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FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For	Other Than An Auth	norized Committee	Offic	e Use Only
NAME OF TYPE     COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	<sup>9</sup> 12FE4M5	
UNITED WOMEN'S HEA	LTH ALLIANCE PA	AC		1
1				
	0004 L CT NIW CTF 404 400			
ADDRESS (number and street)	2021 L ST NW STE 101-193			
Check if different than previously reported. (ACC)	WASHINGTON		DC 20	0036
2. FEC IDENTIFICATION NUMBER	BER ▼ CIT	YA	STATE ▲	ZIP CODE ▲
C C00755694		STHIS NEW (N)	OR AMEND	ED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 20 (M3) Jun 20		Year Only)  Dec 20 (M12)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day	20 (M4) Jul 20 (	M7) Oct 20 (M  General (12G)	10) Jan 31 (YE)  Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)	nulloli (12h)
October 15 Quarterly Report (Q3)	rieport for the.	Convention (120)	Special (123)	
January 31 Year-End Report (YE)	Election	n on	/	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	n on	/ Y = Y = Y = Y	in the State of
5. Covering Period 08	01 2022		08 31 Y	2022
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of MASTROIANNI, STEPHANI		is true, correct and com	pplete.
Signature of Treasurer  MASTRO	IANNI, STEPHANIE, , ,	[Electronically Filed]	Date 09 /	19 / 2022
NOTE: Submission of false, erroneous	s, or incomplete information	n may subject the person sig	ning this Report to the per	nalties of 52 U.S.C. § 30109
Office Use			F	EC 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 80 01 2022 80 31 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 77688.71 January 1. 2022 (b) Cash on Hand at 123546.62 Beginning of Reporting Period..... 135421.16 1150392.18 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1228080.89 258967.78 6(a) and 6(c) for Column B)..... 194433.33 1163546.44 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 64534.45 64534.45 (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 2920.07 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

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

80 2022 01 08 31 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2430.00 28435.00 (i) Itemized (use Schedule A)..... 132991.16 1096957.18 (ii) Unitemized ..... (iii) TOTAL (add 1125392.18 135421.16 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 1125392.18 135421.16 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 25000.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))....... 1150392.18 135421.16 20. Total Federal Receipts 135421.16 1150392.18 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	194348.33	997068.55
	Expenditures (c) Total Operating Expenditures	194040.00	337 000.33
	(add 21(a)(i), (a)(ii), and (b))▶	194348.33	997068.55
2.	Transfers to Affiliated/Other Party	7	
	Committees	0.00	0.00
5.	Contributions to Federal Candidates/Committees		0.00
	and Other Political Committees	0.00	0.00
•	Independent Expenditures (use Schedule E)	0.00	165417.89
٠.	Coordinated Party Expenditures	0.00	103417.09
	(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
	,		0.00
).	Loan Repayments Made	0.00	0.00
		7	7 7 7
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other		
	Than Political Committees	85.00	1060.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	7 7 7
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		7 7
	(add Lines 28(a), (b), and (c))	85.00	1060.00
		45 45	495 495 455
	Other Disbursements (Including		
	Non-Federal Donations)	0.00	0.00
	Federal Election Activity (52 U.S.C. § 30101(2	(0))	
	(a) Allocated Federal Election Activity	"	
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
			1 1 1 1 1 1 1 1
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	200	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
		0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	194433.33	1163546.44
		137700.00	110010.77
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	194433.33	1163546.44

#### **DETAILED SUMMARY PAGE**

of Disbursements

	FEC Form 3X (Rev. 05/2016)		Page <b>5</b>
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	135421.16	1125392.18
34.	Total Contribution Refunds (from Line 28(d))	85.00	1060.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	135336.16	1124332.18
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	194348.33	997068.55
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	25000.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	194348.33	972068.55

#### : 97 A = G7 9 @ 5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Ž G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XN Transaction ID:

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

Form/Schedule: F3XN Transaction ID:

The opening balance of this report is the result of a series of amendments to correct donors who were previously reported, but had actually charged back their payments. This reports opening balance is based on the closing balance of the most recent M8 Amendment (Amendment 1)

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		13		14		15		16	6	17

	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 ABRAHAMSON, DOUGLAS, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 17929 W BIG LAKE BLVD		08 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MOUNT VERNON	State Zip Code WA 98274	Transaction ID : SA11AI-28073192  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 ▼ 250.00	
Full Name of Individual (Last, First, Middle ASKEW, SUSAN, , , Mailing Address 7913 FARMINGWOOD LN	Date of Receipt	
City RALEIGH	State Zip Code NC 27615	7 Transaction ID : SA11Al-28072532 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	175.00 Memo Item	
Name of Employer (for Individual) Retired	Occupation (for Individual)  Retired	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  730.00	
Full Name of Individual (Last, First, Middle BENSON, LILA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1725 PARAGOULD DR		08 22 2022
City JONESBORO	State Zip Code AR 72405	Transaction ID : SA11AI-28071352  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 ▼  255.00	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	265.00
TOTAL This Period (last page this line numb	per only)	

