBTOTAL of Receipts This Page (optional)		>	65.00						
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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 P	AC	
Full Name of Individual (Last, First, Middle I THOREN, PAUL, , , Mailing Address 40 IRVING AVE	nitial) or Full Orga	nization Name	Date of Receipt
APT 906			09 14 2021
City	State	Zip Code	Transaction ID : SA11AI-26405749
EAST PROVIDENCE	RI	02914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	ar-to-Date ▼ 255.00		
Full Name of Individual (Last, First, Middle I THOREN, PAUL, , , Mailing Address 40 IRVING AVE	Date of Receipt		
APT 906			11 09 2021
City	State	Zip Code	Transaction ID : SA11AI-26416617
EAST PROVIDENCE	RI	02914	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 Yea	ar-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle I THOREN, PAUL, , ,	nitial) or Full Organ	nization Name	Date of Receipt
Mailing Address 40 IRVING AVE APT 906	lo:		11 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EAST PROVIDENCE	State RI	Zip Code 02914	Transaction ID : SA11AI-26417405
FEC ID number of contributing federal political committee.	С	0.017	Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional)		>	95.00
TOTAL This Period (last page this line numbe	er only)		

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	Statements may not be sold or used by any person 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 THOREN, PAUL, , , Mailing Address 40 IRVING AVE APT 906 City EAST PROVIDENCE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other		Date of Receipt 12 01 2021 Transaction ID: SA11AI-26420259 Amount of Each Receipt this Period 35.00 Memo Item
Full Name of Individual (Last, First, Middle In THOREN, PAUL, , , Mailing Address 40 IRVING AVE APT 906 City EAST PROVIDENCE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) Full Name of Individual (Last, First, Middle In Individual)	State Zip Code 02914 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 12 27 2021 Transaction ID: SA11Al-26425571 Amount of Each Receipt this Period 45.00 Memo Item
Full Name of Individual (Last, First, Middle In TRIMBUR, NANCY, , , Mailing Address 3556 SPUR CT City CHINO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 91710 C Occupation (for Individual) Retired Aggregate Year-to-Date 260.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	•	125.00
TOTAL This Period (last page this line number	r only)	45 45 45 45

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi-TRIMBUR, NANCY, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 3556 SPUR CT			09 07 2021
	City	Transaction ID: SA11AI-26404379		
	CHINO	CA	91710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00	
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initi-TRIMBUR, NANCY, , ,	Date of Receipt		
	Mailing Address 3556 SPUR CT	12 20 2021		
	City	State	Zip Code	Transaction ID : SA11AI-26423773
	CHINO	CA	91710	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) red	Memo Item
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼			
С .	Full Name of Individual (Last, First, Middle Initi	Date of Receipt		
	Mailing Address 3556 SPUR CT			12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City CHINO	State CA	Zip Code 91710	Transaction ID : SA11AI-26423931
	CHINO	UA .	91710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		55.00
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate \	Year-to-Date ▼	1
	Primary General Other (specify)	33 10111	260.00	
5	SUBTOTAL of Receipts This Page (optional)		>	160.00
l٦	OTAL This Period (last page this line number o	nly)		

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NAME OF COMMITTEE (In Full)					
UNITED WOMEN'S HEALT	H ALLIANCE PAC				
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 3556 SPUR CT		12 27 2021			
City	State Zip Code	Transaction ID : SA11AI-26425565			
CHINO	CA 91710	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	55.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired	Retired	_			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	260.00				
Full Name of Individual (Last, First, Midd TURNER, EUGENE, , ,	lle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 201 CHANDLER ST		M = M / D = D / Y = Y = Y			
APT 803 City	State Zip Code	08 07 2021			
CAPE CANAVERAL	FL 32920	Transaction ID : SA11AI-26397967 Amount of Each Receipt this Period			
-	02020	Amount of Each Fledelpt this Feriou			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	280.00				
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 6702 S 33RD ST		08 17 2021			
City	State Zip Code	Transaction ID : SA11AI-26399839			
ОМАНА	NE 68107	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)	235.00				
SUBTOTAL of Receipts This Page (options	al)	140.00			
TOTAL This Period (last page this line nur	mber only)				
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In TURNER, EUGENE, , , Mailing Address 201 CHANDLER ST	nitial) or Full Orga	anization Name	Date of Receipt
APT 803			09 07 2021
City	State	Zip Code	Transaction ID : SA11AI-26404071
CAPE CANAVERAL	FL	32920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle In TURNER, RAE, , , Mailing Address 6702 S 33RD ST	Date of Receipt		
Otto	04-4-	Zin Onda	10 05 2021
City OMAHA	State NE	Zip Code 68107	Transaction ID : SA11Al-26410123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00101	200.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 235.00	
Full Name of Individual (Last, First, Middle In TURNER, EUGENE, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 201 CHANDLER ST APT 803		7th Oods	11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CAPE CANAVERAL	State FL	Zip Code 32920	Transaction ID : SA11AI-26416037
FEC ID number of contributing federal political committee.	C	111111111111111111111111111111111111111	Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)		•	275.00
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 the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC			
Full Name of Individual (Last, First, Middle In TURNER, EUGENE, , , Mailing Address 201 CHANDLER ST	nitial) or Full Orga	anization Name	Date of Receipt		
APT 803			11 12 2021		
City	State	Zip Code	Transaction ID : SA11AI-26417129		
CAPE CANAVERAL	FL	32920	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	S				
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date ▼				
Full Name of Individual (Last, First, Middle In TURNER, EUGENE, , ,	Date of Receipt				
Mailing Address 201 CHANDLER ST APT 803 City	State	Zip Code	12 21 2021		
CAPE CANAVERAL	FL	32920	Transaction ID : SA11AI-26424279 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		105.00		
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 280.00			
Full Name of Individual (Last, First, Middle In TYHURST, JAMES, , ,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address PO BOX 1056			09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City MCCLOUD	State CA	Zip Code 96057	Transaction ID : SA11AI-26403541		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
Name of Employer (for Individual) Retired	Occupa Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 245.00			
SUBTOTAL of Receipts This Page (optional)			170.00		
TOTAL This Period (last page this line number	r only)				

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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 TYHURST, JAMES, , , Date of Receipt Mailing Address PO BOX 1056 2021 City Zip Code State Transaction ID: SA11AI-26410819 CA MCCLOUD 96057 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 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** TYHURST, JAMES, , , Date of Receipt Mailing Address PO BOX 1056 10 80 2021 City State Zip Code Transaction ID: SA11AI-26410863 **MCCLOUD** CA 96057 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) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. TYHURST, JAMES, , , Date of Receipt Mailing Address PO BOX 1056 03 2021 City Zip Code State Transaction ID: SA11AI-26420887 CA **MCCLOUD** 96057 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 245.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle TYLER, PAULA, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1 SMETON PL		07 15 2021				
APT 1407 City	State Zip Code	Transaction ID : SA11AI-26346105				
TOWSON	MD 21204	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) ▼	Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle 3. TYLER, PAULA, , ,	Date of Receipt					
APT 1407 City						
TOWSON						
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 ▼ 350.00					
Full Name of Individual (Last, First, Middle UTENDORFER, JUDY, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 7220 YORK AVE S APT 217 City	State Zip Code	09 03 2021				
MINNEAPOLIS	MN 55435	Transaction ID : SA11AI-26403785 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:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	255.00					
SUBTOTAL of Receipts This Page (optional).	·····	235.00				
TOTAL This Period (last page this line number	er only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 7220 YORK AVE S APT 217		09 23 / 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-26407877
MINNEAPOLIS	MN 55435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Memo Item	
Retired	Occupation (for Individual) Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	999 10 5410	
Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 7220 YORK AVE S		M = M / D = D / Y = Y = Y
APT 217	State 77:- O- 1	10 04 2021
City	State Zip Code	Transaction ID : SA11AI-26409665
MINNEAPOLIS	MN 55435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 4172 SANDGATE CT		07 01 7 2021
City	State Zip Code	Transaction ID : SA11AI-26341351
CINCINNATI	OH 45241	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 Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		135.00
TOTAL This Period (last page this line number of	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 VOELKEL, BARB, , , Date of Receipt Mailing Address 4172 SANDGATE CT 2021 City Zip Code State Transaction ID: SA11AI-26370591 OH **CINCINNATI** 45241 Amount of Each Receipt this Period FEC ID number of contributing C 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 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. VOELKEL, BARB, , , Date of Receipt Mailing Address 4172 SANDGATE CT 18 2021 City State Zip Code Transaction ID: SA11AI-26379941 **CINCINNATI** OH 45241 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) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. VOELKEL, BARB, , , Date of Receipt Mailing Address 4172 SANDGATE CT 18 2021 City Zip Code State Transaction ID: SA11AI-26380615 OH **CINCINNATI** 45241 Amount of Each Receipt this Period FEC ID number of contributing C 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 250.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC				
Full Name of Individual (Last, First, Middle WARD, RONALD, , ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1316 FENWICK LN APT 1204		07 12 2021			
City SILVER SPRING	State Zip Code MD 20910	Transaction ID : SA11AI-26393277 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 ▼ 330.00				
Full Name of Individual (Last, First, Middle WARD, BRANAN, , , Mailing Address 581 GRIFFITH POINT RD		Date of Receipt			
City NORDLAND	State Zip Code WA 98358	08 09 2021 Transaction ID : SA11Al-26398337 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	50.00 Memo Item			
Retired	Retired				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00				
Full Name of Individual (Last, First, Middle WARD, RONALD, , ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1316 FENWICK LN APT 1204 City	State Zip Code	08 23 2021 Transaction ID : SA11Al-26401305			
SILVER SPRING	MD 20910	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 ▼ 330.00				
SUBTOTAL of Receipts This Page (optiona	·	120.00			
TOTAL This Period (last page this line num	nher only)				

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE PAC				
/					
Full Name of Individual (Last, First, Middle Initi WARD, RONALD, , ,	al) or Full Organization Name	Date of Receipt			
Mailing Address 1316 FENWICK LN		09 24 2021			
APT 1204 City	State Zip Code	Transaction ID : SA11AI-26408131			
SILVER SPRING	MD 20910	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			
Receipt For:					
Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	330.00				
Full Name of Individual (Last, First, Middle Initial). WARD, BRANAN, , ,	al) or Full Organization Name	Date of Receipt			
Mailing Address 581 GRIFFITH POINT RD		10 21 2021			
City	State Zip Code	Transaction ID : SA11AI-26413187			
NORDLAND	WA 98358	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 ▼ 320.00				
Full Name of Individual (Last, First, Middle Initi	al) or Full Organization Name	Date of Receipt			
Mailing Address 581 GRIFFITH POINT RD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI-26417375			
NORDLAND	WA 98358	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	320.00				
SUBTOTAL of Receipts This Page (optional)		185.00			
TOTAL This Period (last page this line number o	nly)				

Name of Employer (for Individual)

General

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

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Retired

C.

Receipt For:

Primary

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Memo Item

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 WARD, BRANAN, , , Date of Receipt Mailing Address 581 GRIFFITH POINT RD 19 2021 City Zip Code State Transaction ID: SA11AI-26418453 WA **NORDLAND** 98358 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WARD, RONALD, , , Date of Receipt Mailing Address 1316 FENWICK LN 2021 **APT 1204** City State Zip Code Transaction ID: SA11AI-26424875 SILVER SPRING MD 20910 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee.

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Other (specify) V		330.00				
Full Name of Individual (Last, First, Middle In WARD, RONALD, , , Mailing Address 1316 FENWICK LN APT 1204	Date of Receipt 12					
City SILVER SPRING	State MD	Zip Code 20910	Transaction ID : SA11AI-26425509			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item			
Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 330.00						
			170.00			

Occupation (for Individual)

Retired

Aggregate Year-to-Date ▼

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	the 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 WARD, RONALD, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1316 FENWICK LN APT 1204		12 30 2021			
City	State Zip Code	Transaction ID : SA11AI-26426369			
SILVER SPRING	MD 20910	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual)	Memo Item				
Retired	Occupation (for Individual) Retired	_			
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General					
Other (specify) ▼	330.00				
Full Name of Individual (Last, First, Middle WEAVER, JOSEPH, , ,	Date of Receipt				
Mailing Address 5022 SKIPPING STONE D	DR	07 02 / 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-26391599			
INDIANAPOLIS	IN 46237	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00				
Full Name of Individual (Last, First, Middle	4 4				
WEAVER, JOSEPH, , ,		Date of Receipt			
Mailing Address 5022 SKIPPING STONE D		07 22 2021			
City	State Zip Code	Transaction ID : SA11AI-26395471			
INDIANAPOLIS	IN 46237	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General	00 0				
Other (specify)	215.00				
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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 WEAVER, JOSEPH, , , Date of Receipt Mailing Address 5022 SKIPPING STONE DR 2021 City Zip Code State Transaction ID: SA11AI-26408217 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WEAVER, JOSEPH, , , Date of Receipt Mailing Address 5022 SKIPPING STONE DR 2021 City State Zip Code Transaction ID: SA11AI-26414927 **INDIANAPOLIS** IN 46237 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) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. WEAVER, JOSEPH, , , Date of Receipt Mailing Address 5022 SKIPPING STONE DR 80 2021 City Zip Code State Transaction ID: SA11AI-26416313 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 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) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir WEAVER, JOSEPH, , , Mailing Address 5022 SKIPPING STONE DR City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify)		Date of Receipt 12 22 2021 Transaction ID: SA11Al-26424563 Amount of Each Receipt this Period 10.00 Memo Item
Full Name of Individual (Last, First, Middle Ir WENDT, JUDY, , , Mailing Address 10400 45TH AVE N APT 305 City MINNEAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MN 55442 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt M M / 14 2021 Transaction ID: SA11Al-26393663 Amount of Each Receipt this Period 25.00 Memo Item
Full Name of Individual (Last, First, Middle In WENDT, JUDY, , ,) Mailing Address 10400 45TH AVE N APT 305 City MINNEAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MN 55442 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	60.00
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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 PAC							
Full Name of Individual (Last, First, Middle In WENDT, JUDY, , , Mailing Address 10400 45TH AVE N	nitial) or Full Organization Name	Date of Receipt						
APT 305	08 12 2021							
City								
MINNEAPOLIS	MN 55442	Transaction ID : SA11AI-26399163 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	20.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]						
Full Name of Individual (Last, First, Middle II WENDT, JUDY, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 10400 45TH AVE N APT 305	State Zin Code	08 16 2021						
City MINNEAPOLIS	State Zip Code MN 55442	Transaction ID : SA11AI-26399801 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	20.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]						
Full Name of Individual (Last, First, Middle In WENDT, JUDY, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 10400 45TH AVE N APT 305		08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City MINNEAPOLIS	State Zip Code MN 55442	Transaction ID : SA11AI-26400847 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:	Aggregate Year-to-Date ▼							
Primary General Other (specify)	250.00							
SUBTOTAL of Receipts This Page (optional)		65.00						
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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 WHITAKER, DONALD, , , Date of Receipt Mailing Address 1597 HARMONY RD 2021 City Zip Code State Transaction ID: SA11AI-26356301 **AKRON** OH 44333 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 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WHITAKER, DONALD, , , Date of Receipt Mailing Address 1597 HARMONY RD 2021 City State Zip Code Transaction ID: SA11AI-26357481 **AKRON** OH 44333 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) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. WHITAKER, DONALD, , , Date of Receipt Mailing Address 1597 HARMONY RD 30 2021 City Zip Code State Transaction ID: SA11AI-26365727 OH **AKRON** 44333 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 240.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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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 WHITAKER, DONALD, , , Date of Receipt Mailing Address 1597 HARMONY RD 2021 City Zip Code State Transaction ID: SA11AI-26366309 **AKRON** OH 44333 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 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WHITAKER, DONALD, , , Date of Receipt Mailing Address 1597 HARMONY RD 2021 11 City State Zip Code Transaction ID: SA11AI-26382039 **AKRON** OH 44333 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) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. WHITAKER, DONALD, , , Date of Receipt Mailing Address 1597 HARMONY RD 02 2021 City Zip Code State Transaction ID: SA11AI-26382407 OH **AKRON** 44333 Amount of Each Receipt this Period FEC ID number of contributing C 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 240.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC					
Full Name of Individual (Last, First, Middl WHITCOMB, HALLIE, , , Mailing Address 607 HIGHLAND RD	e Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code	07 13 2021 Transaction ID : SA11Al-26393451				
SPRINGFIELD	VT 05156	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00					
B. WHITCOMB, HALLIE, , , Mailing Address 607 HIGHLAND RD						
City	State Zip Code	10 13 2021 Transaction ID : SA11Al-26411711				
SPRINGFIELD FEC ID number of contributing federal political committee.	VT 05156	Amount of Each Receipt this Period 40.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middl C. WHITCOMB, HALLIE, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 607 HIGHLAND RD		12 16 2021				
City SPRINGFIELD	State Zip Code VT 05156	Transaction ID : SA11AI-26422991 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 ▼ 235.00					
SUBTOTAL of Receipts This Page (optional	ı) >	145.00				
TOTAL This Period (last page this line num	ber only)					

