

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
UNITED WOMEN'S HEALTH ALLIANCE PAC

ADDRESS (number and street) **2021 L ST NW STE 101-193**
Check if different than previously reported. (ACC) **WASHINGTON DC 20036**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00755694 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2022 through / / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
MASTROIANNI, STEPHANIE, , ,
Type or Print Name of Treasurer

Signature of Treasurer MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date / / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		<input type="text" value="77688.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="77688.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="502669.77"/>	<input type="text" value="502669.77"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="580358.48"/>	<input type="text" value="580358.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="490935.43"/>	<input type="text" value="490935.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="89423.05"/>	<input type="text" value="89423.05"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="10182.51"/>	

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

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

Report Covering the Period: From: / / To: / /

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).....	11693.00	11693.00
(ii) Unitemized	490976.77	490976.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	502669.77	502669.77
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	502669.77	502669.77
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(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)).....▶	502669.77	502669.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	502669.77	502669.77

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(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 Expenditures	382334.61	382334.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	382334.61	382334.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	107935.82	107935.82
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	665.00	665.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	665.00	665.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	490935.43	490935.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	490935.43	490935.43

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	502669.77	502669.77
34. Total Contribution Refunds (from Line 28(d))	665.00	665.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	502004.77	502004.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	382334.61	382334.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	382334.61	382334.61

: 97 `A-G79 @C B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHZG7 <98I @ `CF`#H9A-N5HCB

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. Secondly, 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 send back. 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:

We are amending the 2021-YE report to correct an issue with the Schedule D, which lines up with this Q1 report. The \$32894.96 Debt to "Live Transfers" is comprised of 1 x Schedule B for \$17731.28 from 12-15-2021, and 8 x Schedule E's from 12-15-2021, and 8 x Schedule E's from 12-22-2021, all of which have been included in this report as a non-memo transaction.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

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

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ALIX, ANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1518 TUCUMCARI DR
 City HOUSTON State TX Zip Code 77090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 01 / 14 / 2022
Transaction ID : SA11AI-27117368
 Amount of Each Receipt this Period 60.00
 Memo Item

B. ALIX, ANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1518 TUCUMCARI DR
 City HOUSTON State TX Zip Code 77090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 03 / 22 / 2022
Transaction ID : SA11AI-27105176
 Amount of Each Receipt this Period 100.00
 Memo Item

C. ALIX, ANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1518 TUCUMCARI DR
 City HOUSTON State TX Zip Code 77090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 03 / 22 / 2022
Transaction ID : SA11AI-27105258
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 260.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UNITED WOMEN'S HEALTH ALLIANCE PAC

A. BEAVER, DOROTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 MARSH LANDING DR
APT 103

City CARROLLTON State VA Zip Code 23314

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2022

Transaction ID : SA11AI-27111860

Amount of Each Receipt this Period
 60.00

Memo Item

B. BEAVER, DOROTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 MARSH LANDING DR
APT 103

City CARROLLTON State VA Zip Code 23314

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2022

Transaction ID : SA11AI-271119614

Amount of Each Receipt this Period
 60.00

Memo Item

C. BEAVER, DOROTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 MARSH LANDING DR
APT 103

City CARROLLTON State VA Zip Code 23314

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2022

Transaction ID : SA11AI-27111326

Amount of Each Receipt this Period
 60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BEAVER, DOROTHY, , ,

Mailing Address 215 MARSH LANDING DR
APT 103

City CARROLLTON State VA Zip Code 23314

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2022
Transaction ID : SA11AI-27105296

Amount of Each Receipt this Period
 30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City INDIANAPOLIS State IN Zip Code 46216

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2022
Transaction ID : SA11AI-27117756

Amount of Each Receipt this Period
 75.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City INDIANAPOLIS State IN Zip Code 46216

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
505.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 11 / 2022
Transaction ID : SA11AI-27117666

Amount of Each Receipt this Period
 150.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BEVERSDORF, TOM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8433 WATERTOWN DR

City INDIANAPOLIS	State IN	Zip Code 46216
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		08		2022

Transaction ID : SA11AI-27115886

Amount of Each Receipt this Period
150.00

Memo Item

B. BEVERSDORF, TOM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8433 WATERTOWN DR

City INDIANAPOLIS	State IN	Zip Code 46216
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		14		2022

Transaction ID : SA11AI-27115654

Amount of Each Receipt this Period
65.00

Memo Item

C. BEVERSDORF, TOM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8433 WATERTOWN DR

City INDIANAPOLIS	State IN	Zip Code 46216
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
505.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2022

Transaction ID : SA11AI-27114082

Amount of Each Receipt this Period
65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	280.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CAGNEY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8521 OAK RD
 City PARKVILLE State MD Zip Code 21234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 18 / 2022
Transaction ID : SA11AI-27121778
 Amount of Each Receipt this Period 400.00
 Memo Item

B. CARLSON, ELVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 APPLING RD APT 3103
 City CORDOVA State TN Zip Code 38016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 24 / 2022
Transaction ID : SA11AI-27105006
 Amount of Each Receipt this Period 135.00
 Memo Item