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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 Ini CHRYSTAL, CAROL, , ,  Mailing Address 3218 SHARPE RD	tial) or Full Organization Name	Date of Receipt				
Mailing Address 3210 SHARPE RU		08 22 2022				
City WALL TOWNSHIP	State Zip Code NJ 07719	Transaction ID : SA11AI-28069094  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 ▼ 260.00					
Full Name of Individual (Last, First, Middle Ini  DEMUTH, DORIS, , ,	tial) or Full Organization Name	Date of Receipt				
Mailing Address 150 N DOUGLAS ST APT 37		08 10 2022				
City RIPON	State Zip Code WI 54971	Transaction ID : SA11Al-28072866				
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 ▼  210.00					
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt				
Mailing Address 150 N DOUGLAS ST APT 37 City	State Zip Code	08 12 2022 Transaction ID : SA11Al-28070010				
RIPON  FEC ID number of contributing federal political committee.	WI   54971   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 ▼ 210.00					
SUBTOTAL of Receipts This Page (optional)		115.00				
TOTAL This Period (last page this line number	only)					

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	Statements may not be sold or used by any persite 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 DILLON, GLENNA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 11390 US HIGHWAY 19 APT 106		08 11 2022
City	State Zip Code	Transaction ID : SA11AI-28071982
PORT RICHEY	FL 34668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle Ir DRASHER, CLAYTON, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1008 HIDEBOUND RD		08 12 2022
City	State Zip Code	Transaction ID : SA11AI-28071646
BURNS	TN 37029	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 ▼  275.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3 GROVE ISLE DR  APT 1704		08 01 2022
City	State Zip Code	Transaction ID : SA11AI-28071608
MIAMI	FL 33133	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 Year-to-Date ▼	1
Primary General		
Other (specify)	330.00	
SUBTOTAL of Receipts This Page (optional)		210.00
TOTAL This Period (last page this line number	· only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

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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 GREENE, BETTY, , , Date of Receipt Mailing Address 5886 DE ZAVALA RD 2022 City Zip Code State Transaction ID: SA11AI-28070598 TX SAN ANTONIO 78249 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 485.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HARDEN, BETTY, , , Date of Receipt Mailing Address 310 SYCAMORE ST 2022 City State Zip Code Transaction ID: SA11AI-28071506 **CAMDEN** NJ 08103 Amount of Each Receipt this Period FEC ID number of contributing 85.00 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. HARDEN, BETTY, , , Date of Receipt Mailing Address 310 SYCAMORE ST 10 2022 City Zip Code State Transaction ID: SA11AI-28070358 NJ **CAMDEN** 08103 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 225.00 Other (specify) 170.00 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 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 HARLOW, TERRY, , , Mailing Address PO BOX 414	tial) or Full Organization Name	Date of Receipt					
City	State Zip Code	7 2022 100 100 100 100 100 100 100 100 10					
WOODSTOCK  FEC ID number of contributing federal political committee.	VT 05091	Amount of Each Receipt this Period  100.00					
Name of Employer (for Individual)  Retired  Receipt For:	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼	Memo Item					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00						
Full Name of Individual (Last, First, Middle Ini  HARLOW, TERRY, , ,  Mailing Address PO BOX 414	Date of Receipt						
City WOODSTOCK	State Zip Code VT 05091	7 Transaction ID : SA11Al-28067782  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C Conjunction (for Individual)	100.00 Memo Item					
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Metho item					
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  290.00						
Full Name of Individual (Last, First, Middle Ini HERZBERG, JOHN, , ,	tial) or Full Organization Name	Date of Receipt					
Mailing Address 3012 BLUFFWOOD DR		08 18 2022					
City SAINT CHARLES	State Zip Code MO 63301	Transaction ID : SA11AI-28071638  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 ▼  265.00						
SUBTOTAL of Receipts This Page (optional)	·····	255.00					
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		person for the purpose of soliciting contributions be 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 ISRAEL, LESLEY, , ,  Mailing Address 55 DAVIS LN	nitial) or Full Organization Name	Date of Receipt
011		08 25 2022
City EASTON	State Zip Code MD 21601	Transaction ID : SA11AI-28072398
	21001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110.00
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 I  JOHANSEN, RALPH, , ,  Mailing Address 322 EVERGREEN AVE	nitial) or Full Organization Name	Date of Receipt
011	10	08 17 2022
City MADISON	State Zip Code WI 53704	Transaction ID : SA11AI-28072628
FEC ID number of contributing federal political committee.	C 33704	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 ▼  280.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address 9213 SPRING ST		08 25 2022
City	State Zip Code IN 46322	Transaction ID : SA11AI-28068726
HIGHLAND	IN 46322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  355.00	
SUBTOTAL of Receipts This Page (optional)		230.00
TOTAL This Period (last page this line numbe	er only)	