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pe ress 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 WILEY, DAVID, , , Mailing Address 109 CLARENDON AVE	anization Name	Date of Receipt			
City	State	Zip Code	10 28 2021		
NASHVILLE	TN	37205	Transaction ID : SA11AI-26414365 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual) Best Efforts Receipt For:	Best E		Memo Item		
Primary General Other (specify) ▼	Primary General Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle In WILEY, DAVID, , , Mailing Address 109 CLARENDON AVE	nitial) or Full Orga	anization Name	Date of Receipt 11 04 2021		
City	State	Zip Code	 		
NASHVILLE	TN	37205	Transaction ID : SA11AI-26415809 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		100.00		
Name of Employer (for Individual) Best Efforts		ation (for Individual) / BROTHERS INK	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼			
Full Name of Individual (Last, First, Middle In WILEY, DAVID, , ,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 109 CLARENDON AVE			11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City NASHVILLE	State TN	Zip Code 37205	Transaction ID : SA11AI-26415989		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer (for Individual) Best Efforts	Occupa Best Et	ation (for Individual) fforts	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)		>	250.00		
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	Statements may not be sold or used by any pers e name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In WILLIAMS, RUSSELL, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 661 HAMILTON RD	08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City RUTHERFORDTON	State Zip Code NC 28139	Transaction ID : SA11Al-26354203				
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 ▼ 280.00					
Full Name of Individual (Last, First, Middle In WILLIAMS, RUSSELL, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 661 HAMILTON RD		09 02 2021				
City RUTHERFORDTON	State Zip Code NC 28139	Transaction ID : SA11Al-26358877 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 ▼ 280.00					
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 661 HAMILTON RD		11 04 2021				
City RUTHERFORDTON	State Zip Code NC 28139	Transaction ID : SA11AI-26375175 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 ▼ 280.00					
SUBTOTAL of Receipts This Page (optional)		105.00				
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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 P	PAC				
Full Name of Individual (Last, First, Middle II WILLIAMS, RUSSELL, , , Mailing Address 661 HAMILTON RD	nitial) or Full Orga	nization Name	Date of Receipt			
	12 02 2021					
City	RUTHERFORDTON NC 28139					
RUTHERFORDTON						
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 Yea	ar-to-Date ▼ 280.00				
Full Name of Individual (Last, First, Middle II WILLIAMS, RUSSELL, , , Mailing Address 661 HAMILTON RD	nitial) or Full Orga	nization Name	Date of Receipt			
Maining Address 661 HAMILTON RD			12 02 2021			
City	State	Zip Code	Transaction ID : SA11AI-26383637			
RUTHERFORDTON	NC	28139	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	ition (for Individual) I	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 280.00				
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 4639 VESTA CT			12 22 2021			
City WICHITA	State KS	Zip Code 67208	Transaction ID : SA11AI-26424535			
FEC ID number of contributing federal political committee.	C	07200	Amount of Each Receipt this Period 40.00			
Name of Employer (for Individual)		tion (for Individual)	Memo Item			
RETIRED Receipt For:	Populat For:					
Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 276.00				
SUBTOTAL of Receipts This Page (optional)		>	110.00			
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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 A	ALLIANCE P	AC						
Full Name of Individual (Last, First, Middle Ir WINN, LINDA, , , Mailing Address 5708 REGENT CIR	nization Name	Date of Receipt 11 23 2021						
City	City State Zip Code							
RICHMOND								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 60.00					
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 220.00						
Full Name of Individual (Last, First, Middle Ir WINN, LINDA, , , Mailing Address 5708 REGENT CIR	nitial) or Full Organ	nization Name	Date of Receipt					
City	11 30 2021							
RICHMOND	State VA	Zip Code 23225	Transaction ID : SA11AI-26420059 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		35.00					
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 220.00						
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organ	nization Name	Date of Receipt					
Mailing Address 330 GILL AVE	Otata	Zin Onda	07 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City KIRKWOOD	State MO	Zip Code 63122	Transaction ID : SA11AI-26391645 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		35.00					
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 270.00						
SUBTOTAL of Receipts This Page (optional)		>	130.00					
TOTAL This Period (last page this line number	only)							

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committed	person for the purpose of soliciting contributions are to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In WOOLF, GAYLE, , , Mailing Address 330 GILL AVE	nitial) or Full Organization Name	Date of Receipt				
	City Choto 7th Code					
City KIRKWOOD	State Zip Code MO 63122	Transaction ID : SA11AI-26397827				
	03122	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 ▼ 270.00					
Full Name of Individual (Last, First, Middle In WOOLF, GAYLE, , , Mailing Address 330 GILL AVE	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 330 GILL AVE		08 27 2021				
City	State Zip Code	Transaction ID : SA11AI-26402351				
KIRKWOOD	MO 63122	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 ▼ 270.00					
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 330 GILL AVE		10 04 2021				
City KIRKWOOD	State Zip Code MO 63122	Transaction ID : SA11AI-26409661 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 ▼ 270.00					
SUBTOTAL of Receipts This Page (optional)		105.00				
TOTAL This Period (last page this line number	only)					

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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 WOOLF, GAYLE, , , Date of Receipt Mailing Address 330 GILL AVE 2021 City Zip Code State Transaction ID: SA11AI-26417099 MO **KIRKWOOD** 63122 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 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WOOLF, GAYLE, , , Date of Receipt Mailing Address 330 GILL AVE 17 2021 11 City State Zip Code Transaction ID: SA11AI-26417995 **KIRKWOOD** MO 63122 Amount of Each Receipt this Period FEC ID number of contributing 40.00 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) ▼ 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. YEARWOOD, RICHARD, , , Date of Receipt Mailing Address 21 BROWNING AVE 29 2021 APT 2 City State Zip Code Transaction ID: SA11AI-26396589 MA **DORCHESTER** 02124 Amount of Each Receipt this Period FEC ID number of contributing C 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 295.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r	not be sold or used by any pe ess 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 P	AC	
Full Name of Individual (Last, First, Middle In YEARWOOD, RICHARD, , , Mailing Address 21 BROWNING AVE	Date of Receipt		
APT 2			10 22 2021
City	State	Zip Code	Transaction ID : SA11AI-26413547
DORCHESTER	MA	02124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle II 3. YEARWOOD, RICHARD, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 21 BROWNING AVE APT 2 City	State	Zip Code	11 16 2021
DORCHESTER	MA	02124	Transaction ID: SA11Al-26417757 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle In YOUNG, JEAN, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 840 SCHOOL RD			07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MCKINLEYVILLE	State CA	Zip Code 95519	Transaction ID : SA11AI-26395871
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		>	95.00
TOTAL This Period (last page this line numbe	r only)		

FO	R LINE	NUMBER	: P	AGE 2	213 OF	317
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	Statements may not be sold or used by any personance name and address of any political committee to			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC			
Full Name of Individual (Last, First, Middle Ini		Date of Receipt		
Mailing Address 2084 TERRACE DR		07 21 2021		
City MOUNDS VIEW	State Zip Code MN 55112	Transaction ID : SA11AI-26395031 Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee.	C			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00			
Full Name of Individual (Last, First, Middle Ini ZARNEKE, RICHARD, , , Mailing Address 2084 TERRACE DR	tial) or Full Organization Name	Date of Receipt		
City MOUNDS VIEW	State Zip Code MN 55112	7 26 2021 Transaction ID : SA11Al-26395875 Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee.	C			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00			
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt		
Mailing Address 2084 TERRACE DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City MOUNDS VIEW	State Zip Code MN 55112	Transaction ID : SA11AI-26406561 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 ▼ 540.00			
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FOR LINE NUMBER:					PAGE	2	14 OF	317	
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	and Statements may not be sold or used by any persong 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 ZARNEKE, RICHARD, , , Mailing Address 2084 TERRACE DR	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2004 TERRACE DR	09 22 2021					
City	State Zip Code	Transaction ID: SA11AI-26407465				
MOUNDS VIEW	MN 55112	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 ▼ 540.00					
Full Name of Individual (Last, First, Mid 3. ZARNEKE, RICHARD, , ,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2084 TERRACE DR	Mailing Address 2084 TERRACE DR					
City	State Zip Code MN 55112	Transaction ID : SA11Al-26408477				
MOUNDS VIEW	MN 55112	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	Aggregate Year-to-Date ▼					
Other (specify) ▼	540.00					
Full Name of Individual (Last, First, Mid	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2084 TERRACE DR		10 / 26 / 2021				
City MOUNDS VIEW	State Zip Code MN 55112	Transaction ID : SA11AI-26413871 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired Receipt For:	Retired	-				
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FOR LINE NUMBER: PAGE 215 OF 317 Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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 ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 2021 City Zip Code State Transaction ID: SA11AI-26414291 MN MOUNDS VIEW 55112 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 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 16 2021 City Zip Code State Transaction ID: SA11AI-26417753 MOUNDS VIEW MN 55112 Amount of Each Receipt this Period FEC ID number of contributing 40.00 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) ▼ 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 20 2021 City Zip Code State Transaction ID: SA11AI-26423687 MN MOUNDS VIEW 55112 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 540.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... 33476.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)						PAGE 216 OF 317	
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NAME OF COMMITTEE (In Full)							
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			Type	7	0. 200.		
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	Mailing Address 2021 L St NW Ste 101-193						
City Washington	State	Zip Code 20036		FEC Id	entification	n Number	
Purpose of Disbursement	DC	20036		C			
Wages			001		nsaction	ID : SB21B-54735	
Candidate Name		Category/ Type			Amount of Each Disbursement this Period		
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	Mailing Address PO Box 2413						08		0			2021	
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A. ABC Company] [Date of	Disburs	emen			
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Mailing Address PO Box 2413	3					10	(01		2021	
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 219 OF 3					
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NAME OF COMMITTEE (In Full)								
UNITED WOMEN'S HEALTH ALL	IANCE I	PAC						
Full Name (Last, First, Middle Initial)								
A. ABC Company				Date of Disbursement				
Mailing Address PO Box 2413				12 01 2021				
City Huntington	State NY	Zip Code 11743		FEC Identification Number				
Purpose of Disbursement Fundraising and Media Consulting			003	C				
Candidate Name			Category/	Transaction ID: SB21B-54730 Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:		Туре	6000.00				
Senate President	Primary	General						
State: District:	Other (spe	olly) ▼		Memo Item				
Full Name (Last, First, Middle Initial)								
B. Blank Rome LLP				Date of Disbursement				
Mailing Address 1825 Eye Street NW				07 30 7 2021				
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State: District:	Janor (spe	,		Memo Item				
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C. Blank Rome LLP				Date of Disbursement				
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 220 OF 317						
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NAME OF COMMITTEE (In Full)								
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Mailing Address 1825 Eye Street NW			09 01 2021					
,	State Zip Code 20006		FEC Identification Number					
Washington Purpose of Disbursement	DC 20006							
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Candidate Name			Transaction ID : SB21B-39251 Amount of Each Disbursement this Period					
		Category/ Type	Amount of Lacif Disbursement this Fellod					
Office Sought: House Disburser	ment For:		2000.00					
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President	Other (specify) ▼		★ Memo Item Orig invoice date: 2020-07-29					
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3. Blank Rome LLP			Date of Disbursement					
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Maining / Maroos 1025 Eye Street INVV	maining / real coc 1025 Lye Street NW							
City	State Zip Code		FEC Identification Number					
Washington	DC 20006							
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Candidate Name		001	Transaction ID : SB21B-34441					
Carluidate Ivanie		Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburser	ment For:	туре	4435.00					
Senate	Primary General		INVOICE BEING REIMBURSE					
President	Other (specify)		Orig invoice date: 2020-10-01					
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C. Blank Rome LLP			Date of Disbursement					
Matthew Address 1997 F. Co. 1997			M M / D D / Y Y Y Y					
Mailing Address 1825 Eye Street NW			09 01 2021					
City	State Zip Code		CCO Identification Number					
Washington	DC 20006		FEC Identification Number					
Purpose of Disbursement	1		C					
Legal		001	Transaction ID : SB21B-34443					
Candidate Name		Category/	Amount of Each Disbursement this Period					
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President	Other (specify)		INVOICE BEING REIMBURSI V Marso Itam Orig invoice date: 2020-11-10					
State: District:	- 5.0. (op 5011)/ *		Memo Item Orig invoice date: 2020-11-10					
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 221 OF 317
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NAME OF COMMITTEE (In Full)			
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Full Name (Last, First, Middle Initial)			B (B) .
A. Blank Rome LLP			Date of Disbursement
Mailing Address 1825 Eye Street NW			10 19 2021
,	State Zip Code		FEC Identification Number
Washington	DC 20006		
Purpose of Disbursement Legal Fees		001	C
Candidate Name			Transaction ID: SB21B-54728
		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:		2812.00
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	Other (specify) ▼		Memo Item
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Full Name (Last, First, Middle Initial) 3. Canva			Date of Disbursement
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Mailing Address 268 Devonshire Street Surry Hills NSW 2010			09 01 2021
,	State Zip Code		FEC Identification Number
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	Other (specify)		Memo Item Orig invoice date: 2020-11-27
State: District:			
Full Name (Last, First, Middle Initial) COA Network Inc.			Date of Disbursement
			M M M / D D / Y Y Y Y
Mailing Address 991 Route 22 West			07 23 2021
Suite 200 City	State Zip Code		
Bridgewater Township	NJ 08807		FEC Identification Number
Purpose of Disbursement			С
800 Telephone numbers		003	Transaction ID : SB21B-5473(
Candidate Name	-	Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:	Туре	134.70
	Primary General		
	Other (specify) ▼		Memo Item
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A. COA Network Inc.				M M / D D / Y Y Y Y
Mailing Address 991 Route 22 West Suite 200				08 23 2021
,	State Zip C			FEC Identification Number
Bridgewater Township Purpose of Disbursement	NJ 088	07		
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Mailing Address 991 Route 22 West Suite 200				09 23 2021
,	State Zip C NJ 088			FEC Identification Number
Bridgewater Township Purpose of Disbursement	NJ 08807			С
800 Telephone numbers			003	Transaction ID : SB21B-54731
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) C. COA Network Inc.				Date of Disbursement
o. COA Network IIIC.				M M / D D / Y Y Y Y
Mailing Address 991 Route 22 West Suite 200				10 25 2021
,	State Zip C			FEC Identification Number
Bridgewater Township Purpose of Disbursement	NJ 088	iu/		C
800 Telephone numbers			003	Transaction ID : SB21B-54731
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For:			137.20
	,	General		
	Other (specify)	•		Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional)			······•	401.85
TOTAL This Period (last page this line number only).				

NUMBER: PAGE 223 OF 317 y one) 22 23 26 27 28b 28c 29 30b				
son for the purpose of soliciting contributions o solicit contributions from such committee.				
Date of Disbursement				
11 23 2021				
FEC Identification Number				
Transaction ID : SB21B-54731 Amount of Each Disbursement this Period				
130.45 Memo Item				
Date of Disbursement 12 23 2021				
FEC Identification Number C Transaction ID : SB21B-54731				
Amount of Each Disbursement this Period 130.95 Memo Item				
Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
FEC Identification Number				
Transaction ID : SB21B-34441 Amount of Each Disbursement this Period				
INVOICE BEING REIMBUR Orig invoice date: '2020-11-2				
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MIZED DISBURSEMENTS			NUMBER: PAGE 224 OF 317					
INITED DISBURSEMENTS	Use separate schedule(s	(Check only	v one)					
	Detailed Summary Page	28a	28b 28c 29 30b					
y information copied from such Reports and State								
for commercial purposes, other than using the na	ame and address of any pol	itical committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE PAC							
Full Name (Last, First, Middle Initial)			Date of Disbursement					
CSF Corporation	M M / D D / Y Y Y Y							
Mailing Address 285 Davidson Avenue			09 01 2021					
City	State Zip Code		FEC Identification Number					
Somerset Purpose of Disbursement	NJ 08873							
800 Telephone numbers		001	C Transaction ID : SB21B-34441					
Candidate Name		Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburs	ement For:	Type	109.90					
Office Sought: House Disburse Senate	ement For: Primary General							
President	Other (specify) ▼		INVOICE BEING REIMBURSI Memo Item Orig invoice date: 2020-11-23					
State: District:	_							
Full Name (Last, First, Middle Initial)	Date of Disbursement							
EagleBank			M M / D D / Y Y Y Y					
Mailing Address 7815 Woodmont ave			07 13 2021					
City	State Zip Code		FEC Identification Number					
Bethesda Purpose of Disbursement	MD 20814		C					
Bank analysis fee		001	Transaction ID : SB21B-54732					
Candidate Name		Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburs	ement For:	Туре	664.43					
Senate	Primary General		7 7 7					
President	Other (specify)		Memo Item					
State: District:								
Full Name (Last, First, Middle Initial) EagleBank	Date of Disbursement							
			M M / D D / Y Y Y Y					
Mailing Address 7815 Woodmont ave		08 10 2021						
City	State Zip Code		FEC Identification Number					
Bethesda Purpose of Disbursement	MD 20814	T						
Bank analysis fee	001	Transaction ID : SB21B-54732						
Candidate Name		Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburs	ement For:	Туре	675.43					
Senate Disputs	Primary General		070.70					
President	Other (specify) ▼		Memo Item					
State: District:	_							
JBTOTAL of Disbursements This Page (optional)			1339.86					