C. CARLSON, ELVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 APPLING RD APT 3103
 City CORDOVA State TN Zip Code 38016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 24 / 2022
Transaction ID : SA11AI-27114496
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	610.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CORBY, JACQUELYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 981 GLEN OAKS BLVD
 City PASADENA State CA Zip Code 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 01 / 10 / 2022
Transaction ID : SA11AI-27109468
 Amount of Each Receipt this Period 50.00
 Memo Item

B. CORBY, JACQUELYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 981 GLEN OAKS BLVD
 City PASADENA State CA Zip Code 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 02 / 07 / 2022
Transaction ID : SA11AI-27113012
 Amount of Each Receipt this Period 50.00
 Memo Item

C. CORBY, JACQUELYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 981 GLEN OAKS BLVD
 City PASADENA State CA Zip Code 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 02 / 11 / 2022
Transaction ID : SA11AI-27112594
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 146
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CORBY, JACQUELYNNE, , ,

Mailing Address **981 GLEN OAKS BLVD**

City PASADENA	State CA	Zip Code 91105
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2022

Transaction ID : SA11AI-27115610

Amount of Each Receipt this Period

80.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DAVIS, SALLY, , ,

Mailing Address **34554 MERION CT**

City DADE CITY	State FL	Zip Code 33525
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2022

Transaction ID : SA11AI-27113096

Amount of Each Receipt this Period

55.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DAVIS, URIAH, , ,

Mailing Address **1600 KENILWORTH CT
APT 1**

City STOUGHTON	State WI	Zip Code 53589
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2022

Transaction ID : SA11AI-27112978

Amount of Each Receipt this Period

55.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVIS, SALLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34554 MERION CT

City DADE CITY	State FL	Zip Code 33525
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		09		2022

Transaction ID : SA11AI-27121168

Amount of Each Receipt this Period
50.00

Memo Item

B. DAVIS, URIAH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 KENILWORTH CT
APT 1

City STOUGHTON	State WI	Zip Code 53589
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		27		2022

Transaction ID : SA11AI-27119872

Amount of Each Receipt this Period
75.00

Memo Item

C. DAVIS, URIAH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 KENILWORTH CT
APT 1

City STOUGHTON	State WI	Zip Code 53589
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		27		2022

Transaction ID : SA11AI-27119874

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DAVIS, URIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 KENILWORTH CT
 APT 1
 City STOUGHTON State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2022
Transaction ID : SA11AI-27119876
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. DAVIS, URIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 KENILWORTH CT
 APT 1
 City STOUGHTON State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2022
Transaction ID : SA11AI-27119878
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. DAVIS, URIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 KENILWORTH CT
 APT 1
 City STOUGHTON State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2022
Transaction ID : SA11AI-27119880
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVIS, URIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 KENILWORTH CT
 APT 1
 City STOUGHTON State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2022
Transaction ID : SA11AI-27119882
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. DAVIS, URIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 KENILWORTH CT
 APT 1
 City STOUGHTON State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2022
Transaction ID : SA11AI-27119884
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. DAVIS, URIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 KENILWORTH CT
 APT 1
 City STOUGHTON State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2022
Transaction ID : SA11AI-27119886
 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 only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DAVIS, URIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 KENILWORTH CT
 APT 1
 City STOUGHTON State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Best Efforts Best Efforts
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2022
Transaction ID : SA11AI-27119888
 Amount of Each Receipt this Period
 130.00
 Memo Item

B. DAVIS, URIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 KENILWORTH CT
 APT 1
 City STOUGHTON State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Best Efforts Best Efforts
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2022
Transaction ID : SA11AI-27119890
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. DAVIS, URIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 KENILWORTH CT
 APT 1
 City STOUGHTON State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Best Efforts Best Efforts
 Receipt For: Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2022
Transaction ID : SA11AI-27119588
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVIS, SALLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34554 MERION CT

City DADE CITY	State FL	Zip Code 33525
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2022

Transaction ID : SA11AI-27105618

Amount of Each Receipt this Period
55.00

Memo Item

B. DAVIS, SALLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34554 MERION CT

City DADE CITY	State FL	Zip Code 33525
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2022

Transaction ID : SA11AI-27114054

Amount of Each Receipt this Period
45.00

Memo Item

C. DAVIS, URIAH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 KENILWORTH CT
APT 1

City STOUGHTON	State WI	Zip Code 53589
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2022

Transaction ID : SA11AI-27104438

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DRENNAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90
 City BARAGA State MI Zip Code 49908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2022
Transaction ID : SA11AI-27109880
 Amount of Each Receipt this Period
 45.00
 Memo Item

B. DRENNAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90
 City BARAGA State MI Zip Code 49908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2022
Transaction ID : SA11AI-27113706
 Amount of Each Receipt this Period
 35.00
 Memo Item

C. DRENNAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90
 City BARAGA State MI Zip Code 49908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2022
Transaction ID : SA11AI-27117708
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DRENNAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90
 City BARAGA State MI Zip Code 49908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 13 / 2022
Transaction ID : SA11AI-27108934
 Amount of Each Receipt this Period 100.00
 Memo Item

B. DRENNAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90
 City BARAGA State MI Zip Code 49908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 17 / 2022
Transaction ID : SA11AI-27113428
 Amount of Each Receipt this Period 25.00
 Memo Item

C. DRENNAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90
 City BARAGA State MI Zip Code 49908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2022
Transaction ID : SA11AI-27107060
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 146
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. DRENNAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90
 City BARAGA State MI Zip Code 49908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 11 / 2022
Transaction ID : SA11AI-27120880
 Amount of Each Receipt this Period 20.00
 Memo Item

B. FELIX, JACQUELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 WHITE OAK DR APTT 127
 City EXETER State NH Zip Code 03833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 27 / 2022
Transaction ID : SA11AI-27115258
 Amount of Each Receipt this Period 110.00
 Memo Item

C. FELIX, JACQUELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 WHITE OAK DR APTT 127
 City EXETER State NH Zip Code 03833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 03 / 2022
Transaction ID : SA11AI-27106210
 Amount of Each Receipt this Period 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. FRANKLIN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 SHADOWLAWN DR
 City TOLEDO State OH Zip Code 43609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **01 / 31 / 2022**
Transaction ID : SA11AI-27121620
 Amount of Each Receipt this Period 110.00
 Memo Item

B. FRANKLIN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 SHADOWLAWN DR
 City TOLEDO State OH Zip Code 43609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **02 / 06 / 2022**
Transaction ID : SA11AI-27121424
 Amount of Each Receipt this Period 210.00
 Memo Item

C. FRIEDBAUER, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 GROVE ISLE DR APT 1704
 City MIAMI State FL Zip Code 33133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **03 / 30 / 2022**
Transaction ID : SA11AI-27113814
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. FRIEDBAUER, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 GROVE ISLE DR
 APT 1704
 City MIAMI State FL Zip Code 33133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI-27114362
 Amount of Each Receipt this Period 200.00
 Memo Item

B. GREENE, BETTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5886 DE ZAVALA RD
 City SAN ANTONIO State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 01 / 05 / 2022
Transaction ID : SA11AI-27109732
 Amount of Each Receipt this Period 60.00
 Memo Item

C. GREENE, BETTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5886 DE ZAVALA RD
 City SAN ANTONIO State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 02 / 08 / 2022
Transaction ID : SA11AI-27112880
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GREENE, BETTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5886 DE ZAVALA RD
 City SAN ANTONIO State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **02 / 11 / 2022**
Transaction ID : SA11AI-27120982
 Amount of Each Receipt this Period 70.00
 Memo Item

B. GREENE, BETTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5886 DE ZAVALA RD
 City SAN ANTONIO State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **03 / 14 / 2022**
Transaction ID : SA11AI-27114312
 Amount of Each Receipt this Period 65.00
 Memo Item

C. GREENE, BETTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5886 DE ZAVALA RD
 City SAN ANTONIO State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **03 / 17 / 2022**
Transaction ID : SA11AI-27114182
 Amount of Each Receipt this Period 65.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 146
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HAM JR, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5500 CALLE REAL
 APT C-226
 City SANTA BARBARA State CA Zip Code 93111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 01 / 31 / 2022
Transaction ID : SA11AI-27121616
 Amount of Each Receipt this Period 110.00
 Memo Item

B. HAM JR, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5500 CALLE REAL
 APT C-226
 City SANTA BARBARA State CA Zip Code 93111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 02 / 14 / 2022
Transaction ID : SA11AI-27112482
 Amount of Each Receipt this Period 160.00
 Memo Item

C. HERRING, ABBY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 S MYRTLE AVE
 APT 238
 City NEW SMYRNA BEACH State FL Zip Code 32168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 06 / 2022
Transaction ID : SA11AI-27093900
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	470.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HERRING, ABBY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 S MYRTLE AVE
 APT 238
 City NEW SMYRNA BEACH State FL Zip Code 32168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 06 / 2022
Transaction ID : SA11AI-27100510
 Amount of Each Receipt this Period 200.00
 Memo Item

B. JARAMILLO, VALERIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3910 CAMPBELL ST
 City RIVERSIDE State CA Zip Code 92509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 01 / 03 / 2022
Transaction ID : SA11AI-27113712
 Amount of Each Receipt this Period 55.00
 Memo Item

C. JARAMILLO, VALERIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3910 CAMPBELL ST
 City RIVERSIDE State CA Zip Code 92509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 07 / 2022
Transaction ID : SA11AI-27114974
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JARAMILLO, VALERIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3910 CAMPBELL ST
 City RIVERSIDE State CA Zip Code 92509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 16 / 2022
Transaction ID : SA11AI-27118934
 Amount of Each Receipt this Period 125.00
 Memo Item

B. JOHANSEN, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 EVERGREEN AVE
 City MADISON State WI Zip Code 53704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 01 / 21 / 2022
Transaction ID : SA11AI-27113326
 Amount of Each Receipt this Period 25.00
 Memo Item

C. JOHANSEN, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 EVERGREEN AVE
 City MADISON State WI Zip Code 53704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 01 / 31 / 2022
Transaction ID : SA11AI-27107592
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHANSEN, RALPH, , ,

Mailing Address 322 EVERGREEN AVE

City MADISON	State WI	Zip Code 53704
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2022

Transaction ID : SA11AI-27111558

Amount of Each Receipt this Period
75.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHANSEN, RALPH, , ,

Mailing Address 322 EVERGREEN AVE

City MADISON	State WI	Zip Code 53704
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2022

Transaction ID : SA11AI-27103622

Amount of Each Receipt this Period
20.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHANSEN, RALPH, , ,