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 KAYE, STEVEN, , , Date of Receipt Mailing Address 113 CLAREMONT AVE 2022 City Zip Code State Transaction ID: SA11AI-28072976 CA SANTA CLARA 95051 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 235.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KEATING, CARLEEN, , , Date of Receipt Mailing Address 2477 JACKSON ST 80 2022 City State Zip Code Transaction ID: SA11AI-28072948 SAN FRANCISCO CA 94115 Amount of Each Receipt this Period FEC ID number of contributing 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 Other (specify) 395.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KELLY, LAWRENCE, , , Date of Receipt Mailing Address 122 GIBSON WHITE CIR 25 2022 City Zip Code State Transaction ID: SA11AI-28063776 TN **MADISONVILLE** 37354 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 205.00 Other (specify) 275.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTI	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middle KING, EARL, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 20815 ADELINE DR		08 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COLFAX	State Zip Code CA 95713	Transaction ID : SA11AI-28072684  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
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, Middl & KIRBY, ANNE, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 4100 62ND AVE N  APT 138  City	State Zip Code	08 11 2022
PINELLAS PARK	FL 33781	Transaction ID : SA11AI-28067368  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 ▼  250.00	
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 3240 FAYCREST RD		08 16 2022
City COLUMBUS	State Zip Code OH 43232	Transaction ID : SA11AI-28072678  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) HEALTH CARE PROVIDER	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  235.00	
SUBTOTAL of Receipts This Page (optional	al)	155.00
TOTAL This Period (last page this line num	nber only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 15 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	(che	ck only 11a 13	one) 11b 14		11c		12 16	1	17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	urpose o	fsc	oliciting	cor	ntributio	ns	

Ar 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 MATTATALL, BEVERLY, , , Date of Receipt Mailing Address 140 MARBLE ST 2022 City Zip Code State Transaction ID: SA11AI-28072210 MA **STONEHAM** 02180 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 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MATTATALL, BEVERLY, , , Date of Receipt Mailing Address 140 MARBLE ST 10 2022 City State Zip Code Transaction ID: SA11AI-28072842 STONEHAM MA 02180 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. MICHAELS, LINDA, , , Date of Receipt Mailing Address 76 FACTORY ST 22 2022 City Zip Code State Transaction ID: SA11AI-28071766 **SALISBURY** CT 06068 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) House Wife House Wife Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: (check only one)					:	PAGE	 16	OF	33	
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		X	11a		11b		11c	12		
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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  OKEESE, ANDREW, , ,  Mailing Address PO BOX 724	tial) or Full Organization Name	Date of Receipt  08 08 2022
City LANGLEY  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify) ▼	State Zip Code 98260  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  270.00	Transaction ID : SA11AI-28070554  Amount of Each Receipt this Period  45.00  Memo Item
Full Name of Individual (Last, First, Middle Inited Parsley, Charles, , , )  Mailing Address PO BOX 37  City  KERMIT  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Best Efforts  Receipt For:  Primary General  Other (specify)   Other (specify)	State WV 25674  C  Occupation (for Individual) SUPERVISOR  Aggregate Year-to-Date ▼  220.00	Date of Receipt  08 16 2022  Transaction ID : SA11AI-28071860  Amount of Each Receipt this Period  60.00  Memo Item
Full Name of Individual (Last, First, Middle Init SCUDERI, MARGARET, , ,  Mailing Address 208 FALL HARVEST  City CENTERVILLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State Zip Code GA 31028  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   455.00	Date of Receipt  M 08
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	160.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

33

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 SCUDERI, MARGARET, , , Date of Receipt Mailing Address 208 FALL HARVEST 2022 City Zip Code State Transaction ID: SA11AI-28070170 GA **CENTERVILLE** 31028 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 455.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SMITH, MARY, , , Date of Receipt Mailing Address 244 N MACY ST RM 233 2022 City State Zip Code Transaction ID: SA11AI-28071560 FOND DU LAC WI 54935 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) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. STARR, BETH, , , Date of Receipt Mailing Address 2231 NE BRIDGECREEK AVE 22 2022 APT L107 City State Zip Code Transaction ID: SA11AI-28071630 WA **VANCOUVER** 98664 Amount of Each Receipt this Period FEC ID number of contributing C 65.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 235.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER:					PAGE	•	18	OF		33		
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		13		14		15		16	;		17	