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 225 OF 3						F 317			
	EMIZED DISBURSEMENTS		arate schedule(s)		k only		•					. J
'			category of the Summary Page	×	21b	22		23		26	27	
_					28a	28b		28c		29	30b	
	y information copied from such Reports and States for commercial purposes, other than using the nar											
\setminus	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE F	PAC									
_	Full Name (Last, First, Middle Initial)											
Α.						Date o	of Dis		men		YIYIY	
	Mailing Address 7815 Woodmont ave					09		1.	4	<u></u>	2021	
	Bethesda	State MD	Zip Code 20814			FEC lo	dentif	ication	n Nu	ımber	_	
	Purpose of Disbursement Bank analysis fee			001		C						
	Candidate Name			Catego						SB21B- ourseme	54732 nt this Pe	eriod
	Office Sought: House Disburse	ment For:		Туре	·						557.70	
	Senate	Primary	General				1 -			7	-	_
	State: President State:	Other (spec	CITY) 🔻			Me	emo	Item				
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B.	EagleBank					Date o	of Dis		men		Y = Y = Y	
	Mailing Address 7815 Woodmont ave					10	_	1	3	L.	2021	
	,	State MD	Zip Code			FEC Id	dentif	ication	n Nu	ımber		
	Bethesda Purpose of Disbursement	IVID	20814		_	С						
	Bank analysis fee			001			anea	ction	ID ·	SB21B-	54732	
	Candidate Name			Catego						-	nt this Pe	eriod
	Office Sought: House Disburser	ment For:		Туре	!						741.31	\neg
	Senate	Primary	General					,	-	7		
	President	Other (spec	cify)			Me	emo	ltem				
_	State: District:					ш						
C.	Full Name (Last, First, Middle Initial) EagleBank					Date o	of Dis	burse	men	ıt		
	Mailing Address 7815 Woodmont ave					11	/	1	_		2021	
	City	State	Zip Code			FEC Id	lon+if	ication	NI.	ımhor		
	Bethesda Piehuraanant	MD	20814				-CIIIII	icaliUl	INU	III IDEI	-	
	Purpose of Disbursement Bank analysis fee			001		C						
	Candidate Name			Catego						SB21B- ourseme	• 5473 2 nt this Pe	eriod
	Office Sought: House Disburse	ment For:		iype							626.94	
	Senate	Primary	General					7		7	- 45	
	State: District:	Other (spec	cify) 🔻			Me	emo	Item				
Г	State. District.					_	_	_	_		-	_
s	UBTOTAL of Disbursements This Page (optional)				. •				_		1925.9	
Т	OTAL This Period (last page this line number only)			•							

SCHEDULE B (FEC Form 3X)			FOR LIN	FOR LINE NUMBER: PAGE 226 OF 3			
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check or		23	26 27	
	Detailed	d Summary Page	28		28c	29 27 30b	
Any information copied from such Reports and Stat	ements mav	not be sold or use	ed by any pe	rson for the	purpose (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	Disburse	ment	
Mailing Address 7915 Woodmant ava				12	/ D 1		
Mailing Address 7815 Woodmont ave				12		2021	
City	State	Zip Code		FEC Ide	entification	n Number	
Bethesda Burnaga of Dishuragment	MD	20814					
Purpose of Disbursement Bank analysis fee			001	C			
Candidate Name						ID : SB21B-54733	
			Category/ Type	Amount	of Each	Disbursement this Period	
Office Sought: House Disburs	ement For:	I		1		635.93	
Senate	Primary	General			,	,	
State: District:	Other (sp	ecity) \blacktriangledown		Me	mo Item		
Full Name (Last, First, Middle Initial)							
B. Google Gsuite				Date of	Disburse	ment	
				M = M	/ D	D / Y Y Y Y	
Mailing Address 1600 Amphitheatre Pkwy				07	Ö	2 2021	
City	State CA	Zip Code		FEC Ide	entification	n Number	
Mountain View Purpose of Disbursement	CA	94043		C			
Email Services			001		nanation	ID : SB21B-54733	
Candidate Name			Category/			Disbursement this Period	
Office Occupies			Type			20.44	
Office Sought: House Disburs Senate	ement For: Primary	General			7	39.11	
President	Other (sp			П.,			
State: District:				Me	mo Item		
Full Name (Last, First, Middle Initial)							
C. Google Gsuite				Date of	Disburse		
Mailing Address 1600 Amphitheatre Pkwy				08	02		
City	State	Zin Code					
City Mountain View	CA	Zip Code 94043		FEC Ide	entification	n Number	
Purpose of Disbursement Email Services	1			C			
Candidate Name			001		nsaction	ID : SB21B-54733	
Candidate Name			Category/ Type	Amount	of Each	Disbursement this Period	
Office Sought: House Disburs	ement For:		1,700	- ' '		39.11	
Senate	Primary	General			7		
President	Other (sp	ecify) ▼		Me	mo Item		
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SURTOTAL of Dichurcomente This Dage (anticast)						714.15	
SUBTOTAL of Disbursements This Page (optional)			······	-		45	
TOTAL This Period (last page this line number only	v)						

CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 227 OF 317
EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Clieck Olliy		
	Detailed Summary Page	X 21b 28a	22 23 28c 28c	26 27 29 30b
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NAME OF COMMITTEE (In Full)	71			
UNITED WOMEN'S HEALTH ALLI	ANCE PAC			
OTTI D WOMEN OTTE RETTINEE	7111021710			
Full Name (Last, First, Middle Initial)				
Google Gsuite			Date of Disbursem	ent
Mailing Address 1600 Amphitheatre Pkwy			09 01	2021
Mailing Address 1000 Amphilineatte i kwy			03 01	2021
City	State Zip Code		FEC Identification I	Number
Mountain View	CA 94043			Vallibel
Purpose of Disbursement Email Services		001	C	
Candidate Name				: SB21B-39252
Canada Harris		Category/ Type	Amount of Each Di	sbursement this Period
Office Sought: House Disburser	ment For:	7,700		2.52
Senate	Primary General		INI	VOICE BEING BEIMBLIBS
President	Other (specify) ▼			VOICE BEING REIMBURS ig invoice date: 2020-08-01
State: District:				
Full Name (Last, First, Middle Initial)				
Google Gsuite			Date of Disbursem	ent
Mailing Address 1600 Amphitheatre Pkwy			09 01	2021
Mailing Address 1600 Amphilineatre Pkwy			09 01	2021
City	State Zip Code		FEC Identification I	Number
Mountain View	CA 94043			varibei
Purpose of Disbursement Email Services		001	C	
Candidate Name				: SB21B-34447
Canada Name		Category/ Type	Amount of Each Di	sbursement this Period
Office Sought: House Disburser	ment For:	.,,,,		26.07
Senate	Primary General		IN	VOICE BEING REIMBURS
President	Other (specify)		Memo Item Or	rig invoice date: 2020-10-02
State: District:				
Full Name (Last, First, Middle Initial)			D ((D))	
Google Gsuite			Date of Disbursem	_
Mailing Address 1600 Amphitheatre Pkwy			09 01	2021
3 1300 / implimited in Trwy				
,	State Zip Code		FEC Identification I	Number
Mountain View	CA 94043			
Purpose of Disbursement Email Services		001	C	
Candidate Name): SB21B-34447
		Category/ Type	Amount of Each Di	sbursement this Period
Office Sought: House Disburser	ment For:	715-5		26.07
Senate	Primary General		IN	VOICE BEING REIMBURS
President	Other (specify) ▼			rig invoice date: 2020-11-0
State: District:			П	
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UBTOTAL of Disbursements This Page (optional)		·····		0.00
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MIZED DISBURSEMENTS	Use separate schedule(s)	(chook only	INE NUMBER: PAGE 228 OF 317					
	for each category of the Detailed Summary Page	(check only 21b	one) 22 23	26 27				
	Detailed Summary Page	28a	28b 28c	29 30b				
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IAME OF COMMITTEE (In Full)	arile and address of any politica	ai committee to	SOIICIT CONTINUATION	s ironi sucii coniiniitee.				
JNITED WOMEN'S HEALTH ALL	LIANCE PAC							
ull Name (Last, First, Middle Initial)								
Google Gsuite			Date of Disburs					
failing Address 1600 Amphitheatre Pkwy			09	2021				
rity	State Zip Code		FEC Identification	on Number				
Mountain View	CA 94043							
urpose of Disbursement Email Services		001	C					
andidate Name				n ID: SB21B-39252 Disbursement this Period				
		Category/ Type	Amount of Each	Disbursement this Period				
Office Sought: House Disburse	ement For:			26.07				
Senate	Primary General			INVOICE BEING REIMBUR				
President	Other (specify) ▼		✗ Memo Item	Orig invoice date: 2020-12-0				
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Google Gsuite								
failing Address 1600 Amphitheatre Pkwy			09	02 2021				
ity	State Zip Code		FEC Identification	on Number				
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Email Services		001	C					
andidate Name		Category/		ID: SB21B-54733 Disbursement this Period				
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Office Sought: House Disburse	ement For:			39.11				
Senate	Primary General			,				
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ull Name (Last, First, Middle Initial)								
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failing Address 1600 Amphitheatre Pkwy				2021				
ity	State Zip Code		FEO. 17					
lountain View	CA 94043		FEC Identification	on Number				
urpose of Disbursement	, I		C					
Email Services		001		n ID : SB21B-5473				
andidate Name		Category/	Amount of Each	Disbursement this Period				
office Sought: House Disburse	ement For:	Туре		39.11				
Senate	Primary General		4	4				
President	Other (specify) ▼		Memo Item					
tate: District:			I wemo item					
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SCHEDULE B (FEC Form 3X)						FOR LINE NUMBER: PAGE 229 OF 317					
IT	EMIZED DISBURSEMENTS		category of the	_ I ` _	ck onl	, — ,		_	ا مو ا		
			Summary Page		21b 28a	22 28b	23		26 29	27 30b	
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	ny information copied from such Reports and State for commercial purposes, other than using the national states are such as the such as th										
	NAME OF COMMITTEE (In Full)										
	UNITED WOMEN'S HEALTH ALL	IANCE I	PAC								
٨	Full Name (Last, First, Middle Initial)					Doto	f Diabur	omor			
A.	Google Gsuite					Date o	f Disburs				
	Mailing Address 1600 Amphitheatre Pkwy					11		02	Ĺ	2021	
	City	State	Zip Code			FEC Id	entificati	on Nu	ımber		
	Mountain View	CA	94043								
	Purpose of Disbursement Email Services			00		C					
	Candidate Name						ansactio		-		
				Categ Typ		Amoun	l oi Eaci	I DISL	Jurseme	ent this Period	
	Office Sought: House Disburse	ment For:				1]			-	39.11	
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B.	Full Name (Last, First, Middle Initial) Google Gsuite					Date o	f Disburs	semer	nt		
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	Mailing Address 1600 Amphitheatre Pkwy					12	J. L	03	Ĺ	2021	
	City	State	Zip Code			FEC Id	entificati	on Nı	ımber		
	Mountain View Purpose of Disbursement	CA	94043			С		_		-	
	Email Services			00	1				00040	54704	
	Candidate Name			Categ	ory/	1	ansactio t of Eacl		_	ent this Period	
				Тур				_		20.11	
	· H	ment For:	Conoral						7	39.11	
	Senate President	Primary Other (spe	General ecify)								
	State: District:] (-	, , , ,			Me	emo Item				
	Full Name (Last, First, Middle Initial)										
C.	Grasshopper					Date o	f Disburs	emen	ıt		
	Mailing Address 320 Summer St					07		19	/ Y	2021	
		State	Zip Code			FEC Id	entificati	on Nı	ımber		
	Boston Purpose of Disbursement	MA	02210			С					
	Telephone Service			00			ansactio	n ID .	CD24E	2 E 4 7 2 4	
	Candidate Name			Categ	ory/					ent this Period	
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		ment For:	Camaral							110.39	
	Senate President	Primary Other (spe	General								
	State: District:	Outer (she	, (iiy) ▼			Me	emo Item				
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8	SUBTOTAL of Disbursements This Page (optional).				▶		1 75		-70-	188.61	
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SCHEDULE B (FEC Form 3X)			
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	Detailed Summary Page	X 21b	22 23 26 27
		28a	28b 28c 29 30b
Any information copied from such Reports and Stater	ments may not be sold or use	ed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nar	ne and address of any politication	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UNITED WOMEN'S HEALTH ALLI	IANCE PAC		
/ GITTED WOMEN OF TEXETTINEES	7.1.102 1 7.10		
Full Name (Last, First, Middle Initial)			
A. Grasshopper			Date of Disbursement
отвостория.			M M / D D / Y Y Y Y
Mailing Address 320 Summer St			08 18 2021
City	State Zip Code		FEC Identification Number
Boston	MA 02210		TEO Idonamodion Number
Purpose of Disbursement			C
Telephone Service		001	Transaction ID : SB21B-54734
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	
Office Sought: House Disburser	ment For:		110.39
Senate	Primary General		7
President	Other (specify) ▼		Memo Item
State: District:			Wiellie Relli
Full Name (Last, First, Middle Initial)			
3. Grasshopper			Date of Disbursement
Craconoppor			M M / D D / Y Y Y Y
Mailing Address 320 Summer St			09 01 2021
•			
City	State Zip Code		EEC Identification Number
Boston	MA 02210		FEC Identification Number
Purpose of Disbursement			C
Telephone Service		001	Transaction ID : SB21B-39252
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	
Office Sought: House Disburser	ment For:		59.13
Senate	Primary General		INVOICE BEING REIMBURSED
President	Other (specify)		Memo Item Orig invoice date: 2020-07-16
State: District:			Wellio Itelli
Full Name (Last, First, Middle Initial)			
Grasshopper			Date of Disbursement
or.ioppo.			M M / D D / Y Y Y Y
Mailing Address 320 Summer St			09 01 2021
City	State Zip Code		FEC Identification Number
Boston	MA 02210		
Purpose of Disbursement			
Telephone Service		001	Transaction ID : SB21B-34441
Candidate Name		Category/	Amount of Each Disbursement this Period
		Туре	
Office Sought: House Disburser	ment For:		120.83
Senate	Primary General		INVOICE BEING REIMBURSED
President	Other (specify) ▼		Memo Item Orig invoice date: 2020-10-17
State: District:			. Wollo Roll
'			
SUBTOTAL of Disbursements This Page (optional)			110.39
3 (1)			
TOTAL This Period (last page this line number only))		1

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1	R LINE NUMBER: PAGE 231 OF 313 eck only one)						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 28b 28c	26 27 29 30b					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI									
Full Name (Last, First, Middle Initial)			Data of Diabura	amant					
- Grasshopper			Date of Disburse						
Mailing Address 320 Summer St				2021					
City Boston	State Zip Code MA 02210		FEC Identification	n Number					
Purpose of Disbursement Telephone Service	OZZIO	001	С						
Candidate Name	I	Category/		ID: SB21B-34441 Disbursement this Period					
Senate	ment For: Primary General	Туре	7	108.76 INVOICE BEING REIMBURS					
State: District:	Other (specify) ▼		✗ Memo Item	Orig invoice date: 2020-11-1					
Full Name (Last, First, Middle Initial) - Grasshopper			Date of Disburse						
Mailing Address 320 Summer St			09 2	20 2021					
Boston	State Zip Code 02210		FEC Identificatio	n Number					
Purpose of Disbursement Telephone Service Candidate Name	001 Category/		ID : SB21B-54734 Disbursement this Period						
Office Sought: House Disburser	ment For:	Type		110.39					
Senate President	Primary General Other (specify)		Memo Item	7 7					
State: District:			Ivienio item						
Full Name (Last, First, Middle Initial) Grasshopper			Date of Disburse	ement					
Mailing Address 320 Summer St			10 / D	8 2021					
,	State Zip Code		FEC Identificatio	n Number					
Boston Purpose of Disbursement	MA 02210		С						
Telephone Service Candidate Name		001 Category/	Transaction	ID: SB21B-5473: Disbursement this Period					
Senate	ment For: Primary General	Type		109.49					
State: District:	Other (specify) ▼		Memo Item						
SUBTOTAL of Disbursements This Page (optional)				219.88					

SCHEDULE B (FEC Form 3X)			INE N	IE NUMBER: PAGE 232 OF 317					
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	1 (011001)	•	′				
		Summary Page		21b 28a	22 28b	23 28c	26	27 30b	
Any information copied from such Reports and State	omente mei	, not be sold or us							
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NAME OF COMMITTEE (In Full)									
$ \hspace{.05cm} \rangle$ UNITED WOMEN'S HEALTH ALI	IANCE	PAC							
Full Name (Last, First, Middle Initial)									
A. Grasshopper					Date of	Disburs	ement		
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Mailing Address 320 Summer St					11		18	2021	
City	State	Zip Code			FEC Id	entificatio	n Numbe	er	
Boston	MA	02210					, rtambe		
Purpose of Disbursement Telephone Service			001		С				
Candidate Name				_				21B-54735	
			Category Type	y/	Amoun	of Each	DISDUISE	ement this Period	
Office Sought: House Disburs	ement For:				L.			109.49	
Senate	Primary	General				,	,		
State: President State:	Other (sp	ecity) \blacktriangledown			Me	mo Item			
Full Name (Last, First, Middle Initial)									
B. Grasshopper					Date of	Disburs	ement		
					M = M		D /	Y Y Y Y Y	
Mailing Address 320 Summer St					12		20	2021	
City	State	Zip Code			FFC Id	entificatio	n Numbe	er	
Boston Purpose of Disbursement	MA	02210			_				
Telephone Service			001		С				
Candidate Name			Category	//				21B-54735 ement this Period	
			Type	,,		0. 200.	. 2.000.00		
	ement For:	0						109.49	
Senate President	Primary Other (sp	General ecify)							
State: District:	(-p	,,			Me	mo Item			
Full Name (Last, First, Middle Initial)									
C. GREENSPOON MARDER LLP						Disburs			
Mailing Address 100 W Cypress Creek Rd #700					07		30	2021	
City Fort Lauderdale	State FL	Zip Code 33309			FEC Id	entificatio	n Numbe	er	
Purpose of Disbursement		33309			С				
Attorney			001			nsactio	n ID : SB2	21B-54729	
Candidate Name			Category	y/	Amount	of Each	Disburse	ement this Period	
Office Sought: House Disburs	ement For:		Type	-				4028.00	
Senate	Primary	General				-7-		45	
President	Other (sp	ecify) 🔻			Me	mo Item			
State: District:	_				<u> </u>				
CURTOTAL of Dishumanana This David (2011)								4246.98	
SUBTOTAL of Disbursements This Page (optional)				<u> </u>	<u> </u>	-	- 7	12 10.00	
TOTAL This Period (last page this line number only	v)								

SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER:		PA	GE 233 OF 317	
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	I ` —	k only					
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A. GREENSPOON MARDER LLP					M = M		D /	Y	
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4. Unbounce			Date of Disbursement
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City	State Zip Code		
Vancouver	ZZ V6B5A1		FEC Identification Number
Purpose of Disbursement			C
Website landing page		004	Transaction ID : SB21B-66938
Candidate Name		Category/	Amount of Each Disbursement this Period
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Office Sought: House Disburse Senate	ment For: Primary General		127.20
President	Other (specify) \blacktriangledown		Invoice paid from STEPHANIE
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Purpose of Disbursement			С
Website landing page		004	Transaction ID : SB21B-47836
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:	Type	127.20
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President	Other (specify) ▼		Orig invoice date: 2021-02-18
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SCHEDULE B (FEC Form 3X)		T FOR LINE	NUMBER: PAGE 265 OF 317
TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBELL:
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or for commercial purposes, other than using the na	me and address of any politi	cal committee to	solicit contributions from such committee.
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Mailing Address 401 West Georgia Street			03 01 2021
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Office Sought: House Disburse	ment For:	Type	127.20
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President	Other (specify) ▼		INVOICE BEING REIMBURSE Memo Item Orig invoice date: 2021-04-18
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SCHEDULE	B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 266 OF 317
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		ime and address of any p	olitical committee to	o solicit contributions from such committee.
\	OMMITTEE (In Full)			
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Full Name (La	ast, First, Middle Initial)			
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	Senate	Primary General	al	INVOICE BEING REIMBURSE
	President	Other (specify) ▼		Memo Item Orig invoice date: 2021-05-18
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Mailing Addres	ss 401 West Georgia Street			09 01 2021
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omeo cougni	Senate	Primary General	al	INVOICE BEING REIMBURSE
	President	Other (specify)		Originarios data: 2021 06 19
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City		State Zip Code		
Vancouver		ZZ V6B5A1		FEC Identification Number
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	Senate President	Primary General	aı	INVOICE BEING REIMBURSE
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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		ate schedule(s)	FOR LIN (check or	E NUMBER		PA	GE 267 OF 317
I LIVIIZED DISBURSEMENTS		ategory of the ummary Page	X 211 28	22	23 28c	26 29	27 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE PA	AC					
Full Name (Last, First, Middle Initial) 4. Unbounce				Date o	f Disburser	nent	
Mailing Address 401 West Georgia Street				09	/ D 01		2021
City Vancouver	State ZZ	Zip Code V6B5A1		FEC Id	entification	Number	
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Full Name (Last, First, Middle Initial) 3. Unbounce				Date o	f Disburser	nent	
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Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (specif	General (y)	Type	X Me			127.20 aid from STEPHANIE IANNI personal acco
Full Name (Last, First, Middle Initial) C. Unbounce				Date o	f Disburser	nent	
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SUBTOTAL of Disbursements This Page (optional)					1 25 1		0.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 268 OF 317
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	Crieck only	22 23	26 27
	Detailed Summary Page	28a	28b 28c	29 30b
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NAME OF COMMITTEE (In Full)	ne and address of any politica	i committee to	SOIICIT CONTINUATION	is nom such committee.
UNITED WOMEN'S HEALTH ALLI	ANCE PAC			
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Candidate Name		Category/		on ID: SB21B-66939 th Disbursement this Period
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Office Sought: House Disburser			1 4	127.20
Senate	Primary General			Invoice paid from STEPHAN
State: District:	Other (specify) ▼		✗ Memo Item	n MASTROIANNI personal acc
Full Name (Last, First, Middle Initial)				
· UPS STORE 2016			Date of Disburs	sement
Mailing Address 2021 L St NW Ste 101			09	01 2021
City Washington	State Zip Code 20036		FEC Identificati	on Number
Purpose of Disbursement			С	
Postage		001		n ID : SB21B-34448
Candidate Name		Category/	Amount of Eac	h Disbursement this Period
Office Sought: House Disburser	ment For:	Туре		140.00
Senate	Primary General		7	INVOICE BEING REIMBUR
President	Other (specify)		X Memo Item	Orig invoice date: 2020-11-1
State: District:			w Memo item	1
Full Name (Last, First, Middle Initial)			5	
 VolPster Communications 			Date of Disburs	
Mailing Address 11400 Decimal Dr #1003			12	08 2021
City	State Zip Code		FEC Identificati	ion Number
Louisville	KY 40299			on Number
Purpose of Disbursement Carrier Minutes		003	C	
Candidate Name	I	Category/		on ID : SB21B-54752 h Disbursement this Period
Office Sought: House Disburser	ment For:	Туре		4753.77
Senate Disburser	Primary General			4 4
President	Other (specify) ▼		Memo Item	1
State: District:			ivierno item	I
CURTOTAL of Dishurananta This David (and				4753.77
SUBTOTAL of Disbursements This Page (optional)		······		4,00.77
TOTAL This Period (last page this line number only)				1004906.70

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 269 OF
FOR LINE NUMBER:
(check only one)

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X	10

317

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: SD-S471215 Outstanding Balance Beginning This Period 15156.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 13000.00 2920.07 763.20 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Telephone Fundraising LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN 00909 Outstanding Balance Beginning This Period Transaction ID: SD-S633779 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 15163.68 15163.68 C. 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 Amount Incurred This Period Outstanding Balance at Close of This Period 18083.75 1) SUBTOTALS This Period This Page (optional)..... 18083.75 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 18083.75

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

UNITED WOMEN'S HEALTH ALLIANCE PAC

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		PAGE 270 OF FOR LINE 24 OF FO	317 ORM 3X
	FEC I	DENTIFICATION NUM	
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				C C00755694
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	X Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City SAN JUAN	State PR	Zip Code 00909		949.89 Transaction ID : SE-S631949
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		Date of Disbursement or Obligation
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	<u></u>	10942.79	Disbu 2026	ursement For: ✓ Primary General Other (specify) ►
Full Name of Payee		★ Memo	Itom	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LL		item	12 / 22 / Y 2021
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8				
City	State	Zip Code		949.89
SAN JUAN	PR	00909		Transaction ID : SE-S631951 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	10942.76	Disbu 2026	orsement For: ✓ Primary General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed]	M 1	2 15 2021
Signature		Date	, L	2 10 2021
				FEC Schedule E (Form 3X) Rev. 05/2016

 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

CHEDULE E (FEC Form 3X)					
EMIZED INDEPENDENT EXPENDITURES				PAGE 271 OF 317	-
AME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM	3X
AME OF COMMITTEE (In Full) JNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER	▼
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Mailing Address 1607 Ponce de Leon ave					_
Suite GM8			Amo	ount	
City	State	Zip Code		949.89	
SAN JUAN	PR	00909		nsaction ID : SE-S631953 e of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y	Y
Name of Federal Candidate:		X Support	Office Sou	ght: X House District: 14	
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presi	ident Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	10942.76	Disburseme	ent For: x Primary Gene Other (specify) ▶	ral
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Amo	e of Public Distribution/Dissemination 12 22 7 2021 Doubt	
Suite GM8		1			
City SAN JUAN	State	Zip Code 00909		949.89 Insaction ID : SE-S631955	믜
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		e of Disbursement or Obligation	Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: K House District: 08	3
LESKO, DEBBIE, , ,		Oppose	Presi	ident Senate State: AZ	<u>.</u>
Calendar Year-To-Date Per Election for Office Sought	7 7	10942.75	Disburseme	ent For: x Primary Gene Other (specify) ▶	ral
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(a) SUBTOTAL of Itemized Independent Expenditures			• 🗀	0.00	_
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·	

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Date

NAME OF COMMITTEE (In Full)

24-hour report

Check if

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

UNITED WOMEN'S HEALTH ALLIANCE PAC

48-hour report

			PAGE 272 OF 317 FOR LINE 24 OF FORM 3)
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	Category/	$\overline{}$	Date of Disbursement or Obligation
	Type 004	1	
	✗ Support	Office	e Sought: House District: 00
	Oppose		President Senate State: NH
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ON LL	★ Memo	2026	Other (specify) ▶
ON LL	★ Memo	2026	Other (specify) ▶ Date of Public Distribution/Dissemination
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	Zip Code 00909 Category/ Type 004	ltem	Other (specify) Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Zip Code 00909 Category/	ltem Office	Other (specify) Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	C Zip Code 00909 Category/ Type 004	2026 Item Office	Other (specify) Date of Public Distribution/Dissemination M 12
	Zip Code 00909 Category/ Type 004 Support Oppose	2026 Item Office Disbut	Other (specify) Date of Public Distribution/Dissemination M 12
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	Zip Code 00909 Category/ Type 004 Support Oppose	2026 Item Office Disbut	Other (specify) Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Zip Code 00909 Category/ Type 004 Support Oppose	2026 Item Office Disbut	Other (specify) Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ON LL	Zip Code 00909 Category/ Type 004 Support Oppose	2026 Item Office Disbut	Other (specify) Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

PAGE 273 OF 317 FOR LINE 24 OF FORM 3X
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action ID : SE-S631961 f Disbursement or Obligation
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t: House District: 00
ent Senate State: WA
For: 🗶 Primary General
ther (specify) ▶
f Public Distribution/Dissemination
12 22 / Y 2021
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949.89
action ID : SE-S631963
f Disbursement or Obligation
t: District: 00
ent 🗶 Senate State: MD
For: 🗶 Primary General
ther (specify)
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NAME OF COMMITTEE (- III				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In	,	05.540			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S	S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report	48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee			X Memo	Item	Date of Public Distribution/Dissemination
Invoice paid after close	AND DONOR CREA	TION LLC			12
Mailing Address 1607 P	once de Leon ave				Amount
Suite G	M8				
City		State	Zip Code		949.89
SAN JUAN		PR	00909		Transaction ID : SE-S631961 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	'		Category/ Type 004	1	M = M / D = D / Y = Y = Y
Name of Federal Candid	ate:		✗ Support	Office	e Sought: House District: 00
MURRAY, PATTY, , ,			Oppose		President Senate State: WA
Calendar Year-To-Da Per Election for Office			10942.79	Disbu 2022	ursement For: Primary General Others (consists)
					Other (specify)
Full Name of Payee LIVE TRANSFER Invoice paid after close	S AND DONOR CR	EATION LL	C Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 P	once de Leon ave				
Suite G	M8				Amount
City		State	Zip Code		949.89
SAN JUAN		PR	00909		Transaction ID : SE-S631963 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising			Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candid	ate:		Support	Office	e Sought: House District: 00
VAN HOLLEN, CHRIS, ,			Oppose		President Senate State: MD
Calendar Year-To-Da	ate		*******	Disbu	ursement For: 🗶 Primary General
Per Election for Office	ce Sought	7 1 7	10942.79	2022	Other (specify) ▶
(a) SUBTOTAL of Itemized	Independent Expenditures			. •	0.00
(b) SUBTOTAL of Unitemize	zed Independent Expenditur	es		. •	
(c) TOTAL Independent Ex	penditures			•	
with, or at the request or		te or authorized			ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
MASTROIANNI, STEPH	ANIE, , ,	Electronically File	ed] Date	e 1.	2 15 2021
Signature					
					FEC Schedule E (Form 3Y) Pay 05/2016

PAGE 274 OF 317 FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼ C C00755694
C C00755694
"M / D "D / Y "Y "Y "Y
of Public Distribution/Dissemination
12 29 / 2021
nt
945.57
action ID: SE-S631965 of Disbursement or Obligation
t: House District:00
ent 🗶 Senate State:TX
t For: 🗶 Primary 🔲 General
ther (specify) ▶
of Public Distribution/Dissemination
of Public Distribution/Dissemination
of Public Distribution/Dissemination 12

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	n M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	X Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			l A	Amount
City	State	Zip Code		945.57
SAN JUAN	PR	00909	I	Transaction ID : SE-S631965 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		X Support	Office S	Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President X Senate State: TX
0.1.1.W. = 0.1				sement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought	, , ,	11888.36	2026	Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CF Invoice paid after close of books	REATION LL	.C Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			l A	Amount
City	State	Zip Code		945.57
SAN JUAN	PR	00909	I	Transaction ID : SE-S631967 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		✗ Support	Office S	Sought: House District:00
TILLIS, THOM, R., Sen,		Oppose	P	President State: NC
Calendar Year-To-Date		11888.33		sement For: 🗶 Primary General
Per Election for Office Sought	1 1	11000.33	2026	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		• [0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	[ed] Date	12	22 2021
Signature				
				FEC Schedule E (Form 3X) Rev. 05/201

SO

 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

C C00755694
AME OF COMMITTEE (In Full) JNITED WOMEN'S HEALTH ALLIANCE PAC C
DITED WOMEN'S HEALTH ALLIANCE PAC C
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books
New report Amends report filed on New report Amends report filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN State Zip Code 945.57 Transaction ID: SE-S631969 Date of Disbursement or Obligation Full Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Oppose President Senate State: MI Disbursement For: Primary General 2022 Other (specify) Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books City SAN JUAN State Zip Code Amount Amount Transaction ID: SE-S631971
LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address State Zip Code Support Office Sought: Amount 12 29 12 29 12 2021 Amount Transaction ID: SE-S631969 Date of Disbursement or Obligation President Senate State: MI Disbursement For: IX Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631969 Date of Piblic Distribution/Dissemination Amount Transaction ID: SE-S631969 Transaction ID: SE-S631971
Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631969 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought President Senate State: MI Calendar Year-To-Date Per Election for Office Sought Till Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631969 Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Memo Item Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Memo Item Amount Amount Transaction ID: SE-S631971
Suite GM8 City State Zip Code 945.57 SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Oppose President Senate State: MI Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code State Zip Code 945.57 Transaction ID : SE-S631969 Date of Disbursement or Obligation President Senate State: MI Disbursement For: Primary General Primary General Primary Compose State State: MI Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City San JUAN PR 00999 Transaction ID : SE-S631969 Date of Disbursement or Obligation Mailing Address Amount Transaction ID : SE-S631969 Date of Disbursement or Obligation Amount Transaction ID : SE-S631969 Date of Disbursement or Obligation Amount Transaction ID : SE-S631969 Date of Disbursement or Obligation Amount Transaction ID : SE-S631969 Date of Disbursement or Obligation Amount Transaction ID : SE-S631969 Date of Disbursement or Obligation Amount Transaction ID : SE-S631969 Date of Disbursement or Obligation Amount Transaction ID : SE-S631969 Date of Disbursement or Obligation Amount Transaction ID : SE-S631969 Transaction ID : SE-S63196 Transaction
City SAN JUAN PR 00909 Transaction ID: SE-S631969 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN State Zip Code 945.57 Transaction ID: SE-S631969 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Transaction ID: SE-S631969 Date of Disbursement or Obligation M M / D D / Y Y Y Y Memo Item Live TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Amount Transaction ID: SE-S631971 Transaction ID: SE-S631971
Purpose of Expenditure Telephone Fundraising Category/ Type Ou4 Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR O0909 Transaction ID: SE-S631969 Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Expenditure Telephone Fundraising Category/ Type Od4 Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN Category/ Type Od4 M M M M M M M M M M M M M M M M M M M
Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address City SAN JUAN Support Office Sought: X Support Office Sought: X House District: 14 MI Oppose President Senate State: MI Date of Public Distribution/Dissemination M 2022 Amount Transaction ID: SE-S631971
LAWRENCE, BRENDA, LULENAR, , Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address City SAN JUAN Calendar Year-To-Date Per Election for Office Sought Disbursement For: M Primary General 2022 Other (specify) Date of Public Distribution/Dissemination M M M 12
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR Disbursement For: M Primary Other (specify) Date of Public Distribution/Dissemination M M M M D D D M D M D M D M D M D M D
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN City STAN STERS AND DONOR CREATION LLC Invoice paid after close of books Amount Amount Transaction ID : SE-S631971
LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-S631971
Amount Amount
Suite GM8 City State Zip Code 945.57 SAN JUAN PR 00909 Transaction ID : SE-S631971
SAN JUAN PR 00909 Transaction ID : SE-S631971
Purpose of Expenditure Telephone Fundraising Category/ Type 004
Name of Federal Candidate: X Support Office Sought: Manage District: 08
LESKO, DEBBIE, , , , Oppose President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought Disbursement For: ▼ Primary General 2022 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

2021

22

12

Date

NAME OF COMMITTEE (In Full)