Mailing Address 322 EVERGREEN AVE

City MADISON	State WI	Zip Code 53704
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2022

Transaction ID : SA11AI-27103888

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOHANSEN, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 EVERGREEN AVE
 City MADISON State WI Zip Code 53704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 24 / 2022
Transaction ID : SA11AI-27104010
 Amount of Each Receipt this Period 40.00
 Memo Item

B. JOHNSON, LORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 BELT RD
 City KNOXVILLE State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 02 / 23 / 2022
Transaction ID : SA11AI-27106518
 Amount of Each Receipt this Period 75.00
 Memo Item

C. JOHNSON, LORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 BELT RD
 City KNOXVILLE State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 02 / 24 / 2022
Transaction ID : SA11AI-27095512
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOHNSON, LORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 BELT RD
 City KNOXVILLE State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 02 / 24 / 2022
Transaction ID : SA11AI-27102976
 Amount of Each Receipt this Period 25.00
 Memo Item

B. JOHNSON, LORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 BELT RD
 City KNOXVILLE State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 13 / 2022
Transaction ID : SA11AI-27111020
 Amount of Each Receipt this Period 75.00
 Memo Item

C. JOHNSON, LORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 BELT RD
 City KNOXVILLE State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 24 / 2022
Transaction ID : SA11AI-27091492
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOHNSON, LORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 BELT RD
 City KNOXVILLE State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI-27091078
 Amount of Each Receipt this Period 35.00
 Memo Item

B. KARRISH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 NEUMARK AVE
 City PLEASANTVILLE State NJ Zip Code 08232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 01 / 06 / 2022
Transaction ID : SA11AI-27093922
 Amount of Each Receipt this Period 60.00
 Memo Item

C. KARRISH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 NEUMARK AVE
 City PLEASANTVILLE State NJ Zip Code 08232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 01 / 20 / 2022
Transaction ID : SA11AI-27099018
 Amount of Each Receipt this Period 70.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KARRISH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 NEUMARK AVE
 City PLEASANTVILLE State NJ Zip Code 08232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt **01 / 27 / 2022**
Transaction ID : SA11AI-27088228
 Amount of Each Receipt this Period 60.00
 Memo Item

B. KARRISH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 NEUMARK AVE
 City PLEASANTVILLE State NJ Zip Code 08232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt **02 / 24 / 2022**
Transaction ID : SA11AI-27102908
 Amount of Each Receipt this Period 50.00
 Memo Item

C. KARRISH, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 NEUMARK AVE
 City PLEASANTVILLE State NJ Zip Code 08232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt **03 / 31 / 2022**
Transaction ID : SA11AI-27093968
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KUMP, TROY, , ,

Mailing Address 315 S CENTER ST

City AMERICAN FORK	State UT	Zip Code 84003
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Simplii	Occupation (for Individual) Director Of Strategic Partnerships
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
02 / 22 / 2022

Transaction ID : SA11AI-27112134

Amount of Each Receipt this Period
66.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KUMP, TROY, , ,

Mailing Address 315 S CENTER ST

City AMERICAN FORK	State UT	Zip Code 84003
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Simplii	Occupation (for Individual) Director Of Strategic Partnerships
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
02 / 24 / 2022

Transaction ID : SA11AI-27120070

Amount of Each Receipt this Period
61.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KUMP, TROY, , ,

Mailing Address 315 S CENTER ST

City AMERICAN FORK	State UT	Zip Code 84003
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Simplii	Occupation (for Individual) Director Of Strategic Partnerships
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
308.00

Date of Receipt
02 / 28 / 2022

Transaction ID : SA11AI-27111730

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	202.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KUMP, TROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 S CENTER ST
 City AMERICAN FORK State UT Zip Code 84003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simplii Occupation (for Individual) Director Of Strategic Partnerships
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 03 / 10 / 2022
Transaction ID : SA11AI-27105888
 Amount of Each Receipt this Period 106.00
 Memo Item

B. LEWIS, PHOEBE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N PROSPECT AVE APT 20D
 City MILWAUKEE State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 10 / 2022
Transaction ID : SA11AI-27111068
 Amount of Each Receipt this Period 130.00
 Memo Item

C. LEWIS, PHOEBE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N PROSPECT AVE APT 20D
 City MILWAUKEE State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 25 / 2022
Transaction ID : SA11AI-27113942
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	296.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LEWIS, PHOEBE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N PROSPECT AVE
 APT 20D
 City MILWAUKEE State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 30 / 2022
Transaction ID : SA11AI-27113810
 Amount of Each Receipt this Period 55.00
 Memo Item

B. LOYD, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 OCEAN DR
 City OXNARD State CA Zip Code 93035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2022
Transaction ID : SA11AI-27119328
 Amount of Each Receipt this Period 300.00
 Memo Item

C. LYNCH, LOUISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2529 ZINFANDEL DR
 City RANCHO CORDOVA State CA Zip Code 95670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 02 / 07 / 2022
Transaction ID : SA11AI-27112980
 Amount of Each Receipt this Period 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	465.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LYNCH, LOUISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2529 ZINFANDEL DR
 City RANCHO CORDOVA State CA Zip Code 95670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 03 / 27 / 2022
Transaction ID : SA11AI-27110460
 Amount of Each Receipt this Period 105.00
 Memo Item