	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 STEPHAN, WILLIAM, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 421 VINE ST		08 18 2022
City	State Zip Code	Transaction ID : SA11AI-28072600
MADISON	IN 47250	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		
Other (specify) ▼	325.00	
Full Name of Individual (Last, First, Middle In TRAMER, HARRIET, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 151 N MICHIGAN AVE		M = M / D = D / Y = Y = Y
APT 1604	State Zin Code	08 12 2022
City CHICAGO	State Zip Code IL 60601	Transaction ID : SA11AI-28071940
_	- 00001	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) ▼	285.00	
Full Name of Individual (Last, First, Middle In	iitial) or Full Organization Name	Date of Receipt
Mailing Address 151 N MICHIGAN AVE APT 1604		08 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-28072474
CHICAGO	IL 60601	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	00 0	
Other (specify)	285.00	
SUBTOTAL of Receipts This Page (optional)		155.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: (check only one)						PAGE	1	19	OF	33
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	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 WALKER, SANDRA, , ,  Mailing Address 734 BRISTOL VILLAGE DR  APT 104  City		Date of Receipt    M
MIDLOTHIAN  FEC ID number of contributing federal political committee.	VA 23114	Amount of Each Receipt this Period 55.00
Name of Employer (for Individual)  Retired  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  280.00	Memo Item
Full Name of Individual (Last, First, Middle I WILSON, SHARON, , ,  Mailing Address 10416 LEWISTOWN RD  City CORDOVA  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired	State Zip Code MD 21625  C Occupation (for Individual) Retired	Date of Receipt  08 11 2022  Transaction ID : SA11Al-28067210  Amount of Each Receipt this Period  45.00  Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle I  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)	State Zip Code  C Occupation (for Individual)  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	100.00
TOTAL This Period (last page this line numbe	er only)	2430.00

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 20 OF 33						
ITEMIZED DISBURSEMENTS		arate schedule(s	) (check only	IL NOMBEN.						
		category of the Summary Page	<b>X</b> 21b	22 23 26 27						
	Dotallou		28a	28b 28c 29 30b						
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NAME OF COMMITTEE (In Full)		, p								
UNITED WOMEN'S HEALTH A	LLIANCE I	PAC								
Full Name (Last, First, Middle Initial)										
A. ABC Company				Date of Disbursement						
Mailing Address PO Box 2413				08 02 2022						
City Huntington	State NY	Zip Code 11743		FEC Identification Number						
Purpose of Disbursement Fundraising and Media Consulting	·		004	C						
Candidate Name			Category/	Transaction ID : SB21B-74741 Amount of Each Disbursement this Period						
			Type							
Office Sought: House Disb	ursement For: Primary	General		7500.00						
President	Other (spe			Memo Item						
State: District:				<u> </u>						
Full Name (Last, First, Middle Initial)  B. ABC Company				Date of Disbursement						
				M M / D D / Y Y Y Y						
Mailing Address PO Box 2413				08 08 2022						
City Huntington	State NY	Zip Code 11743		FEC Identification Number						
Purpose of Disbursement	IVI	11743		C						
Fundraising and Media Consulting			004	Transaction ID : SB21B-74741						
Candidate Name		Category/ Amount of Each Disburse								
Office Sought: House Disb	ursement For:		20000.00							
Senate	Primary	General		4 4						
President	Other (spe	ecify)		Memo Item						
State: District:										
Full Name (Last, First, Middle Initial)  C. ABC Company				Date of Disbursement						
				M M / D D / Y Y Y Y						
Mailing Address PO Box 2413				08 22 2022						
City	State	Zip Code		FEC Identification Number						
Huntington Purpose of Disbursement	NY	11743		C						
Fundraising and Media Consulting			004	Transaction ID : SB21B-74741						
Candidate Name			Category/	Amount of Each Disbursement this Period						
Office Sought: House Disb	ursement For:		Туре	12000.00						
Senate	Primary	General		4 4						
President	Other (spe	ecify) 🔻		Memo Item						
State: District:										
CURTOTAL of Dishumananta This David ( )	201)			39500.00						
SUBTOTAL of Disbursements This Page (option	iai)		······	5555.50						
TOTAL This Period (last nage this line number	only)									