24-hour report

Check if

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

UNITED WOMEN'S HEALTH ALLIANCE PAC

48-hour report

		PAGE 276 OF 317
		FOR LINE 24 OF FORM 3X
		FEC IDENTIFICATION NUMBER ▼
		C C00755694
Amends repo	ort filed	on M = M / D = D / Y = Y = Y
X Memo	Item	Date of Public Distribution/Dissemination
		12 29 / 2021
		Amount
o Code		945.57
00909		Transaction ID: SE-S631973 Date of Disbursement or Obligation
tegory/ Type 004		M M / D D / Y Y Y Y
	045-1	Sought: House District: 00
Support Oppose	Office	President Senate State: NH
	Disbu	ursement For: X Primary General
888.34	2026	Other (specify) ▶
✗ Memo	Item	Date of Public Distribution/Dissemination
		12 29 7 2021
		Amount
) Code		945.57
O Code 00909		Transaction ID : SE-S631975
00909 tegory/		
00909		Transaction ID : SE-S631975 Date of Disbursement or Obligation
00909	Office	Transaction ID : SE-S631975 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Sought: House District: 00
00909 tegory/ Type 004	Office	Transaction ID : SE-S631975 Date of Disbursement or Obligation
tegory/ Type 004 X Support Oppose		Transaction ID: SE-S631975 Date of Disbursement or Obligation Sought: House District: 00 President X Senate State: MO Ursement For: X Primary General
tegory/ Type 004 x Support Oppose	Disbu	Transaction ID : SE-S631975 Date of Disbursement or Obligation Sought: House District: 00 President Senate State: MO
tegory/ Type 004 Support Oppose	Disbu	Transaction ID: SE-S631975 Date of Disbursement or Obligation M M / D D / Y Y Y Y Se Sought: House District: 00 President ★ Senate State: MO Ursement For: ★ Primary General Other (specify) ▶
00909 tegory/ Type 004 Support Oppose	Disbu	Transaction ID: SE-S631975 Date of Disbursement or Obligation Sought: House District: 00 President X Senate State: MO Ursement For: X Primary General
00909 tegory/ Type 004 Support Oppose	Disbu	Transaction ID: SE-S631975 Date of Disbursement or Obligation M M / D D / Y Y Y Y Se Sought: House District: 00 President ★ Senate State: MO Ursement For: ★ Primary General Other (specify) ▶
tegory/ Type 004 Support Oppose	Disbu	Transaction ID: SE-S631975 Date of Disbursement or Obligation M M / D D / Y Y Y Y Se Sought: House District: 00 President ★ Senate State: MO Ursement For: ★ Primary General Other (specify) ▶
tegory/ Type 004	Disbu	Transaction ID: SE-S631975 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Se Sought: House District: 00 President ★ Senate State: MO Ursement For: ★ Primary General Other (specify) ▶

New report

PAGE	277	OF	317		
FOR LI	NE 24	OF F	ORM 3X		
SENTIFICATION NUMBER W					

NIAME OF COMMITTEE (In Fall)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA	NCF PAC			FEC IDENTIFICATION NUMBER ▼
011112011211111111111111111111111111111				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CRE	EATIONILLO	X Memo	Item D	Pate of Public Distribution/Dissemination
Invoice paid after close of books	LATION LLC			12 29 7 2021
Mailing Address 1607 Ponce de Leon ave			A	mount
Suite GM8		T		0.00
SAN JUAN	State PR	Zip Code 00909		945.57 Fransaction ID : SE-S631977
Purpose of Expenditure		Catamany		Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		X Support	Office S	Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	Pı	resident Senate State: WA
Calendar Year-To-Date		11888.36	Disburse	ement For: X Primary General
Per Election for Office Sought	7 7	11000.00	2022	Other (specify) ▶
Full Name of Payee		✗ Memo	Item D	Pate of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR C Invoice paid after close of books	REATION LL			12 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				mount
Suite GM8				mount
City	State	Zip Code		945.57
SAN JUAN	PR	00909		Transaction ID: SE-S631979 Date of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Telephone Fundraising		Type 004		
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose		resident Senate State: MD
Calendar Year-To-Date			Disburse	ement For: X Primary General
Per Election for Office Sought	7 7	11888.36	2022	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		•	0.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		ъΓ	
			, _	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized	•		
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	<i>led]</i> Date	12	22 2021
Signature				

NAME OF COMMITTEE (In Full)

PAGE 278 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00755694
M / D D / Y Y Y Y
of Public Distribution/Dissemination
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909.09 action ID : SE-S631981 of Disbursement or Obligation
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t: District: 00
ent Senate State: TX
t For: 🗶 Primary General
ther (specify)
of Public Distribution/Dissemination
01 01 2022
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909.09 saction ID : SE-S631983 of Disbursement or Obligation
t: District: 00
ent Senate State: NC
t For: 🗶 Primary General
ther (specify) ▶
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cooperation, consultation, or concert

UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed (on Mam / Dad / Yayayay
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	 Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8	Ctoto	Zin Codo		909.09
City SAN JUAN	State PR	Zip Code 00909		Transaction ID : SE-S631981 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	909.09	Disbur 2026	rsement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo	Item	Date of Public Distribution/Dissemination
Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave				01 01 2022 Amount
Suite GM8				Amount
City SAN JUAN	State	Zip Code 00909		909.09 Transaction ID : SE-S631983
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office	Sought: House District: 00
TILLIS, THOM, R., Sen,		Support Oppose		Sought: House District: 00 President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	909.09	Disbui 2026	rsement For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	M = 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				
				FEC Schedule E (Form 3X) Rev. 05/2016

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FEC IDENTIFICATION NUMBER C C00755694 Of Public Distribution/Dissemination Of Public Distribution/Dissemination Of Public Distribution/Dissemination Of Public Distribution Of Disbursement or Obligation Of Disbursement or Obligation Of Public Distribution/Dissemination Of Public Distribution/Dissemination Of Public Distribution/Dissemination Of Disbursement or Obligation Of Disbursement or Obligation	FEC IDEN	R LINE 24		
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of Public Distribution/Dissemination 101				
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o1 01 2022 nt 909.09 action ID : SE-S631985 of Disbursement or Obligation at:	of Public D	istribution/l	Dissemination	1
909.09 action ID: SE-S631985 of Disbursement or Obligation at:	01 /		2022	Υ
909.09 action ID: SE-S631985 of Disbursement or Obligation at:	nt			
at:			909.09	
tt:				
ent Senate State: MI therefore Primary General State: MI of Public Distribution/Dissemination of Public Distribution/Dissemination of Public Distribution/Dissemination of Distribution Public Distributi	M /	D D /	Y	Y
ent Senate State: MI Int For: X Primary General Inter (specify) Of Public Distribution/Dissemination Of Distribution/Distribution/Dissemination Of Distribution/Distribution/D	nt· 🗶 I	House	District 14	
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Diotilot.		House	District: 08	_
ent Senate State: AZ	nt: X	'		
t For: 🗶 Primary General			State: AZ	<u>. </u>
other (specify)	ent :	Senate	Siale	_
	ent s	Senate Primary	Siale	_
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NAME OF COMMITTEE (In Full)	05 540			FEC	IDENTIFICAT	TON NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			С	C0075569	4
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	/ D D /	YYYYY
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	X Memo	Item Da	ate of Publ	lic Distribution	n/Dissemination 2022
Mailing Address 1607 Ponce de Leon ave				01	O1	2022
Suite GM8			Ar	mount		
City	State	Zip Code			, , ,	909.09
SAN JUAN	PR	00909			ID: SE-S631 oursement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M	/ D = D	YYYY
Name of Federal Candidate:		X Support	Office Sc	ought:	X House	District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Pre	esident	Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought	7-1-5	909.09	Disburse 2022	ment For:	x Primar specify) ▶	ry General
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LL	C Memo	Item Da	ate of Publ	lic Distribution	n/Dissemination 2022
Mailing Address 1607 Ponce de Leon ave						
Suite GM8			Ar	mount		
City	State	Zip Code			, , , , ,	909.09
SAN JUAN	PR	00909			n ID: SE-S63 oursement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M	/ D D	Y = Y = Y = Y
Name of Federal Candidate:		✗ Support	Office Sc	ought:	X House	District: 08
LESKO, DEBBIE, , ,		Oppose	Pre	esident	Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	909.09	Disburse 2022	ment For:	Priman Pri	g General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			, F			0.00
					1 1 1	
(c) TOTAL Independent Expenditures			· • _			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
	Electronically Fil	ed] Date	e 12	/ 29		21
Signature						
				FEC	Schedule E (F	form 3X) Rev. 05/2016

 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES					PAGE 28	0 OF 317		
						24 OF FORM 3X		
AME OF COMMITTEE (In Full)				FEC II	DENTIFICAT	ION NUMBER ▼		
JNITED WOMEN'S HEALTH ALLIAN	ICE PAC			С	C00755694	4		
check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M /	D D /	Y		
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	X Memo	Item D	ate of Public	Distribution	n/Dissemination		
Mailing Address 1607 Ponce de Leon ave				•				
Suite GM8			A	mount				
City	State	Zip Code				909.09		
SAN JUAN	PR	00909			ID : SE-S631			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		Date of Disbursement or Obligation				
Name of Federal Candidate:		X Support	Office S	ought:	House	District: 00		
SHAHEEN, JEANNE, , ,		Oppose	Pr	esident	x Senate	State: NH		
Calendar Year-To-Date Per Election for Office Sought	7	909.09	Disburse	ment For:	Primar pecify) ▶	y General		
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Date of Public Distribution/Dissemination 01 Date of Public Distribution/Dissemination 01 01 01 01 01								
Mailing Address 1607 Ponce de Leon ave			Δ.	mount				
Suite GM8				nount				
City	State	Zip Code				909.09		
SAN JUAN	PR	00909			ID: SE-S63 irsement or			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M	/ D D	Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office S	ought:	House	District: 00		
BLUNT, ROY, , ,		Oppose	Pr	esident	x Senate	State: MO		
Calendar Year-To-Date Per Election for Office Sought	7 7	909.09	Disburse 2022	ment For:	Primar pecify) ▶	ry General		
(a) SUBTOTAL of Itemized Independent Expenditures			[0.00		
(b) SUBTOTAL of Unitemized Independent Expenditure	res			1 1 7	1 1 7			
(c) TOTAL Independent Expenditures			•					
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized							

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PAGE 281 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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f Public Distribution/Dissemination
01 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
909.09
action ID : SE-S631993 f Disbursement or Obligation
M / D D / Y Y Y Y
: House District: 00
nt 🗶 Senate State: WA
For: Primary General
her (specify)
f Public Distribution/Dissemination
01 01 2022
t
909.09
action ID : SE-S631995 f Disbursement or Obligation
M / D D / Y Y Y Y
· House District 00
: House District: 00 nt Senate State: MD
For: X Primary General
her (specify) >
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0.00

	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
U	INITED WOMEN'S HEALTH ALLIAN	ICE PAC		C C00755694
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
	Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	🗶 Memo	M M / D D / Y Y Y Y
	Mailing Address			01 01 2022
	1607 Ponce de Leon ave			Amount
	Suite GM8 City	State	Zip Code	909.09
	SAN JUAN	PR	00909	Transaction ID : SE-S631993 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
	Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
	MURRAY, PATTY, , ,		Oppose	President Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought	7	909.09	Disbursement For: ✓ Primary General 2022 Other (specify) ►
	Full Name of Payee	,	✗ Memo	
	LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	Date of Public Distribution/Dissernination		
	Mailing Address 1607 Ponce de Leon ave			Amount
	Suite GM8 City	State	Zip Code	909.09
	SAN JUAN	PR	00909	Transaction ID : SE-S631995 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
			Турс	
	Name of Federal Candidate:			Office Sought: Usus District: 00
	Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,		Support Oppose	Office Sought: House District: 00 President Senate State: MD
			Support Oppose	Office Sought. House District.
	VAN HOLLEN, CHRIS, , ,	7	✗ Support	President Senate State: MD
•	VAN HOLLEN, CHRIS, , , Calendar Year-To-Date	<i>^</i>	Support Oppose 909.09	President Senate State: MD Disbursement For: Primary General 2022
	VAN HOLLEN, CHRIS, , , Calendar Year-To-Date Per Election for Office Sought		Support Oppose	President Senate State: MD Disbursement For: Primary General 2022 Other (specify) ▶ 0.00
	VAN HOLLEN, CHRIS, , , Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	res	Support Oppose 909.09	President Senate State: MD Disbursement For: Primary General Other (specify) ▶ 0.00
	VAN HOLLEN, CHRIS, , , Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure	resent expenditures ate or authorized	Support Oppose 909.09	President Senate State: MD Disbursement For: Primary General 2022 Other (specify) ▶ 0.00 not made in cooperation, consultation, or concert
	Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	resent expenditures ate or authorized	Support Oppose 909.09 reported herein were committee or agent of	President

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 282 OF 317			
FOR LINE 24 OF F							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC							
C C00755694							
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y M Y M Y M Y			
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	Item	Date of Public Distribution/Dissemination					
Mailing Address		10 13 2021					
1607 Ponce de Leon ave Suite GM8							
City				1375.00			
SAN JUAN				Transaction ID : SE-S431194 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising	Purpose of Expenditure Telephone Fundraising Category/ Type 004						
Name of Federal Candidate:		X Support	Office	e Sought: House District: 00			
CORNYN, JOHN, , Sen,				President Senate State: TX			
Calendar Year-To-Date Per Election for Office Sought			Disbu 2026	ursement For: x Primary General Other (specify) ▶			
Full Name of Payee LIVE TRANSFERS AND DONOR CF	Item	Date of Public Distribution/Dissemination					
Amount							
Suite GM8 City	State	Zip Code		1375.00			
SAN JUAN PR 00909				Transaction ID : SE-S431196 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising Category/ Type 00-				10 06 / Y Y Y Y			
Name of Federal Candidate:	Office	e Sought: House District: 00					
TILLIS, THOM, R., Sen,	TILLIS, THOM, R., Sen, Support Oppose			President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought			Disbu 2026	ursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	e 1	0 13 2021			

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Date

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	į		PAGE 283 OF 317
	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	FEC IDENTIFICATION NUMBER ▼		
ONITED WOWLING HEALTH ALLININ	C C00755694		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave	10 13 2021 Amount		
Suite GM8	10:1-	T = 0.4.	1275.00
City SAN JUAN	State PR	Zip Code 00909	1375.00 Transaction ID : SE-S431198 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising			
Name of Federal Candidate:		X Support	Office Sought: House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI
Calcinati Teal To Bate			Disbursement For: ✓ Primary General 2022 Other (specify) ✓
Full Name of Payee		Memo	
LIVE TRANSFERS AND DONOR CR	REATION LL		10 13 2021
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8 City	State	Zin Codo	1375.00
City State Zip Code SAN JUAN PR 00909			Transaction ID : SE-S431200 Date of Disbursement or Obligation
Purpose of Expenditure Talaphase Fundacings Category/			Date of Disbursement of Obligation
Telephone Fundraising Type Output Type Type			10 06 2021
Name of Federal Candidate:		✗ Support	Office Sought: House District: 08
LESKO, DEBBIE, , , Oppose			President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 7	1375.00	Disbursement For: x Primary General 2022 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		2750.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res)
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
MASTROIANNI, STEPHANIE, , ,	[Flectronically Fil.	led1 _	M M / D D / Y Y Y Y

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SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 284 OF 317		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
UNITED WOMEN'S HEALTH ALLIANCE PAC						
C C00755694						
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y		
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1607 Ponce de Leon ave		Amount				
Suite GM8				Allount		
City	State	Zip Code		1375.00		
SAN JUAN	SAN JUAN PR 00909			Transaction ID : SE-S431202 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising Category/ Type 004 10 O6						
Name of Federal Candidate:		X Support	Office	e Sought: House District: 00		
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbu 2026	ursement For: Primary General Other (specify) ▶		
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC						
	EATION LL			10 13 / Y Y Y Y Y		
Mailing Address 1607 Ponce de Leon ave				Amount		
Suite GM8	To: .	7: 0 1		4275.00		
City State Zip Code PR 00909				1375.00 Transaction ID : SE-S431204 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising Category/ Type 004				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate: **Support** Office Sought: House District:						
BLUNT, ROY, , ,				President Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought				ursement For: ✓ Primary General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			•	2750.00		
(b) SUBTOTAL of Unitemized Independent Expenditur	res		•			
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed]	M 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 285 OF 317		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
UNITED WOMEN'S HEALTH ALLIAN		FEC IDENTIFICATION NUMBER ▼				
C C00755694						
Check if 24-hour report 48-hour report New report Amends report filed on MMM / DD / YYYYY						
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	Item Date	of Public Distribution/Dissemination				
Mailing Address 1607 Ponce de Leon ave	-	سسا سا لت				
Suite GM8						
City		1375.00				
SAN JUAN				Transaction ID : SE-S431206 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		10				
Name of Federal Candidate:		X Support	Office Soug	ht: House District: 00		
MURRAY, PATTY, , ,		Oppose	Presid	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Calendar Year-To-Date Per Election for Office Sought 1375.00 2				ent For: x Primary General Other (specify) >		
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave						
Suite GM8			Amo	uni		
City	State	Zip Code		1375.00		
SAN JUAN	PR	00909		nsaction ID : SE-S431208 of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising Category/ Type 004 10 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District: 00		
VAN HOLLEN, CHRIS, , , Oppose			Presid	dent Senate State: MD		
Calendar Year-To-Date Per Election for Office Sought Disbursement For: ▼ Primary Gener 2022 Other (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•		
MASTROIANNI, STEPHANIE, , ,	Electronically File	[ed] Date	10 /	13 2021		

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 286 OF 317		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
UNITED WOMEN'S HEALTH ALLIAN		FEC IDENTIFICATION NUMBER ▼				
C C00755694						
Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D / Y Y Y Y Y Y						
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	M	of Public Distribution/Dissemination				
Mailing Address 1607 Ponce de Leon ave		لتتنا لنا لت				
Suite GM8						
City		1400.25				
City State Zip Code SAN JUAN PR 00909				Transaction ID : SE-S431107 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate:		X Support	Office Sough	t: House District: 00		
CORNYN, JOHN, , Sen,		Oppose	Preside	ent State: TX		
Calendar Year-To-Date Per Election for Office Sought	7 7	2775.26	Disbursement 2026 Of	t For: x Primary General ther (specify) ▶		
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address Agaz Payer to Lawrence To Memo Item Date of Public Distribution/Dissemination Memo Item 10 20 2021						
1607 Ponce de Leon ave Suite GM8			Amour	nt		
City	State	Zip Code		1400.25		
SAN JUAN	PR	00909		saction ID : SE-S431109 of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising Category/ Type 004 10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate: X Support Office Sought: House District:						
TILLIS, THOM, R., Sen,		Oppose	Preside	ent Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought Disbursement For: ▼ Primary General Sought						
(a) SUBTOTAL of Itemized Independent Expenditures						
(c) TOTAL Independent Expenditures			.			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	M M /	20 / 2021		