B. MCMILLAN, LORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 W LEADORA AVE
 City GLENDORA State CA Zip Code 91741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 02 / 18 / 2022
Transaction ID : SA11AI-27120442
 Amount of Each Receipt this Period 50.00
 Memo Item

C. MCMILLAN, LORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 W LEADORA AVE
 City GLENDORA State CA Zip Code 91741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 01 / 2022
Transaction ID : SA11AI-27106336
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	215.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MCMILLAN, LORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 W LEADORA AVE
 City GLENDORA State CA Zip Code 91741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 08 / 2022
Transaction ID : SA11AI-2711284
 Amount of Each Receipt this Period 40.00
 Memo Item

B. MCMILLAN, LORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 W LEADORA AVE
 City GLENDORA State CA Zip Code 91741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 10 / 2022
Transaction ID : SA11AI-27114820
 Amount of Each Receipt this Period 55.00
 Memo Item

C. PASSERMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WAKELY CT
 City PORTLAND State ME Zip Code 04103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2022
Transaction ID : SA11AI-2711162
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PASSERMAN, CHARLES, , ,

Mailing Address 30 WAKELY CT

City PORTLAND	State ME	Zip Code 04103
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2022

Transaction ID : SA11AI-27114778

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PEERS, MICHAEL, , ,

Mailing Address 1749 SIMPSONVILLE LN

City THE VILLAGES	State FL	Zip Code 32162
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2022

Transaction ID : SA11AI-27119794

Amount of Each Receipt this Period
60.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. PEERS, MICHAEL, , ,

Mailing Address 1749 SIMPSONVILLE LN

City THE VILLAGES	State FL	Zip Code 32162
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2022

Transaction ID : SA11AI-27114578

Amount of Each Receipt this Period
160.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. RICE, CAROL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 CHESTER ST

City WORCESTER	State MA	Zip Code 01605
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2022

Transaction ID : SA11AI-27121878

Amount of Each Receipt this Period
55.00

Memo Item

B. RICE, CAROL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 CHESTER ST

City WORCESTER	State MA	Zip Code 01605
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2022

Transaction ID : SA11AI-27114636

Amount of Each Receipt this Period
155.00

Memo Item

C. RUST, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 GOLF COURSE RD
APT 245

City GRAND RAPIDS	State MN	Zip Code 55744
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2022

Transaction ID : SA11AI-27113304

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	260.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RUST, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 GOLF COURSE RD
APT 245

City GRAND RAPIDS State MN Zip Code 55744

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
01 / 27 / 2022
Transaction ID : SA11AI-27121656

Amount of Each Receipt this Period
60.00

Memo Item

B. RUST, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 GOLF COURSE RD
APT 245

City GRAND RAPIDS State MN Zip Code 55744

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
02 / 08 / 2022
Transaction ID : SA11AI-27112878

Amount of Each Receipt this Period
110.00

Memo Item

C. RUST, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 GOLF COURSE RD
APT 245

City GRAND RAPIDS State MN Zip Code 55744

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.00

Date of Receipt
03 / 09 / 2022
Transaction ID : SA11AI-27114870

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RUST, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 GOLF COURSE RD
APT 245

City GRAND RAPIDS State MN Zip Code 55744

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
03 / 14 / 2022
Transaction ID : SA11AI-27114304

Amount of Each Receipt this Period
20.00

Memo Item

B. RUST, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 GOLF COURSE RD
APT 245

City GRAND RAPIDS State MN Zip Code 55744

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
03 / 31 / 2022
Transaction ID : SA11AI-27113784

Amount of Each Receipt this Period
65.00

Memo Item

C. SARGEANT, JANET, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6027 89TH ST E

City PUYALLUP State WA Zip Code 98371

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 21 / 2022
Transaction ID : SA11AI-27120324

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 135.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SARGEANT, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6027 89TH ST E
 City PUYALLUP State WA Zip Code 98371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2022
Transaction ID : SA11AI-27110564
 Amount of Each Receipt this Period 200.00
 Memo Item

B. SAWYER, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8545 OAK RD
 City PARKVILLE State MD Zip Code 21234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 02 / 2022
Transaction ID : SA11AI-27113752
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SAWYER, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8545 OAK RD
 City PARKVILLE State MD Zip Code 21234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 02 / 2022
Transaction ID : SA11AI-27113778
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SMITHSON, SP, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1683 EDGEWATER LN

City CAMARILLO	State CA	Zip Code 93010
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2022

Transaction ID : SA11AI-27113562

Amount of Each Receipt this Period
70.00

Memo Item

B. SMITHSON, SP, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1683 EDGEWATER LN

City CAMARILLO	State CA	Zip Code 93010
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2022

Transaction ID : SA11AI-27115792

Amount of Each Receipt this Period
70.00

Memo Item

C. SMITHSON, SP, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1683 EDGEWATER LN

City CAMARILLO	State CA	Zip Code 93010
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2022

Transaction ID : SA11AI-27106132

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 45 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SOSA, ANITA, , ,

Mailing Address 2510 DARWIN DR

City SAN ANTONIO	State TX	Zip Code 78228
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2022