SCHEDULE B (FEC Form 3X)	T.,	FOR LINE NUMBER: PAGE 21 O						E 21 OF 33		
ITEMIZED DISBURSEMENTS		category of the	I `	only one)						
		Summary Page			8b	23 28c	26	30b		
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NAME OF COMMITTEE (In Full)										
angle UNITED WOMEN'S HEALTH ALL	IANCE I	PAC								
Full Name (Last, First, Middle Initial)										
A. ABC Company				Da	te of [	Disburse	ment			
				M	M	/ D		YYYY		
Mailing Address PO Box 2413					80	22	2	2022		
City	State	Zip Code		FF	C Ider	ntification	Number			
Huntington	NY	11743								
Purpose of Disbursement Fundraising and Media Consulting			004							
Candidate Name				/ An			ID: SB21	B-74742 nent this Period		
			Category Type		ount (	JI Lacii	Disbursen	ient tins i enou		
	ment For:						7	6500.00		
Senate President	Primary	General								
State: District:	Other (spe	city) 🔻			Mem	o Item				
Full Name (Last, First, Middle Initial)										
B. COA Network Inc.				Da	te of [	Disburse	ment			
Martina Adalasa					_ M	/ D		Y Y Y Y		
Mailing Address 991 Route 22 West Suite 200			08 23 2022							
City Bridgewater Township	State NJ	FE	C Ider	ntification	Number					
Purpose of Disbursement	110	08807								
800 Telephone numbers			001		Tran	saction	ID : SB21I	B-74742		
Candidate Name			Category	/ An	ount o	of Each	Disbursen	ent this Period		
Office Sought: House Disburse	ment For:		Туре	-				148.65		
Senate	Primary	General			_	7	7	4		
President	Other (spe	ecify)		Memo Item						
State: District:										
Full Name (Last, First, Middle Initial)  C. EagleBank				Da	te of [	Disburse	ment			
				M	M	/ D	D / Y	YYY		
Mailing Address 7815 Woodmont ave					80	10		2022		
City	State	Zip Code			O 1de	4:6:4:	Niconala a u			
Bethesda	MD	20814			o laer	itilicatior	Number			
Purpose of Disbursement Bank analysis fee			001		<u></u>					
Candidate Name				/ An			ID: SB21	B-74742 nent this Period		
			Category Type		Junit (	Lacii	חייייייייייייייייייייייייייייייייייייי	ioni inio i enou		
	ement For:					-		272.46		
Senate President	Primary Other (spe	General								
State: District:	Other (she	,ony) ▼			Mem	o Item				
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SUBTOTAL of Disbursements This Page (optional).				· L		7		6921.11		
TOTAL This Period (last page this line number only	٨									

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SCHEDULE B (FEC Form 3X)				FOR LINE					E NUMBER: PAGE 22						OF 33
ITEM	MIZED DISBURSEMENTS  Use separate schedule(s) for each category of the				-			1.00		00 [					
					Summary Page			21b 28a	22 28b	_	23 28c		26 29	27 30b	
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		rposes, other than u													
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U	NITED WO	OMEN'S HEAL	TH ALL	IANCE I	PAC										
		First, Middle Initial)													
A. G	oogle Gsu	ite							Date o	f Dis —	sburse	ment			
Ma	uiling Address 1	600 Amphitheatre Pk	kwy						08	_ ′	01	- 1	/ Y	2022	Y
City	у			State	Zip Code				FEC Id	lonti	fication	Nlin	mbor		
	ountain View			CA	94043					EIIII	lication	I INUI	IIDEI	-	
	rpose of Disbur mail Services	rsement				00	01	ш	C						
Ca	Candidate Name						_	_						3-74742	Deviced
						Cate Ty	,	$' \mid$	Amoun	τοτ	Eacn	DISD	urseme	ent this	Perioa
Off	ice Sought:	House	Disburse	ment For:			•			_				39.0	09
	Senate				Primary General						,		,		
Cto	ate:	President District:		Other (spe	ecify) 🔻				Me	emo	Item				
		First, Middle Initial)													
_	rasshoppe	•							Date o	f Dis	sburse	ment			
- 0	πασσπορρο	ži							M M	_	D			Y	Υ
Ма	iling Address ;	320 Summer St							08		18	8	L	2022	
City	-			State	Zip Code				FEC Id	lenti <sup>.</sup>	fication	n Nur	mber		
	ston rpose of Disbur	rsement		MA	02210			_		-			-		
	elephone Servic					00	01	Ш	С						
Cai	ndidate Name					Cate	gory/	,						-74742 ent this	Period
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Off	ice Sought:	House Senate	Disburse	ment For: Primary	General							_	7	110.8	38
		President		Other (spe											
Sta	ate:	District:		(0)	,,,				Me	emo	Item				
Ful	II Name (Last,	First, Middle Initial)	1												
C. In	tuit Inc.								Date o	f Dis	sburse	ment	:		
	ilina Adduses o	7000						_	M = M	1	0.4	_	/ Y	2022	Y
ivia	illing Address 2	2700 Coast Ave							08	-	04	+		2022	_
City	у			State	Zip Code				FEC Id	lonti	fication	Nin	mher		
	ountain View			CA	94043						ilcation	i ivui	TIDOI	-	
	rpose of Disbur ccounting Softw					00	04	٦l	C						
	ndidate Name							_						3-7474:	Daviad
						Cate:		′	Amoun	t OI	Each	טואט	urseme	ent this	Period
Off	ice Sought:	House	Disburse	ment For:				$\dashv$					40.	106.	00
		Senate		Primary	General						, -		,		
0.	ata.	President		Other (spe	ecify) 🔻				Me	emo	Item				
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 OF							
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	I ` _		nly one) b 22 23 26 27					
		Summary Page		21b		28	L	29	30b	
Any information copied from such Reports and Statem	onte may n	not be sold or use	nd by a							
or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
angle UNITED WOMEN'S HEALTH ALLI.	ANCE P	AC								
Full Name (Last, First, Middle Initial)										
A. LIVE TRANSFERS AND DONOR (	CREATION	ON LLC			Date of	of Disbu	rsem	ent		
	-							/ Y	TY TY TY	
Mailing Address 1607 Ponce de Leon ave Suite GM8	Mailing Address 1607 Ponce de Leon ave								2022	
	State	Zip Code			FEC I	dentifica	tion	Number		
S 1 5 S 1	PR	00909				acritinoa	LIOIT	INGILIDO		
Purpose of Disbursement Telephone fundraising			00:	3	C					
Candidate Name			_		1			SB21		
			Categ Typ		Amour	il oi Ea	CH D	isbursen	ent this Period	
Office Sought: House Disbursen	nent For:				1 L.	1 7			35398.69	
	Primary	General								
State: District:	Other (spec	illy) $\blacktriangledown$			M	emo Ite	m			
Full Name (Last, First, Middle Initial)										
B. LIVE TRANSFERS AND DONOR (	CREATION	ON LLC			Date of	of Disbu	rsem	ent		
					M = N	/ [	) I D	/ Y	- Y - Y - Y	
Mailing Address 1607 Ponce de Leon ave Suite GM8					08		08		2022	
,	State PR	Zip Code 00909			FEC I	dentifica	tion	Number		
Purpose of Disbursement		00909		-	С					
Telephone fundraising			00	3		ansacti	on IE	) : SB21	3-74743	
Candidate Name			Categ		Amour	nt of Ea	ch D	isbursem	ent this Period	
Office Sought: House Disbursen	nent For		Тур	oe					12266.22	
	Primary	General						-7-		
	Other (spec	ify)			M	emo Ite	m			
State: District:										
Full Name (Last, First, Middle Initial)  C. LIVE TRANSFERS AND DONOR (	CREATION	ONTIC			Date of	of Disbu	rsem	ent		
					M = N	/ [	) I D	/ Y	TY TY TY	
Mailing Address 1607 Ponce de Leon ave Suite GM8					08		08		2022	
-	State	Zip Code			FFO	-l +: f:	4:	N I		
SAN JUAN	PR	00909				Jenunca	lion	Number		
Purpose of Disbursement Telephone fundraising			00:	3	C					
Candidate Name			Cateo					D : SB21 isbursem	B-7474: nent this Period	
			Тур				-			
Office Sought: House Disbursen Senate		General				-	_		5256.94	
	Primary Other (spec				Ιп					
State: District:	(Spoo	<i>31</i> ▼			I I M	emo Ite	m			
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TOTAL This Period (last page this line number only)										