Signature

 $MASTROIANNI,\,STEPHANIE,\,,\,$

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E OF COMMITTEE (In Full) ITED WOMEN'S HEALTH ALLIANG k if 24-hour report 48-hour report ull Name of Payee LIVE TRANSFERS AND DONOR CREAT lailing Address 1607 Ponce de Leon ave Suite GM8	New rep	ort Amends repo ☐ Memo	FEC IDENTIFICA C C0075569	/ Y = Y = Y
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k if 24-hour report 48-hour report ull Name of Payee LIVE TRANSFERS AND DONOR CREAT	New rep		t filed on M M / D D	/ Y = Y = Y
ull Name of Payee LIVE TRANSFERS AND DONOR CREAT lailing Address 1607 Ponce de Leon ave	·		i filed on	
LIVE TRANSFERS AND DONOR CREAT lailing Address 1607 Ponce de Leon ave	TION LLC	☐ Memo	em Date of Public Distribution	on/Dissemination
1607 Ponce de Leon ave			10 Z0	/ Y Y Y Y Y Y 2021
			10 20	2021
Suite Givio			Amount	
ity	State	Zip Code		1400.25
AN JUAN	PR	00909	Transaction ID : SE-S43 Date of Disbursement or	31111
urpose of Expenditure Telephone Fundraising				2021
ame of Federal Candidate:		X Support	Office Sought: X House	District: 14
AWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	2775.25	Disbursement For: ☐ Prima ☐ Other (specify) ☐	ary General
ull Name of Payee		Memo	em Date of Public Distribution	on/Dissemination
LIVE TRANSFERS AND DONOR CRI	EATION LL		M M / D D	/ Y Y Y Y Y
lailing Address			1020	2021
1607 Ponce de Leon ave			Amount	
Suite GM8	01-1-	7:- O- d-		1400.05
ity SAN JUAN	State PR	Zip Code 00909	Transaction ID : SE-S4 Date of Disbursement or	
urpose of Expenditure Telephone Fundraising		Category/ Type 004	10 / 13	/ Y Y Y Y Y 2021
ame of Federal Candidate:		Cupport C	Office Couplets V House	District: 08
ESKO, DEBBIE, , ,		Support	Office Sought: X House	A 7
		Oppose	President Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought		2775.25	Disbursement For: Prima 2022	ary General
Per Election for Office Sought	7 7		Other (specify)	

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Date

TEMIZED INDEPENDENT EXPENDITURES			PAGE 288 OF 317		
			FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	FEC IDENTIFICATION NUMBER ▼				
C C00755694					
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	Item Date of Public Distribution/Dissemination				
Mailing Address 1607 Ponce de Leon ave	10 20 2021				
Suite GM8	Amount				
City State Zip Code			1400.25		
SAN JUAN					
Purpose of Expenditure Telephone Fundraising	Category/ Type 004	10 / 13 / 2021			
Name of Federal Candidate:		X Support	Office Sought: House District: 00		
SHAHEEN, JEANNE, , ,		Oppose	President Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought	2775.25	Disbursement For: 2026			
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Item Date of Public Distribution/Dissemination M 10 / 20 / Y 2021 Amount		
Suite GM8		7:- 01-	1400.25		
City SAN JUAN	State PR	Zip Code 00909	1400.25 Transaction ID : SE-S431117 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising	10 13 2021				
Name of Federal Candidate: X Support Office Sought: House District: 00					
BLUNT, ROY, , ,			President Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2022 Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ded] Date	e 10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

	PAGE 289 OF 317 FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
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Item	Date of Public Distribution/Dissemination
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	10 20 2021
	Amount
	1400.25
	Transaction ID : SE-S431119 Date of Disbursement or Obligation
1	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Offic	e Sought: House District: 00
	President X Senate State: WA
Disb	ursement For: 🗶 Primary 🔲 General
2022	Other (specify)
Item	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
	10 20 2021
	10 20 2021 Amount
	Amount
	Amount 1400.25
	Amount 1400.25
	Amount 1400.25 Transaction ID: SE-S431121 Date of Disbursement or Obligation
	Amount 1400.25 Transaction ID: SE-S431121 Date of Disbursement or Obligation
_	Amount 1400.25 Transaction ID: SE-S431121 Date of Disbursement or Obligation
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Offic	Amount 1400.25 Transaction ID: SE-S431121 Date of Disbursement or Obligation 10 13 President Senate State: MD Ursement For: Primary General
Offic	Amount 1400.25 Transaction ID: SE-S431121 Date of Disbursement or Obligation 10 13 13 2021 President Senate Fresident Fre
Offic	Amount 1400.25 Transaction ID: SE-S431121 Date of Disbursement or Obligation 10 13 13 2021 President Senate State: MD Ursement For: Primary General Other (specify)
Offic	Amount 1400.25 Transaction ID: SE-S431121 Date of Disbursement or Obligation 10 13 President Senate State: MD Ursement For: Primary General
Offic	Amount 1400.25 Transaction ID: SE-S431121 Date of Disbursement or Obligation 10 13 2021 President Senate State: MD Ursement For: Primary General Other (specify)
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Disb	Amount 1400.25 Transaction ID: SE-S431121 Date of Disbursement or Obligation M M M / D D / Y Y Y D Y Y Y Y Y Y Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 290 OF 317
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN		FEC IDENTIFICATION NUMBER ▼		
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M	f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amoun	t
City	State	Zip Code	$-\Gamma$	1287.79
SAN JUAN	PR	00909		action ID : SE-S434151 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought	: X House District: 08
LESKO, DEBBIE, , ,		Oppose	Preside	nt Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	, , ,	4063.04	Disbursement 2022 Ot	For: x Primary General her (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	C Memo	M	f Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amoun	t
City	State	Zip Code		1287.79
SAN JUAN	PR	00909		action ID : SE-S434153 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sought	: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Preside	nt 🗶 Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	4063.04	Disbursement 2026 Ot	For: ✓ Primary General her (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				2575.58
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	M = M /	03 / 2021

		PAGE 291 OF 317 FOR LINE 24 OF FORM 3X
		FEC IDENTIFICATION NUMBER ▼
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s report	filed	on M = M / D = D / Y = Y = Y = Y
√lemo It	em	Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Amount
		1287.80
		Transaction ID : SE-S434155 Date of Disbursement or Obligation
004		10 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
oort	Office	Sought: House District: 00
ose		President Senate State: MO
] :	Disbu 2022	rsement For: X Primary General
Лemo It	em	Date of Public Distribution/Dissemination
nemo n	CIII	M M / D D / Y Y Y Y
		11 03 2021
		Amount
		1287.80
		Transaction ID : SE-S434157 Date of Disbursement or Obligation
004		10 27 2021
oort	Office	Sought: House District: 00
ose		President Senate State: WA
1		rsement For: 🗶 Primary General
	2022	Other (specify) ▶
	•	2575.60
	•	

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Dat	te of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave	Am	11 03 2021			
Suite GM8		1		1287.80	
SAN JUAN	City State Zip Code SAN JUAN PR 00909				
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		te of Disbursement or Obligation 10 27 2021	
Name of Federal Candidate: BLUNT, ROY, , ,		✗ Support	Office Sou		
BEONT, NOT, , ,		Oppose	Pres	sident Senate State: NO	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	4063.06	Disbursen 2022	nent For: Primary General Other (specify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	C Memo	Item Dat	te of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave Suite GM8			Am	ount	
City	State	Zip Code	— Г	1287.80	
SAN JUAN	PR	00909		ansaction ID : SE-S434157 te of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10	
Name of Federal Candidate:		✗ Support	Office Sou	ught: House District: 00	
MURRAY, PATTY, , ,		Oppose		sident X Senate State: WA	
Calendar Year-To-Date		4063.05	Disbursen 2022		
Per Election for Office Sought	7		2022	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			•	2575.60	
(b) SUBTOTAL of Uniternized Independent Expenditure	res		•		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
	Electronically Fil	led] Date	m m m	03 2021	
Signature					
				FEC Schedule E (Form 3X) Rev. 05/201	

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 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

SCHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES					
TEMIZED INDEFENDENT EXPENDITORES				PAGE 292 OF 317 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	Item	Date of Public Distribution/Dissemination			
Mailing Address 1607 Dense de Lean ave		11 03 2021			
1607 Ponce de Leon ave Suite GM8				Amount	
City	State	Zip Code		1287.80	
SAN JUAN	PR	00909		Transaction ID : SE-S434159 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00	
VAN HOLLEN, CHRIS, , ,		Oppose	F	President Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought	7 7	4063.05	Disburs 2022	sement For: Primary General Other (specify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution 11 Date of Public Distribution					
Mailing Address 1607 Ponce de Leon ave				Amount	
Suite GM8	1	T =			
City SAN JUAN	State	Zip Code 00909		1287.79 Transaction ID : SE-S434145	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	_	Date of Disbursement or Obligation 10 27 2021	
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00	
CORNYN, JOHN, , Sen,		Oppose		President State: TX	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	4063.05	Disburs 2026	sement For: Primary General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			·· •		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				

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 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDITURES				PAGE 293 OF 317
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	105 540			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
			M	M / D D / Y Y Y
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	М	f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave		11 03 2021		
Suite GM8			Amoun	it
City	State	Zip Code		1287.79
SAN JUAN	PR	00909		action ID : SE-S434147 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	10 27 2021
Name of Federal Candidate:		✗ Support	Office Sought	t: House District:00
TILLIS, THOM, R., Sen,		Oppose	Preside	NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: ✓ Primary 2026 Other (specify)				
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address 1607 Ponce de Leon ave	REATION LL	_C Memo	М	f Public Distribution/Dissemination
Suite GM8			Amoun	t
City	State	Zip Code		1287.79
SAN JUAN				action ID : SE-S434149 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	10 27 / 2021
Name of Federal Candidate:		✗ Support	Office Sought	t: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Preside	nt Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, ,	4063.04	Disbursement 2022 Ot	For: x Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	2575.58
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			

[Electronically Filed]

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Signature

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 294 OF 317	
				FOR LINE 24 OF FORM 3X	
VAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC					
UNITED WOMEN'S HEALTH ALLIAN	NCE PAC			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed or	1	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item [Date of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave					
Suite GM8			F	Amount	
City	State	Zip Code		1120.60	
SAN JUAN	PR	00909	-	Transaction ID : SE-S434177 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		X Support	Office S	Sought: House District: 00	
CORNYN, JOHN, , Sen,		Oppose	P	resident Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought	7	6223.75	Disburs 2026	ement For: Primary General Other (specify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address 1607 Ponce de Leon ave Suite GM8	REATION LL	.C Memo		Date of Public Distribution/Dissemination 11 17 2021 Amount	
City	State	Zip Code		1120.59	
SAN JUAN	PR	00909	I .	Transaction ID : SE-S434179 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 03 / Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office S	Sought: House District:00	
TILLIS, THOM, R., Sen,		Oppose	P	resident Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	6223.72	Disburs 2026	ement For: x Primary General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures					
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized				
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	M N	17 2021	

	DAGE 55	- OF 017
	PAGE 29	
	•	24 OF FORM 3X
FEC II	_	ION NUMBER ▼
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of Publi	c Distribution	n/Dissemination
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actic :	ID : SE-S/2/	1120.59
	ID: SE-S434 ursement or	
11	/ 03	2021
	00	2021
t: [X House	District: 14
ent	Senate	State: MI
t For:	X Primar	y General
	pecify) ▶	,
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11	17	2021
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	ID: SE-S43 ursement or	
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11	03	2021
t:	X House	District: 08
ent [Senate	State: AZ
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t For:	x Primar	y General
	pecify) ▶	
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NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
UNITED WOMEN'S HEALTH ALLIAN	C C00755694					
			000/00094			
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report						
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M = M / D = D / Y = Y = Y			
Mailing Address			11 17 2021			
1607 Ponce de Leon ave	Amount					
City	Suite GM8 City State Zip Code					
SAN JUAN	PR	00909	Transaction ID : SE-S434181 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate:		✗ Support	Office Sought: X House District: 14			
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought	7	6223.72	Disbursement For: ■ Primary General 2022 Other (specify) ■			
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination			
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	11 17 2021			
Mailing Address 1607 Ponce de Leon ave			Amount			
Suite GM8			Amount			
City	State	Zip Code	1120.59			
SAN JUAN	PR	00909	Transaction ID : SE-S434183 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising	11 03 / 2021					
Name of Federal Candidate:		✗ Support	Office Sought: House District: 08			
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ			
Calendar Year-To-Date Per Election for Office Sought	1	6223.72	Disbursement For: Primary General			
(a) SUBTOTAL of Itemized Independent Expenditures			. > 2241.18			
(b) SUBTOTAL of Unitemized Independent Expenditu	res					
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	[Electronically Fil	led] Date	e 11 17 2021			
Signature						
			FEC Schedule E (Form 3X) Rev. 05/20			

Signature

TEMIZED INDEPENDENT EXPENDITURES			PAGE	296 OF 317
			FOR LIN	E 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	ATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		C C00755	694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	t filed on//	/ Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	tem Date of Public Distribution	ion/Dissemination
Mailing Address 1607 Ponce de Leon ave			تالتا 🗕	2021
Suite GM8			Amount	
City	State	Zip Code		1120.60
SAN JUAN	PR	00909	Transaction ID : SE-Sent Date of Disbursement	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	11 / 03	/ Y Y Y Y Y Y 2021
Name of Federal Candidate:		✗ Support	Office Sought: House	District:00
SHAHEEN, JEANNE, , ,		Oppose	President Senate	State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	6223.74	Disbursement For: x Pring 2026	nary General
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	.C Memo	Date of Public Distribu	ion/Dissemination
Suite GM8	T-			
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : SE-S Date of Disbursement	
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004	11 / 03	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House	District:00
BLUNT, ROY, , ,		Oppose	President Senate	State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	6223.76	Disbursement For: 2022	nary General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				2241.20
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	•	· ·
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led] Date	M M / D D / Y I	2021

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 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

CHEDULE E (FEC Form 3X)					
EMIZED INDEPENDENT EXPENDITURES				PAGE 297 OF 317	
IAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (IN FUII) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER ▼	
UNITED WOWENS REALTH ALLIAN	ICE PAC			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	"M / D D / Y Y Y Y Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	itom _	of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave	Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	nt	
City	State	Zip Code	[] [1120.60	
SAN JUAN	PR	00909		saction ID : SE-S434189 of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 03 7 2021	
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District: 00	
MURRAY, PATTY, , ,		Oppose	Presid	\\\\\	
Calendar Year-To-Date Per Election for Office Sought	7	6223.75	Disbursemer 2022	nt For: ✗ Primary ☐ General Other (specify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address 1607 Ponce de Leon ave	REATION LI	_C Memo	itom _	of Public Distribution/Dissemination	
Suite GM8					
City SAN JUAN	State PR	Zip Code 00909	I	1120.60 saction ID : SE-S434191	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		of Disbursement or Obligation	
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District:00	
VAN HOLLEN, CHRIS, , ,		Oppose	Presid	MD	
Calendar Year-To-Date Per Election for Office Sought	5 5	6223.75	Disbursemer 2022	nt For: x Primary General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	·		· •	2241.20	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· -		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized				

[Electronically Filed]

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Signature

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES	i			PAGE 298 OF 317	
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X	
VAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC					
ONITED WOMEN 3 HEALTH ALLIAN	ICE PAC			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed or	n M = M / D = D / Y = Y = Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item [Date of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave					
Suite GM8			l A	Amount	
City	State	Zip Code		1040.10	
SAN JUAN	PR	00909		Fransaction ID : SE-S434193 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		X Support	Office S	Sought: House District:00	
CORNYN, JOHN, , Sen,		Oppose	P	resident Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought	7	6223.75	Disburs 2026	ement For: x Primary General Other (specify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address 1607 Ponce de Leon ave Suite GM8	REATION LL	.C Memo		Date of Public Distribution/Dissemination 11	
City	State	Zip Code		1040.09	
SAN JUAN	PR	00909		Transaction ID : SE-S434195 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office S	Sought: House District:00	
TILLIS, THOM, R., Sen,		Oppose	P	resident Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7	6223.72	Disburs 2026	ement For: ✓ Primary General Other (specify) ✓	
(a) SUBTOTAL of Itemized Independent Expenditures					
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized				
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	M = N	17 2021	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	ES		PAGE 299 OF 317 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
NITED WOMEN'S HEALTH ALLI	ANCE PAC		
			C C00755694
ck if 24-hour report 48-hour report	New rep	oort Amends report	filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LLC	☐ Memo Ite	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			11 17 2021
			Amount
Suite GM8	Chaha	7in Codo	1040.00
City	State	Zip Code	1040.09
SAN JUAN	PR	00909	Transaction ID: SE-S434197 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	11 10 2021
Name of Federal Candidate:		X Support (Office Sought:
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ✓ Primary General Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR Mailing Address 1607 Ponce de Leon ave	CREATION LI	Memo Ite	Date of Public Distribution/Dissemination M 11 17 2021 Amount
Suite GM8			, unoun
City	State	Zip Code	1040.09
	1		Transaction ID : SE-S434199
	PR	00909	Date of Disbursement or Obligation
	PR	Category/ Type 004	
Purpose of Expenditure Telephone Fundraising	PR	Category/ Type 004	Date of Disbursement or Obligation 11 10 2021
Telephone Fundraising Name of Federal Candidate:	PR	Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Expenditure	PR	Category/ Type 004 X Support Oppose	Date of Disbursement or Obligation 11 10 2021 Diffice Sought: House District: 08
Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, , , Calendar Year-To-Date Per Election for Office Sought		Category/ Type 004 X Support Oppose 6223.72	Date of Disbursement or Obligation M M M / 10 / 2021 Diffice Sought:
Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, , , Calendar Year-To-Date Per Election for Office Sought	ures	Category/ Type 004 X Support Oppose 6223.72	Date of Disbursement or Obligation M 1 M / 10 / 2021 Diffice Sought:
Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, , , Calendar Year-To-Date Per Election for Office Sought a) SUBTOTAL of Itemized Independent Expendit	ures	Category/ Type 004 X Support Oppose 6223.72	Date of Disbursement or Obligation M 1 M / 10 / 2021 Diffice Sought:
Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, , , Calendar Year-To-Date	ures	Category/ Type 004 X Support 0 Oppose 2	Date of Disbursement or Obligation M 1 M / 10 / 2021 Diffice Sought:

MIZED INDEPENDENT EXPENDITURES					PAGE 30 FOR LINE	0 OF 317 24 OF FORM 3X
ME OF COMMITTEE (In Full) NITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC	IDENTIFICAT	ION NUMBER ▼
NITED WOMEN'S HEALTH ALLIAN	ICE PAC			C	C0075569	4
eck if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	M = M	/ D D /	Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Da	nte of Pub	lic Distribution	n/Dissemination
Mailing Address 1607 Ponce de Leon ave			Ar	nount	17	2021
Suite GM8				Tourit		
City	State	Zip Code			7	1040.10
SAN JUAN	PR	00909			n ID: SE-S434 oursement or	I
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11	10	2021
Name of Federal Candidate:		✗ Support	Office Sc	ught:	House	District:00
SHAHEEN, JEANNE, , ,		Oppose	Pre	esident	✗ Senate	State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	6223.74	Disburse 2026	7	x Priman	ry General
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION L	☐ Memo	Item Da	nte of Pub	lic Distribution	n/Dissemination 2021
Mailing Address 1607 Ponce de Leon ave						
Suite GM8			Ar	nount		
City	State	Zip Code				1040.10
SAN JUAN	PR	00909			n ID : SE-S43 oursement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11	10	2021
Name of Federal Candidate:		✗ Support	Office Sc	uaht:	House	District: 00
BLUNT, ROY, , ,		Oppose		esident	✗ Senate	State: MO
Calendar Year-To-Date Per Election for Office Sought	7	6223.76	Disburse 2022	٦	x Prima	ry General
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 a) SUBTOTAL of Itemized Independent Expenditures 			•		7	2080.20
b) SUBTOTAL of Unitemized Independent Expenditu	res		•			
c) TOTAL Independent Expenditures			•	,		

 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

[Electronically Filed]

SCHEDULE E (ITEMIZED INDEPEN

HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES				PAGE 301 OF 317
				FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NITED WOMEN'S HEALTH ALLIAN	CE PAC			
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ck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				2021
Suite GM8				Amount
City	State	Zip Code		1040.10
SAN JUAN	PR	00909		Transaction ID : SE-S434205 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
MURRAY, PATTY, , ,		Oppose		President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	6223.75	Disbu 2022	rsement For: ✓ Primary General Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	_C Memo	Item	Date of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		1040.10
SAN JUAN	PR	00909		Transaction ID : SE-S434207 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
lame of Federal Candidate:		✗ Support	Office	Sought: House District: 00
'AN HOLLEN, CHRIS, , ,		Oppose		President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 7	6223.75	Disbu 2022	rsement For:
SUBTOTAL of Itemized Independent Expenditures			. •	2080.20
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nder penalty of perjury I certify that the independe th, or at the request or suggestion of, any candida urty committee) any political party committee or its	ite or authorized			

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 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDITURES				PAGE 302 OF 317
AME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
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				C C00755694
heck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo		Public Distribution/Dissemination
Mailing Address				
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code		909.84
SAN JUAN	PR	00909		ction ID : SE-S434209 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	Presiden	t 🗶 Senate State:TX
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	7133.59	Disbursement 2026 Oth	For: x Primary ☐ General er (specify) ►
Full Name of Payee		☐ Memo		Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL			1 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			A	
Suite GM8			Amount	
City	State	Zip Code		909.84
SAN JUAN	PR	00909		ction ID : SE-S434211 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 1	1 17 7 2021
Name of Federal Candidate:		✗ Support	Office Sought:	House District:00
TILLIS, THOM, R., Sen,		Oppose	Presiden	t X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	7133.56	Disbursement 2026 Oth	For: x Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1819.68
(a) 306101AE of itemized independent Experimitales			•	1019.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7
(c) TOTAL Independent Expenditures			•	5
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			

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	PAGE 30	3 OF 317 24 OF FORM 3X
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sident	Senate	State: MI
ent For:	✗ Prima	ry General
Other (s	specify) ▶	
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ount		
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e of Disk 11 Inght: Sident Other (s	n ID: SE-S43 bursement or /	Obligation / 2021 District: 08 State: AZ ry General

UNITED WOMEN'S HEALTH ALLIANCE PAC Check if24-hour report	NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X
Check if _24-hour report	NAME OF COMMITTEE (In Full)	05.54.0			FEC IDENTIFICATION NUMBER ▼
Check if 24-hour report	UNITED WOMEN'S HEALTH ALLIANO	CE PAC			C C00755694
LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code 90099	Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR Category/ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 Category/ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address Suite GM8 City SAN JUAN PR Category/ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address Suite GM8 Category/ SAN JUAN PR Category/ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address Suite GM8 Category/ SAN JUAN PR Category/ Category/ SAN JUAN PR Category/ SAN JUAN PR Category/ SAN JUAN PR Category/ Ca	Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Surite GMB City SAN JUAN PR O0999 Purpose of Expenditure Telephone Fundraising Category/ Telephone Fundraising Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Oppose Category/ President Category/ Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address SAN JUAN PR O0999 Furpose of Expenditure Telephone Fundraising State SI State Signature Amount Amount Office Sought In an accident Seas Seas State State: In an accident Seas Seas Seas Seas State: In an accident Seas Seas Seas Seas Seas Seas Seas Seas		TION LLC			
Suite GM8 City SAN JUAN PR 00909 Transaction ID: SE-5434213 Date of Disbursement or Obligation Transaction ID: SE-5434213 Date of Disbursement or Disbursement or Disbursement or Disbursement or Disbursement or Disbursement or Section ID: Transaction ID: SE-5434213 Date of Disbursement Disbursement or Disbursement or Disbursement or Disbursement or Section ID: Transaction ID: SE-5434213 Date of Disbursement Disbursement ID: Transaction ID: Tran	Mailing Address 1607 Ponce de Leon ave			Amou	unt
SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LAWRENCE, BRENDA, LUENAR, Calendar Year-To-Date Purpose of Expenditure Telephone Fundraising Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Name of Federal Candidate: LESKO, DEBBIE., Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE., Calendar Year-To-Date Per Election for Office Sought Transaction ID: SE-S434213 Date of Disbursement or Obligation Thus President Senate The Primary General Amount Transaction ID: SE-S434213 Date of Disbursement or Obligation Thus President Senate The Primary General Transaction ID: SE-S434213 Date of Disbursement or Obligation Thus President Telephone Fundraising Transaction ID: SE-S434213 Date of Disbursement or Obligation Thus Primary General The Primary General Transaction ID: SE-S434213 Date of Disbursement or Obligation Thus Primary General The Primary General Transaction ID: SE-S434213 Date of Disbursement or Obligation Transaction ID: SE-S434213 Date of Disbursement or Obligation Thus Primary General The Primary General Transaction ID: SE-S434213 Date of Disbursement or Obligation The Primary General The Primary General Transaction ID: SE-S434213 Date of Disbursement or Obligation Thus Primary General The Primary	Suite GM8			Amot	ant.
Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR., Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address Suite GM8 City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LYENDARD State Suite GM8 City SAN JUAN PR Oodo Transaction ID: SE-S434215 Date of Disbursement or Obligation Transaction ID: SE-S434215 Date of Disbursement For: Transaction ID: SE-S434215 Date of	City	State	Zip Code		909.84
Telephone Fundraising Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR., Oppose President Senate State: MI Calendar Year-To-Date Purpose of Expenditure Telephone Fundraising Calendar Candidate: LYESKO, DEBBIE.,, Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought San Juan Purpose of Expenditure Telephone Fundraising Category/ Type Total Name of Payer Category/ Type Total Category/ Typ		PR	00909		
LAWRENCE, BRENDA, LULENAR, Oppose President Senate State: MI Calendar Year-To-Date Per Election for Office Sought 7133.56 Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 0999 Purpose of Expenditure Telephone Fundraising Purpose of Expenditure Telephone Fundraising Oppose President Senate State: AZ Calendar Year-To-Date Per Election for Office Sought 7133.56 Calendar Year-To-Date Senate State: AZ Calendar Year-To-Date Per Election for Office Sought 7133.56 Calendar Year-To-Date Senate State: AZ Calen					
LAWRENCE, BRENDA, LULENAR, Oppose President Senate State: MI Calendar Year-To-Date Per Election for Office Sought 7133.56 Pull Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City San Juan Propose of Expenditure Telephone Fundraising 2099.84 Tansaction ID: \$\$\frac{3}{2}\$	Name of Federal Candidate:		X Support	Office Soug	ht: X House District: 14
Per Election for Office Sought Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 0999 Category/ Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE.,, Calendar Year-To-Date Per Election for Office Sought Tales of Disbursement For: A Friend President Telephone Fundraising Category/ Type Office Sought: Thouse Disbursement For: Thouse Disbursement For: Thouse Disbursement For: Thouse Disbursement For: Though President Telephone Fundraising Category/ Type Office Sought: Thouse Disbursement For: Thouse Disbur	LAWRENCE, BRENDA, LULENAR, ,				
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type Od4 LESKO, DEBBIE, Calendar Year-To-Date Per Election for Office Sought Total Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date Da			7133.56	2022	• -
LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, ,	0				Other (specify) ►
Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Propose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate: LESKO, DEBBIE Qppose President Senate State: AZ Calendar Year-To-Date Per Election for Office Sought 7133.56 Calendar Year-To-Date Per Election for Office Sought 7133.56 Calendar Year-To-Date Office Sought 7133.56 Calendar Year-To-Date Per Election for Office Sought 7133.56 Calendar Year-To-Date Office Sought 7133.56 Category/ Type 004		EATION LL		_	M M / D D / Y Y Y Y
Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, Calendar Year-To-Date Per Election for Office Sought T133.56 Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Amount Transaction ID: SE-S434215 Date of Disbursement or Obligation Tansaction ID: SE-S434215 Date of Disbursement For: primary General Tansaction ID: 17	Mailing Address				11 24 2021
City State Zip Code 909.84 SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. It is possible transaction ID: SE-S434215 Date of Disbursement or Obligation Transaction ID: SE-S434215 Date of Disbursement or Obligation Tiny 2021 Thouse District: 08 President Senate State: AZ Disbursement For: Image Primary General 2022 Other (specify) Image Primary General 2022 Other (specify) Image Primary General 2022 Other (specify) Image Primary General 2022 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	1607 Ponce de Leon ave			Amou	unt
SAN JUAN PR 00909 Transaction ID: SE-S434215 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, , Oppose President Senate State: AZ Calendar Year-To-Date Per Election for Office Sought T133.56 Disbursement For: Primary General 2022 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI. STEPHANIE. , [Electronically Filed] Signature		Stato	Zin Codo		909.84
Purpose of Expenditure Telephone Fundraising Category/ Type Out If 11			•		saction ID : SE-S434215
LESKO, DEBBIE, , ,	· · ·				M M / D D / Y Y Y Y
LESKO, DEBBIE, , ,	Name of Federal Candidate:		Support	Office Soug	ht. Y House District. 08
Per Election for Office Sought 7133.56 2022 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	LESKO, DEBBIE, , ,				
(a) SUBTOTAL of Itemized Independent Expenditures	Calendar Year-To-Date		1 - 1 - 1 - 1	Disburseme	nt For: 🗶 Primary General
(c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , [Electronically Filed] Date Date Mastroiannie Date Da	Per Election for Office Sought	1 1	7133.56	2022	Other (specify)
(c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , [Electronically Filed] Date Date Mastroiannie Date Da	(a) SUBTOTAL of Itemized Independent Expenditures				1819.68
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date Mastroiannia Mast	(a) 000 1 0 1 1 2 0 1 1 0 1 1 1 0 1				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , ,	(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date Date Date	(c) TOTAL Independent Expenditures			•	
Signature [Electronically Filed] Date 11 24 2021					
Signature					
FEC Schedule F (Form 3Y) Ray 05/2019	party committee) any political party committee or its a	agent.	od I	M M /	

	PAGE 304 OF 317
	FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
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tem	Date of Public Distribution/Dissemination
	11 24 Y 2021
	Amount
	909.84
	Transaction ID: SE-S434217 Date of Disbursement or Obligation
	11 17 2021
Office	e Sought: House District: 00
	President Senate State: NH
Disbu	ursement For: 🗶 Primary General
2026	Other (specify) ▶
tem	Date of Public Distribution/Dissemination
tem	
tem	Date of Public Distribution/Dissemination
tem	Date of Public Distribution/Dissemination M 11
tem	Date of Public Distribution/Dissemination M 11
Item	Date of Public Distribution/Dissemination M 1 M
	Date of Public Distribution/Dissemination M 1
	Date of Public Distribution/Dissemination M M M / 24 / Y 2021 Amount 909.85 Transaction ID: SE-S434219 Date of Disbursement or Obligation M M M / 17 / 2021
Office	Date of Public Distribution/Dissemination M 1
Office	Date of Public Distribution/Dissemination M 1 M
Office	Date of Public Distribution/Dissemination M 11
Office	Date of Public Distribution/Dissemination M 1
Office	Date of Public Distribution/Dissemination M 1
Office	Date of Public Distribution/Dissemination M 1

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		
			C C00755694
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LIVE TRANSFERS AND DONOR CREA	ATION LLC		11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8			
City	State	Zip Code	909.84
SAN JUAN	PR	00909	Transaction ID: SE-S434217 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President State: NH
Calendar Year-To-Date Per Election for Office Sought	7	7133.58	Disbursement For: ✓ Primary Gener 2026 Other (specify)
Full Name of Davis	, ,		
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	C Memo	Tem Date of Public Distribution/Dissernination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	909.85
SAN JUAN	PR	00909	Transaction ID : SE-S434219 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	11 11 17 17 2021
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date		7133.61	Disbursement For: Primary Gener
Per Election for Office Sought	1-1-1-1	7100.01	2022
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶ 1819.69
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(b) SUBTOTAL of Unitemized Independent Expenditure	res		•
(c) TOTAL Independent Expenditures			. >
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
	Electronically File	ed] Date	e 11 24 2021
Signature			

	PAGE 305 OF 317
	FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
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ed	on M M / D D / Y Y Y Y
	Date of Public Distribution/Dissemination
	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
_	909.85
	Transaction ID : SE-S434221
\dashv	Date of Disbursement or Obligation
	11 17 2021
fice	e Sought: House District: 00
	President Senate State: WA
	rsement For: 🗶 Primary 🔲 General
2	Other (specify) ▶
	Date of Public Distribution/Dissemination
	11 24 7 2021
	Amount
	909.85
	Transaction ID : SE-S434223 Date of Disbursement or Obligation
	11 17 2021
 fice	Sought: House District: 00
	President Senate State: MD
sbu 22	orsement For: Primary General Other (specify) ▶
	Office (specify)
	1819.70

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
				O Militar
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo		f Public Distribution/Dissemination
Mailing Address				11 24 2021
1607 Ponce de Leon ave			Amoun	ıt
Suite GM8	1			
City	State	Zip Code		909.85
SAN JUAN	PR	00909		action ID: SE-S434221 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	11 17 2021
Name of Federal Candidate:		✗ Support	Office Sought	t: House District: 00
MURRAY, PATTY, , ,		Oppose	Preside	
			Disbursement	
Calendar Year-To-Date Per Election for Office Sought	7	7133.60	2022	ther (specify) >
Full Name of Payee		☐ Memo	Item Date o	f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C		11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			A moun	
Suite GM8			Amoun	
City	State	Zip Code		909.85
SAN JUAN	PR	00909		action ID : SE-S434223 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	11 17 2021
Name of Federal Candidate:		✗ Support	Office Sought	t: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Preside	MD
Calendar Year-To-Date Per Election for Office Sought	7	7133.60	Disbursement 2022 Ot	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	S		· [1819.70
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• []	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	<i>led]</i> Date	M M / /	24 2021
Signature				
				FEC Schedule E (Form 3X) Rev. 05/201

Signature

SCHEDULE E (FEC Form 3X)	_			
TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 306 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u> </u>
UNITED WOMEN'S HEALTH ALLIAI	NCE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				12 01 2021
Suite GM8				Amount
City	State	Zip Code		909.85
SAN JUAN	PR	00909		Transaction ID : SE-S434225 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 2021
Name of Federal Candidate:		✗ Support	Office	Sought: House District:00
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX
Calendar Year-To-Date			Disbu	rsement For: X Primary General
Per Election for Office Sought	7 7	8043.44	2026	Other (specify)
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR C	REATION LL			12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				12 01 2021
Suite GM8				Amount
City	State	Zip Code		909.85
SAN JUAN	PR	00909		Transaction ID : SE-S434227
Purpose of Expenditure		Catagory	_	Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		11 24 2021
Name of Federal Candidate:		✗ Support	Office	Sought: House District:00
TILLIS, THOM, R., Sen,		Oppose		President State: NC
Calendar Year-To-Date		8043.41		rsement For: 🗶 Primary General
Per Election for Office Sought		0043.41	2026	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	1819.70
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led1 _	M	M / D D / Y Y Y Y Y