Transaction ID : SA11AI-27109724

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SOSA, ANITA, , ,

Mailing Address 2510 DARWIN DR

City SAN ANTONIO	State TX	Zip Code 78228
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2022

Transaction ID : SA11AI-27117646

Amount of Each Receipt this Period
70.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SOSA, ANITA, , ,

Mailing Address 2510 DARWIN DR

City SAN ANTONIO	State TX	Zip Code 78228
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2022

Transaction ID : SA11AI-27120820

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UNITED WOMEN'S HEALTH ALLIANCE PAC

A. SOSA, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2510 DARWIN DR
 City SAN ANTONIO State TX Zip Code 78228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2022
Transaction ID : SA11AI-27112332
 Amount of Each Receipt this Period
 45.00
 Memo Item

B. SOSA, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2510 DARWIN DR
 City SAN ANTONIO State TX Zip Code 78228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2022
Transaction ID : SA11AI-27110554
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. STERLING, ELNORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 SIERRA DR
 City CALIFON State NJ Zip Code 07830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2022
Transaction ID : SA11AI-27121554
 Amount of Each Receipt this Period
 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STERLING, ELNORIA, , ,

Mailing Address 9 SIERRA DR

City CALIFON	State NJ	Zip Code 07830
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2022

Transaction ID : SA11AI-27110778

Amount of Each Receipt this Period
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STIVER, DON, , ,

Mailing Address 1649 ROGER CT

City EL CERRITO	State CA	Zip Code 94530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2022

Transaction ID : SA11AI-27114916

Amount of Each Receipt this Period
210.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STIVER, DON, , ,

Mailing Address 1649 ROGER CT

City EL CERRITO	State CA	Zip Code 94530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2022

Transaction ID : SA11AI-27105280

Amount of Each Receipt this Period
110.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	520.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 146
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. STRATSORD, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11209 GRAY FOX PT
 UNIT 1
 City SPOTSYLVANIA State VA Zip Code 22551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Military Institute Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2022
Transaction ID : SA11AI-27110264
 Amount of Each Receipt this Period 300.00
 Memo Item

B. TREIBACK, ALEXI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14005 PALAWAN WAY
 APT 214
 City MARINA DEL REY State CA Zip Code 90292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 14 / 2022
Transaction ID : SA11AI-27120832
 Amount of Each Receipt this Period 35.00
 Memo Item

C. TREIBACK, ALEXI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14005 PALAWAN WAY
 APT 214
 City MARINA DEL REY State CA Zip Code 90292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 15 / 2022
Transaction ID : SA11AI-27112450
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. TREIBACK, ALEXI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14005 PALAWAN WAY
APT 214

City MARINA DEL REY State CA Zip Code 90292

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
03 / 03 / 2022
Transaction ID : SA11AI-27106234

Amount of Each Receipt this Period
75.00

Memo Item

B. TREIBACK, ALEXI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14005 PALAWAN WAY
APT 214

City MARINA DEL REY State CA Zip Code 90292

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
03 / 30 / 2022
Transaction ID : SA11AI-27114386

Amount of Each Receipt this Period
80.00

Memo Item

C. WARREN, GLEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 730 E 43RD ST

City BALTIMORE State MD Zip Code 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
335.00

Date of Receipt
02 / 10 / 2022
Transaction ID : SA11AI-27106972

Amount of Each Receipt this Period
65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 50 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. WARREN, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 E 43RD ST
 City BALTIMORE State MD Zip Code 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2022
Transaction ID : SA11AI-27112328
 Amount of Each Receipt this Period
 55.00
 Memo Item

B. WARREN, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 E 43RD ST
 City BALTIMORE State MD Zip Code 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2022
Transaction ID : SA11AI-27106600
 Amount of Each Receipt this Period
 105.00
 Memo Item

C. WARREN, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 E 43RD ST
 City BALTIMORE State MD Zip Code 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2022
Transaction ID : SA11AI-27120290
 Amount of Each Receipt this Period
 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WARREN, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 E 43RD ST
 City BALTIMORE State MD Zip Code 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 02 / 23 / 2022
Transaction ID : SA11AI-27115358
 Amount of Each Receipt this Period 55.00
 Memo Item

B. WIENER, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2939 VAN NESS ST NW APT 1047
 City WASHINGTON State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2022
Transaction ID : SA11AI-27106270
 Amount of Each Receipt this Period 500.00
 Memo Item

C. WOOD, GORDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1919 S FABRIQUE DR
 City WICHITA State KS Zip Code 67218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 01 / 31 / 2022
Transaction ID : SA11AI-27107568
 Amount of Each Receipt this Period 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	665.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 146
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WOOD, GORDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1919 S FABRIQUE DR
 City WICHITA State KS Zip Code 67218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **03 / 03 / 2022**
Transaction ID : SA11AI-27085376
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ZAK, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8204 E BOULEVARD DR
 City ALEXANDRIA State VA Zip Code 22308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt **01 / 05 / 2022**
Transaction ID : SA11AI-27118092
 Amount of Each Receipt this Period 200.00
 Memo Item

C. ZAK, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8204 E BOULEVARD DR
 City ALEXANDRIA State VA Zip Code 22308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt **01 / 07 / 2022**
Transaction ID : SA11AI-27109516
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 53 OF 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZAK, HENRY, , ,