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SCHEDULE B (FEC Form 3X)		FOR LINE I	PAGE 24 OF 33					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	only one) 1b 22 23 26 27					
	Detailed Summary Page	<b>X</b> 21b 28a	28b 28c 28c	29 27 30b				
Any information copied from such Reports and Statem	nents may not be sold or us							
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
UNITED WOMEN'S HEALTH ALLIA	ANCE PAC							
Full Name (Last, First, Middle Initial)								
A. LIVE TRANSFERS AND DONOR (	CREATION LLC		Date of Disbursemen	nt				
Mailing Address 1607 Ponce de Leon ave Suite GM8			08 16	2022				
,	State Zip Code PR 00909		FEC Identification Nu	umber				
Purpose of Disbursement Telephone fundraising		003	С					
Candidate Name		Category/ Type	Transaction ID : Amount of Each Disl	oursement this Period				
Office Sought: House Disbursem		Туре	7	11939.41				
	Primary General  Other (specify) ▼		Memo Item					
State: District:			Wiemo item					
Full Name (Last, First, Middle Initial)  B. LIVE TRANSFERS AND DONOR (	CREATION LLC		Date of Disbursemen	nt				
Mailing Address 1607 Ponce de Leon ave			08 16	2022				
Suite GM8			00 10	2022				
,	State Zip Code PR 00909		FEC Identification Nu	ımber				
Purpose of Disbursement Telephone fundraising	00000	003	C					
Candidate Name		Category/	Transaction ID: Amount of Each Disl	SB21B-74744 oursement this Period				
Office Sought: House Disbursem	nent For:	Туре		5116.90				
	Primary General			0110.00				
	Other (specify)		Memo Item					
State: District:								
Full Name (Last, First, Middle Initial)  C. LIVE TRANSFERS AND DONOR (	CREATION LLC		Date of Disbursemen					
Mailing Address 1607 Ponce de Leon ave Suite GM8			08 30	2022				
-	State Zip Code		FEC Identification Nu	ımher				
SAN JUAN Purpose of Disbursement	PR 00909							
Telephone fundraising		003	C					
Candidate Name		Category/ Type	Transaction ID : Amount of Each Disl	SB21B-74744 oursement this Period				
Office Sought: House Disbursem	nent For:	1,700		20138.45				
Senate	Primary General			7 4				
	Other (specify) ▼		Memo Item					
State: District:								
SUBTOTAL of Disbursements This Page (optional)		·····•	1 7	37194.76				
TOTAL This Period (last page this line number only).								