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

[Electronically Filed]

MASTROIANNI, STEPHANIE, , ,

Signature

MIZED INDEPENDENT EXPENDITURES					07 OF 317 24 OF FORM 3X
ME OF COMMITTEE (In Full) NITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICA	TION NUMBER ▼
WILD WOMEN O HEALTH ALLIAN	IOL I AO			C C007556	94
cck if 24-hour report 48-hour report	New rep	port Amends report	filed on	" M / D " D	/
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo It	M	of Public Distribution	on/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amour	تا ت	2021
Suite GM8 City	State	Zip Code	-		909.85
SAN JUAN	PR	00909		action ID : SE-S43 of Disbursement of	34229
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	11 / 24	2021
Name of Federal Candidate:		✗ Support	Office Sough	t: X House	District:14
AWRENCE, BRENDA, LULENAR, ,		Oppose	Preside		State: MI
Calendar Year-To-Date Per Election for Office Sought	7		Disbursement	t For: x Primather (specify) ▶	ary General
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION L	☐ Memo Ite		of Public Distribution	on/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amour	nt	
Suite GM8					
City SAN JUAN	State	Zip Code 00909	Trans	action ID : SE-S4	909.84 34231
Purpose of Expenditure		Category/			/ Y Y Y Y
Telephone Fundraising		Type 004	J L	11 24	2021
lame of Federal Candidate:		✗ Support	Office Sough	t: X House	District:08
ESKO, DEBBIE, , ,		Oppose	Preside	ent Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought	<i>7 7</i>	0042.40	Disbursement	t For: x Primather (specify) ▶ _	ary General
					1 4 4 1
) SUBTOTAL of Itemized Independent Expenditures			L		1819.69
) SUBTOTAL of Unitemized Independent Expenditu	res		•		
TOTAL Independent Expenditures			•	- 7 7	
nder penalty of perjury I certify that the independe	ent expenditures	s reported herein were n	ot made in c	cooperation, consu	Itation, or concert

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 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDITURES				PAGE 308 OF 317
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	105 540			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
N . II			М	M / D D / Y Y Y Y
Check if24-hour report48-hour report	New rep	oort Amends repo	ort filed on	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	KOIII	of Public Distribution/Dissemination
Mailing Address			L	12 01 2021
1607 Police de Leon ave			Amou	nt
Suite GM8	01-1-	7:- 01-		000.04
City	State	Zip Code	سايا	909.84
SAN JUAN	PR	00909		saction ID : SE-S434233 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 2021
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District:00
SHAHEEN, JEANNE, , ,		Oppose	Presid	NII I
Calendar Year-To-Date Per Election for Office Sought	7 7	8043.42	Disbursemer 2026	nt For: x Primary General Other (specify) ▶
Full Name of Payee		Memo		of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	_C	n	12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	nt
City	State	Zip Code	шI.	909.84
SAN JUAN	PR	00909		saction ID : SE-S434235 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 2021
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District: 00
BLUNT, ROY, , ,		Oppose	Presid	ent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	8043.45	Disbursemer 2022	nt For: x Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	1819.68
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(,,				7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perions I cortife that the independ	ant avaandituur-	roported boroin warn	not made in	cooperation consultation or consult
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			

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PAGE 309 OF 317 FOR LINE 24 OF FORM 3X	_
FEC IDENTIFICATION NUMBER ▼	_
C C00755694	
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of Public Distribution/Dissemination	_
12 01 / 2021	
nt	
909.84	
action ID : SE-S434237 of Disbursement or Obligation	
11 24 7 2021	
t: District: 00	_
ent Senate State: WA	_
t For: 🗶 Primary General	
ther (specify) ▶	_
of Public Distribution/Dissemination	
12 / 01 / 2021	
nt	
909.84	
action ID : SE-S434239 of Disbursement or Obligation	
11 24 2021	
t: House District: 00	_
ent Senate State: MD	
t For: 🗶 Primary General	
ther (specify) ▶	
1819.68	
7 7 7	

UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M - M / D - D / Y - Y - Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Ar	12 01 2021
Suite GM8				
City SAN JUAN	State PR	Zip Code 00909		909.84 ansaction ID : SE-S434237 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 2021
Name of Federal Candidate:		Support	Office Sc	ought: House District: 00
MURRAY, PATTY, , ,		Oppose		esident X Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	8043.44	Disburse 2022	ment For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL		nom 20	12
Mailing Address 1607 Ponce de Leon ave Suite GM8			Ar	nount
City	State	Zip Code	— Г	909.84
SAN JUAN	PR	00909		ransaction ID : SE-S434239 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 / 24 / 2021
Name of Federal Candidate:		✗ Support	Office Sc	ought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	l —	esident Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 7	8043.44	Disburse 2022	ment For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. г	1819.68
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPONENTIAL				1010.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	M M M	29 2021
Signature				
				FEC Schedule E (Form 3X) Rev. 05/2016

PAGE 310 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00755694
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of Public Distribution/Dissemination
12 08 7 2021
980.13 action ID : SE-S434241 of Disbursement or Obligation
12 / 01 / Y Y Y Y Y Y Y
t:
ent Senate State: TX
t For: 🗶 Primary General
ther (specify) >
of Public Distribution/Dissemination
12 / 08 / 2021
nt
980.13 saction ID : SE-S434243 of Disbursement or Obligation
it: House District: 00
ent Senate State: NC
t For: 🗶 Primary 🔲 General
ther (specify) >
1960.26
cooperation, consultation, or concert

UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8			
City	State	Zip Code	980.13
SAN JUAN	PR	00909	Transaction ID : SE-S434241 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	9023.57	Disbursement For: ✓ Primary General 2026 Other (specify) ▶
Full Name of Payer	,	Memo	
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL		12 08 7 2021
Mailing Address 1607 Ponce de Leon ave			Assessed
Suite GM8			Amount
City	State	Zip Code	980.13
SAN JUAN	PR	00909	Transaction ID : SE-S434243 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		9023.54	Disbursement For: ✓ Primary General 2026 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			1960.26
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed1 -	M=M / D=D / Y=Y=Y=Y
Signature		Date	2021
			FEC Schedule E (Form 3X) Rev. 05/20

MASTROIANNI, STEPHANIE, , ,

Signature

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SCHEDULE E (FEC ITEMIZED INDEPENDEN

MIZED INDEPENDENT EXPENDITURE	S					11 OF 24 OF FO	317 RM 3X
ME OF COMMITTEE (In Full)				FEC	IDENTIFICA		
NITED WOMEN'S HEALTH ALLIA	NCE PAC			С	C007556		
eck if 24-hour report 48-hour report	New re	eport Amends	report file	d on M M	/ D D	/ Y Y	Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CRE	EATION LLC	☐ Me	emo Item	M = M	blic Distribution	/ Y Y	YY
Mailing Address 1607 Ponce de Leon ave Suite GM8				Amount	08	20	21
City	State	Zip Code				980	0.13
SAN JUAN	PR	00909			on ID : SE-S4: sbursement o		*
Purpose of Expenditure Telephone Fundraising		Category/ Type	004	12	01	20	
Name of Federal Candidate:		X Suppo	rt Offic	ce Sought:	X House	District: _	14
AWRENCE, BRENDA, LULENAR, ,		Oppos		President	Senate	State: _	MI
Calendar Year-To-Date Per Election for Office Sought		9023.54	Disk 2022	oursement For	: x Primates	ary (General
Full Name of Payee LIVE TRANSFERS AND DONOR O	CREATION L		emo Item		blic Distribution		
				12	08	, Y 20:	21
Mailing Address 1607 Ponce de Leon ave				Amount			
Suite GM8						000	10
City	State	Zip Code		Transaction	on ID : SE-S4	,	0.13
SAN JUAN	PR	00909			sbursement o		
Purpose of Expenditure Telephone Fundraising		Category/ Type	004	12	/ 01 D	/ Y Y 202	
Name of Federal Candidate:		∡ Suppo	rt Offic	ce Sought:	X House	District: _	08
LESKO, DEBBIE, , ,		Oppos		President	Senate	State: _	AZ
Calendar Year-To-Date Per Election for Office Sought		9023.53	Disk 202	oursement For	: x Primate (specify) ▶		General
s) SUBTOTAL of Itemized Independent Expenditur	es		····· •		(opecy)	1960.2	26
o) SUBTOTAL of Unitemized Independent Expendent	itures		····· >		, , ,		
TOTAL Independent Expenditures			······ >		, ,		
C) TOTAL Independent Expenditures	ident expenditure	es reported herein v	were not r				

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 $MASTROIANNI,\,STEPHANIE,\,,\,$

Signature

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 312 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		980.13
SAN JUAN	PR	00909		Transaction ID : SE-S434249 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4	12 / 01 / 2021
Name of Federal Candidate:		X Support	Office	e Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	9023.55	Disbu 2026	ursement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave Suite GM8	REATION LI	LC Memo	item	Date of Public Distribution/Dissemination 12 08 2021 Amount
City	State	Zip Code		980.13
SAN JUAN	PR	00909		Transaction ID : SE-S434251 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	12 01 2021
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	9023.58	Disbu 2022	ursement For: ✓ Primary General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures	<i>i</i>		·· •	1960.26
(b) SUBTOTAL of Unitemized Independent Expenditure	res		▶	
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize			

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	ID : SE-S43 ursement or			1	
1	01	/	Y Y 20)21	٦

NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report 48-hour report New report Amends report	port filed on M M / D D / Y Y Y Y
Full Name of Payee	o Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC	12 08 7 2021
Mailing Address 1607 Ponce de Leon ave	Amount
Suite GM8	
City State Zip Code	980.13
SAN JUAN PR 00909	Transaction ID : SE-S434253 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising Category/ Type 004	12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:	Office Sought: House District: 00
MURRAY, PATTY, , ,	President Senate State: WA
Colondor Veer To Date	Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought 9023.57	2022 Other (specify) ▶
Full Name of Payee	o Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC	12 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave	12 30 2021
Suite GM8	Amount
City State Zip Code	980.13
SAN JUAN PR 00909	Transaction ID : SE-S434255
Purpose of Expenditure	Date of Disbursement or Obligation
Telephone Fundraising Category/ Type 004	
Name of Federal Candidate:	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,	President Senate State: MD
Calendar Year-To-Date	Disbursement For: X Primary General
Per Election for Office Sought 9023.57	2022
(a) SUBTOTAL of Itemized Independent Expenditures	1960.26
(b) SUBTOTAL of Unitemized Independent Expenditures	·· •
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Dat	te 12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 314 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00755694
M / D D / Y Y Y Y
of Public Distribution/Dissemination
12 / 15 / Y Y Y Y Y Y Y Y
969.33 action ID : SE-S631933
of Disbursement or Obligation
12 08 2021
t: District: 00
ent Senate State: TX
t For: 🗶 Primary 🗌 General
ther (specify) ▶
of Public Distribution/Dissemination
12 / 15 / Y Y Y Y Y Y Y Y
nt
969.33 saction ID : SE-S631935 of Disbursement or Obligation
12 08 7 2021
t: District: 00
ent Senate State: NC
t For: 🗶 Primary General
ther (specify) ▶
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	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
U	NITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
	Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
	Mailing Address 1607 Ponce de Leon ave				12 15 2021
	Suite GM8				Amount
	City	State	Zip Code		969.33
	SAN JUAN	PR	00909		Transaction ID : SE-S631933 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	12
	Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
	CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX
	Calendar Year-To-Date Per Election for Office Sought	7	9992.90	Disbu 2026	ursement For:
		•			
	Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo	Item	Date of Public Distribution/Dissemination
	Mailing Address 1607 Ponce de Leon ave				
	Suite GM8				Amount
	City	State	Zip Code		969.33
	SAN JUAN	PR	00909		Transaction ID : SE-S631935 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 08 2021
	Name of Federal Candidate:		∡ Support	Office	e Sought: House District: 00
	TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC
	Calendar Year-To-Date		0002.07		ursement For: 🗶 Primary 🔲 General
	Per Election for Office Sought	7	9992.87	2026	Other (specify) ▶
•	(a) SUBTOTAL of Itemized Independent Expenditures			. •	1938.66
	(b) SUBTOTAL of Unitemized Independent Expenditur	res		•	
	(c) TOTAL Independent Expenditures				
					, , , , , , , , , , , , , , , , , , , ,
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	MASTROIANNI, STEPHANIE, , ,	Electronically File	ad1	M	M / D D / Y Y Y Y
	Signature	Liectronically File	Date	e 1	2 08 2021

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	RES			PAGE 315 OF 317 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
NITED WOMEN'S HEALTH ALL	IANCE PAC			C00755694
eck if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y T Y T Y
Full Name of Payee LIVE TRANSFERS AND DONOR CI	REATION LLC	☐ Memo	Item Date of	
Mailing Address 1607 Ponce de Leon ave				10 2021
Suite GM8			Amount	
City	State	Zip Code		969.33
SAN JUAN	PR	00909	Transac	tion ID : SE-S631937
			Date of I	Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 12	
Name of Federal Candidate:		X Support	Office Sought:	₩ House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	17.1.17	9992.87	Disbursement F 2022 Othe	For: x Primary General er (specify) ▶
Full Name of Payee		☐ Memo	Item Date of	Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR	CREATION LL	_C	M 12	
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8			7 unount	
	State	Zip Code	7.1100.11	969.33
City	State PR	Zip Code 00909	Transac	969.33 ction ID : SE-S631939 Disbursement or Obligation
City SAN JUAN			Transac Date of	ction ID : SE-S631939 Disbursement or Obligation
City SAN JUAN Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Transac Date of I	ction ID : SE-S631939 Disbursement or Obligation
SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate:		Category/ Type 004	Transac Date of M 12	Disbursement or Obligation Mark House District: 08
SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate:		Category/ Type 004	Transac Date of I	Disbursement or Obligation Market House District: 08
City SAN JUAN Purpose of Expenditure		Category/ Type 004	Office Sought: President Disbursement F	ction ID : SE-S631939 Disbursement or Obligation M
City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, , , Calendar Year-To-Date		Category/ Type 004 Support Oppose	Office Sought: President Disbursement F	ction ID : SE-S631939 Disbursement or Obligation M
City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, , , Calendar Year-To-Date Per Election for Office Sought	PR	Category/ Type 004 Support Oppose 9992.86	Office Sought: President Disbursement F 2022 Othe	ction ID : SE-S631939 Disbursement or Obligation M
City SAN JUAN Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: LESKO, DEBBIE, , , Calendar Year-To-Date	PR tures	Category/ Type 004 Support Oppose 9992.86	Office Sought: President Disbursement F 2022 Othe	ction ID : SE-S631939 Disbursement or Obligation M

		PAGE 316 OF 317		
		FOR LINE 24 OF FORM 3X		
		FEC IDENTIFICATION NUMBER ▼		
		C C00755694		
Amends repo	rt filed	on M M / D D / Y Y Y Y		
Memo	Item	Date of Public Distribution/Dissemination		
		12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
		Amount		
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00909		Transaction ID : SE-S631941 Date of Disbursement or Obligation		
ategory/ Type 004		12 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
X Support	Office	e Sought: House District: 00		
Oppose		President Senate State: NH		
9992.88	Disbu 2026	ursement For: ✓ Primary General Other (specify) ✓		
☐ Memo	Item	Date of Public Distribution/Dissemination		
		12 15 2021		
		Amount		
p Code		969.33		
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PAGE 317 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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M / D D / Y Y Y Y
of Public Distribution/Dissemination
12 15 2021
nt
969.33
action ID : SE-S631945
of Disbursement or Obligation
12 08 7 2021
t: District: 00
ent Senate State: WA
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ther (specify) >
of Public Distribution/Dissemination
12 15 7 2021
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t: House District: 00
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NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		C C00755694		
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on Man / Dad / Yayayay		
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	tem Date of Public Distribution/Dissemination				
Mailing Address 1607 Ponce de Leon ave			12 15 2021		
Suite GM8			Amount		
City	State	Zip Code	969.33		
SAN JUAN	PR	00909	Transaction ID : SE-S631945 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12		
Name of Federal Candidate:		X Support	Office Sought: House District: 00		
MURRAY, PATTY, , ,		Oppose	President Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought	7 7	9992.90	Disbursement For: ✓ Primary General 2022 Other (specify) ►		
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Memo Item Date of Public Distribution/Dissemination 12 15 2021					
Mailing Address 1607 Ponce de Leon ave Amount					
Suite GM8 City	State	Zip Code	969.33		
SAN JUAN	PR	00909	Transaction ID : SE-S631947 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 08 7 2021		
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00		
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD		
Calendar Year-To-Date					
Per Election for Office Sought	7	9992.90	Disbursement For: ✓ Primary General 2022 Other (specify) ✓		
Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures			2022		
			2022 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	es		2022 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure	nt expenditures te or authorized	reported herein were	Other (specify) 1938.66 193943.07 not made in cooperation, consultation, or concert		
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditur (c) TOTAL Independent Expenditures	nt expenditures te or authorized	reported herein were committee or agent o	Other (specify) 1938.66 193943.07 not made in cooperation, consultation, or concert		