Mailing Address **8204 E BOULEVARD DR**

City **ALEXANDRIA** State **VA** Zip Code **22308**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **Retired** Occupation (for Individual) **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt
03 / 18 / 2022

Transaction ID : SA11AI-27114154

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	11693.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. ABC Company

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2022

FEC Identification Number: C

Transaction ID : SB21B-71172

Amount of Each Disbursement this Period: 13000.00

Memo Item

B. Blank Rome LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB21B-71165

Amount of Each Disbursement this Period: 3248.00

Memo Item

C. Blank Rome LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB21B-71166

Amount of Each Disbursement this Period: 912.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 17160.50

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Blank Rome LLP		Date of Disbursement MM / DD / YYYY 03 / 01 / 2022	
Mailing Address 1825 Eye Street NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71173 Amount of Each Disbursement this Period 1188.00	
City Washington	State DC	Zip Code 20006	Category/ Type 001
Purpose of Disbursement Legal Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Blank Rome LLP		Date of Disbursement MM / DD / YYYY 03 / 16 / 2022	
Mailing Address 1825 Eye Street NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71177 Amount of Each Disbursement this Period 44.00	
City Washington	State DC	Zip Code 20006	Category/ Type 001
Purpose of Disbursement Legal Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Blank Rome LLP		Date of Disbursement MM / DD / YYYY 03 / 16 / 2022	
Mailing Address 1825 Eye Street NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71177 Amount of Each Disbursement this Period 3486.00	
City Washington	State DC	Zip Code 20006	Category/ Type 001
Purpose of Disbursement Legal Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	4718.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Legal Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2022

FEC Identification Number

C
Transaction ID : SB21B-71177
Amount of Each Disbursement this Period
85.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COA Network Inc.

Mailing Address 991 Route 22 West
Suite 200

City
Bridgewater Township

State
NJ

Zip Code
08807

Purpose of Disbursement
800 Telephone numbers

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2022

FEC Identification Number

C
Transaction ID : SB21B-71165
Amount of Each Disbursement this Period
138.70

Memo Item

Full Name (Last, First, Middle Initial)

C. COA Network Inc.

Mailing Address 991 Route 22 West
Suite 200

City
Bridgewater Township

State
NJ

Zip Code
08807

Purpose of Disbursement
800 Telephone numbers

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2022

FEC Identification Number

C
Transaction ID : SB21B-71177
Amount of Each Disbursement this Period
179.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

403.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank analysis fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-71162
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank analysis fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-71169
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank analysis fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-71171
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Grasshopper

Full Name (Last, First, Middle Initial)

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2022

FEC Identification Number: C

Transaction ID : SB21B-71163

Amount of Each Disbursement this Period: 108.12

Memo Item

B. Grasshopper

Full Name (Last, First, Middle Initial)

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 18 / 2022

FEC Identification Number: C

Transaction ID : SB21B-71169

Amount of Each Disbursement this Period: 108.12

Memo Item

C. Grasshopper

Full Name (Last, First, Middle Initial)

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 18 / 2022

FEC Identification Number: C

Transaction ID : SB21B-71171

Amount of Each Disbursement this Period: 108.12

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 324.36

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Grasshopper

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	2	2		

FEC Identification Number

Transaction ID : SB21B-71178
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting Software

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	2	2		

FEC Identification Number

Transaction ID : SB21B-71160
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting Software

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	2	2		

FEC Identification Number

Transaction ID : SB21B-71161
 Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting Software

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2022

FEC Identification Number

C

Transaction ID : SB21B-71175
Amount of Each Disbursement this Period

100.70

Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising - Debt repayment Invoiced 2021-12-15

003

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2022

FEC Identification Number

C

Transaction ID : SB21B-71672
Amount of Each Disbursement this Period

17731.28

Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

003

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2022

FEC Identification Number

C

Transaction ID : SB21B-71161
Amount of Each Disbursement this Period

6965.52

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

17831.98

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2022

FEC Identification Number: C

Transaction ID : SB21B-71161

Amount of Each Disbursement this Period: 10000.00

Memo Item

B. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2022

FEC Identification Number: C

Transaction ID : SB21B-71162

Amount of Each Disbursement this Period: 7551.12

Memo Item

C. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2022

FEC Identification Number: C

Transaction ID : SB21B-71163

Amount of Each Disbursement this Period: 3126.44

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 13126.44

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 01 / 13 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [] Transaction ID : SB21B-71163 Amount of Each Disbursement this Period [] 17619.38	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 01 / 21 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [] Transaction ID : SB21B-71164 Amount of Each Disbursement this Period [] 16539.60	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 01 / 21 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [] Transaction ID : SB21B-71164 Amount of Each Disbursement this Period [] 7088.40	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input checked="" type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 34158.98
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 01 / 28 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-71166 Amount of Each Disbursement this Period 18779.60	
City SAN JUAN	State PR	Zip Code 00909	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Telephone fundraising		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 01 / 28 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-71166 Amount of Each Disbursement this Period 8048.40	
City SAN JUAN	State PR	Zip Code 00909	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Telephone fundraising		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 02 / 10 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-71166 Amount of Each Disbursement this Period 20000.85	
City SAN JUAN	State PR	Zip Code 00909	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Telephone fundraising		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional)..... ▶