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 25 OF							)F 33			
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	I ` -			nly one) b						
		Summary Page	-		1b 8a	22 28b		8c	29	F	30b	
Any information copied from such Reports and Staten	onte may r	not be sold or use	nd by a							ing c		ione
or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
$ \; angle$ UNITED WOMEN'S HEALTH ALLI	ANCE P	PAC										
Full Name (Last, First, Middle Initial)												
A. LIVE TRANSFERS AND DONOR (	ON LLC				Date of	Disbu	ursen		Y	Y	Υ	
Mailing Address 1607 Ponce de Leon ave Suite GM8					08	<u> </u>	30	<u> </u>	2	2022		
*	State PR	Zip Code				FEC Id	entifica	ation	Numbe	er		
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SCHEDULE B (FEC Form 3X)	l le -	unda nels all 1 ( )	NE NUME	E NUMBER: PAGE 26 OF 3						
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NAME OF COMMITTEE (In Full)										
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Mailing Address 3245 N 126th St					08	02			2022	
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 OF								
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		d Summary Page	<b>x</b>	21b 28a	22 28b	23 28c	26 27 29 30b				
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or for commercial purposes, other than using the n											
NAME OF COMMITTEE (In Full)											
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Full Name (Last, First, Middle Initial)											
A. North American Marketing Solution	ons Inc				Date o	f Disburse	ement				
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City Boca Raton	State FL	Zip Code 33431			FEC Id	entificatio	n Number				
Purpose of Disbursement	'-	33431		_	С						
Virtual Office			001			neaction	ID : SB21B-74745				
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C. PACSmart Filing Services					M M	f Disburse					
Mailing Address 1013 Centre Rd.					08		2022				
Suite 403-A	To	7: 0 !									
City Wilmington	State DE	Zip Code 19805			FEC Id	entificatio	n Number				
Purpose of Disbursement		1.0000		_	С						
FEC Compliance Reporting			001			ansaction	n ID : SB21B-74746				
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	HEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)	FOR LINE NUMBER: PAGE 28 OF 33 (check only one)						
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	y information copied from such Reports and Staten for commercial purposes, other than using the name									
$\rangle$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI	ANCE P	AC							
	Full Name (Last, First, Middle Initial) PACSmart Filing Services				Date of Disbursement					
	Mailing Address 1013 Centre Rd. Suite 403-A				08 30 2022					
	Wilmington	State DE	Zip Code 19805		FEC Identification Number					
	Purpose of Disbursement FEC Compliance Reporting Candidate Name		[	001	Transaction ID : SB21B-74746					
	Office Sought: House Disburser	ment For:		Category/ Type	Amount of Each Disbursement this Period 500.00					
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	RallyPay				Date of Disbursement					
	Mailing Address 995 Market Street Floor 2				08 08 2022					
	San Franciso	State CA	Zip Code 94103		FEC Identification Number					
	Purpose of Disbursement Merchant Processor Fees		[	003	C Transaction ID : SB21B-74746					
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
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	Mailing Address 995 Market Street Floor 2				08 31 / 2022					
	City San Franciso	State CA	Zip Code 94103		FEC Identification Number					
	Purpose of Disbursement Combined "off the top" Credit Card Chargebacks Candidate Name		[	003 Category/ Type	Transaction ID: SB21B-74994 Amount of Each Disbursement this Period					
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	Purpose of Disbursement		34103		_	С						
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C.	RallyPay					Date of			_			
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SCHEDULE B (FEC Form 3X)	Use separate schedule		FOR LINE NUMBER: PAGE 30 OF 3 (check only one)						
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA	•								
Full Name (Last, First, Middle Initial)  A. RallyPay			Date of Disbursement						
Mailing Address 995 Market Street Floor 2			08 31 2022						
San Franciso	State Zip Code 94103		FEC Identification Number						
Purpose of Disbursement Combined "off the top" CC Transaction fees Aug Candidate Name		003	Transaction ID : SB21B-74995						
Office Sought: House Disburser	ment For:	Category/ Type	Amount of Each Disbursement this Period  224.61						
Senate President	Primary General Other (specify) ▼	al	Memo Item						
State: District: Full Name (Last, First, Middle Initial)									
B. RallyPay			Date of Disbursement						
Mailing Address 995 Market Street Floor 2			08 31 2022						
· · · · · · · · · · · · · · · · · · ·	State Zip Code CA 94103		FEC Identification Number						
Combined "off the top" CC Transaction fees Aug  Candidate Name		003 Category/ Type	Transaction ID : SB21B-74995 Amount of Each Disbursement this Period						
	ment For: Primary Genera Other (specify)		363.51 Memo Item						
Full Name (Last, First, Middle Initial)  C. RallyPay			Date of Disbursement						
Mailing Address 995 Market Street Floor 2			08 31 2022						
San Franciso	State Zip Code CA 94103		FEC Identification Number						
Combined "off the top" CC Transaction fees Aug  Candidate Name		003 Category/	Transaction ID : SB21B-74994 Amount of Each Disbursement this Period						
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State: District:	Carior (openity)		Memo Item						
San Franciso Purpose of Disbursement Combined "off the top" CC Transaction fees Aug Candidate Name  Office Sought: House Disbursem Senate President	ment For: Primary Genera Other (specify)	Category/ Type	C Transaction IE						

SCHEDULE B (FEC Form 3X)			FOR LINE	INE NUMBER: PAGE 31 OF 33					
ITEMIZED DISBURSEMENTS		parate schedule(s	) (check only	only one)					
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			28a	28b 28c 29 30b					
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UNITED WOMEN'S HEALTH A	LLIANCE I	PAC							
Full Name (Last, First, Middle Initial)									
A. RallyPay				Date of Disbursement					
Mailing Address 995 Market Street Floor 2				08 31 2022					
City	State	Zip Code		FEC Identification Number					
San Franciso Purpose of Disbursement	CA	94103							
Combined "off the top" CC Transaction fees Au	ıg		003	C					
Candidate Name			Category/	Transaction ID : SB21B-74994 Amount of Each Disbursement this Period					
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	ursement For:			2097.12					
Senate	Primary	General							
State: District:	Other (spe	ecity) 🔻		Memo Item					
Full Name (Last, First, Middle Initial)									
B. UPS Store				Date of Disbursement					
				M M / D D / Y Y Y Y					
Mailing Address 2021 L St NW Ste 101				08 01 2022					
City	State	Zip Code		FEC Identification Number					
Washington Purpose of Disbursement	DC	20036							
Postage/Shipping			001	C					
Candidate Name			Category/	Transaction ID: SB21B-74748  Amount of Each Disbursement this Period					
			Туре						
	rsement For:			23.38					
Senate	Primary	General							
President State: District:	Other (spe	есіту)		Memo Item					
Full Name (Last, First, Middle Initial)									
C. UPS Store				Date of Disbursement					
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Mailing Address 2021 L St NW				08 08 2022					
Ste 101	Ctoto	Zin Code							
City Washington	State DC	Zip Code 20036		FEC Identification Number					
Purpose of Disbursement				C					
Postage/Shipping			001	Transaction ID : SB21B-74748					
Candidate Name			Category/	Amount of Each Disbursement this Period					
Office Sought: House Disbu	ursement For:		Туре	23.38					
Senate	Primary	General							
President	Other (spe			Memo Item					
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NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEALTH ALL	IANCE	PAC								
Full Name (Last, First, Middle Initial)				Data of Diaburaament						
A. UPS Store				Date of Disbursement	YY					
Mailing Address 2021 L St NW				08 22 202						
Ste 101	ı	1								
City	State DC	Zip Code 20036		FEC Identification Number						
Washington Purpose of Disbursement	DC	20036								
Postage/Shipping			001	C	740					
Candidate Name			Category/	Transaction ID: SB21B-74 Amount of Each Disbursement						
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Senate President	Primary Other (spe	General								
State: District:	_	•••···································		Memo Item						
Full Name (Last, First, Middle Initial)										
B. UPS Store				Date of Disbursement	YY					
Mailing Address 2021 L St NW Ste 101				08 22 20:	22					
City Washington	State	Zip Code 20036		FEC Identification Number						
Purpose of Disbursement	50	20030		C						
Postage/Shipping			001	Transaction ID : SB21B-74	748					
Candidate Name			Category/	Amount of Each Disbursement						
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Senate Sought.	Primary	General			20.00					
President	Other (spe			Memo Item						
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City	State	Zip Code		FEC Identification Number						
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Senate	-			· ·						
President	Primary	General		_						
	_			Memo Item						
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	Primary Other (spe	ecify) ▼			599.38					

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 33 OF
FOR LINE NUMBER:
(check only one)

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33

NAME OF COMMITTEE (In Full)
UNITED WOMEN'S HEALTH ALLIANCE PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mastroianni, Stephanie, , ,			Nature of Debt (Purpose): Advance for various legal, administrative
Mailing Address 2021 L St NW Ste 101-193			
City Washington	State DC	Zip Code 20036	
Outstanding Balance Beginning This Period 2920.07			Transaction ID : SD10-1033726
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
0.00	0.00		2920.07
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period  Amount Incurred This Period  Payment This Period			Outstanding Balance at Close of This Period
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  Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional)			2920.07
TOTALS This Period (last page this line number only)			2920.07
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			0.00
A) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			2920.07