38780.45

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 02 / 18 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71170 Amount of Each Disbursement this Period 21936.26
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 02 / 18 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71170 Amount of Each Disbursement this Period 19773.71
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71170 Amount of Each Disbursement this Period 19317.26
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	61027.23
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71173 Amount of Each Disbursement this Period [REDACTED] 8288.69
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71174 Amount of Each Disbursement this Period [REDACTED] 19461.45
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71174 Amount of Each Disbursement this Period [REDACTED] 5.00
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 19466.45
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 09 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71176
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Amount of Each Disbursement this Period 7043.76
Candidate Name		Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 09 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71176
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Amount of Each Disbursement this Period 6112.04
Candidate Name		Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 09 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71176
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Amount of Each Disbursement this Period 16435.44
Candidate Name		Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	22547.48
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 09 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71176 Amount of Each Disbursement this Period [REDACTED] 8340.63
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 16 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71176 Amount of Each Disbursement this Period [REDACTED] 10304.14
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 16 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-71176 Amount of Each Disbursement this Period [REDACTED] 7035.50
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 10304.14
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 03 / 30 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-71179	
City SAN JUAN	State PR	Zip Code 00909	Amount of Each Disbursement this Period 17062.42	
Purpose of Disbursement Telephone fundraising		Category/ Type 003	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 03 / 30 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-71179	
City SAN JUAN	State PR	Zip Code 00909	Amount of Each Disbursement this Period 7312.46	
Purpose of Disbursement Telephone fundraising		Category/ Type 003	Memo Item <input checked="" type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 03 / 30 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-71179	
City SAN JUAN	State PR	Zip Code 00909	Amount of Each Disbursement this Period 7312.46	
Purpose of Disbursement Telephone fundraising		Category/ Type 003	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

SUBTOTAL of Disbursements This Page (optional)..... ▶

24374.88

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
01 / 05 / 2022

FEC Identification Number

Transaction ID : SB21B-71160
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
01 / 13 / 2022

FEC Identification Number

Transaction ID : SB21B-71163
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
01 / 21 / 2022

FEC Identification Number

Transaction ID : SB21B-71164
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-71166
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-71169
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-71171
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2022

Mailing Address 3245 N 126th St

FEC Identification Number

C []
Transaction ID : SB21B-71173
 Amount of Each Disbursement this Period
 [] 7862.23

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailing and Caging

003
 Category/
 Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2022

Mailing Address 3245 N 126th St

FEC Identification Number

C []
Transaction ID : SB21B-71173
 Amount of Each Disbursement this Period
 [] 5587.74

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailing and Caging

003
 Category/
 Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2022

Mailing Address 3245 N 126th St

FEC Identification Number

C []
Transaction ID : SB21B-71173
 Amount of Each Disbursement this Period
 [] 6514.67

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailing and Caging

003
 Category/
 Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼
 State: District:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 19964.64

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

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-71176
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-71178
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-71178
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2022

Mailing Address 3245 N 126th St

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-71180
Amount of Each Disbursement this Period

[REDACTED] 5009.82

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Mailers and Caging 003 Category/Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. PACSmart Filing Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2022

Mailing Address 1013 Centre Rd. Suite 403-A

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-71174
Amount of Each Disbursement this Period

[REDACTED] 1100.00

Memo Item

City Wilmington State DE Zip Code 19805

Purpose of Disbursement FEC Compliance Reporting 001 Category/Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. PACSmart Filing Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2022

Mailing Address 1013 Centre Rd. Suite 403-A

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-71181
Amount of Each Disbursement this Period

[REDACTED] 1100.00

Memo Item

City Wilmington State DE Zip Code 19805

Purpose of Disbursement FEC Compliance Reporting 001 Category/Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 7209.82

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Jan

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75312

Amount of Each Disbursement this Period

[REDACTED] 1863.58

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Jan

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75313

Amount of Each Disbursement this Period

[REDACTED] 368.16

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Jan

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-75314

Amount of Each Disbursement this Period

[REDACTED] 1615.43

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 3847.17

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Jan

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2022

FEC Identification Number

Transaction ID : SB21B-75315
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Feb

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2022

FEC Identification Number

Transaction ID : SB21B-75312
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Feb

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2022

FEC Identification Number

Transaction ID : SB21B-75311
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. RallyPay

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Combined "off the top" CC Transaction fees Feb

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB21B-75314

Amount of Each Disbursement this Period: 746.01

Memo Item

B. RallyPay

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Combined "off the top" CC Transaction fees Feb

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB21B-75315

Amount of Each Disbursement this Period: 980.53

Memo Item

C. RallyPay

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B-7117

Amount of Each Disbursement this Period: 0.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1727.14

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" Credit Card Chargebacks

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2022

FEC Identification Number

C
Transaction ID : SB21B-75312
Amount of Each Disbursement this Period
986.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Mar

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2022

FEC Identification Number

C
Transaction ID : SB21B-75313
Amount of Each Disbursement this Period
1451.55

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" Credit Card Chargebacks

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2022

FEC Identification Number

C
Transaction ID : SB21B-75311
Amount of Each Disbursement this Period
464.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2901.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Mar

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75313
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" Credit Card Chargebacks

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75314
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Mar

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75314
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" Credit Card Chargebacks

003
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2022

FEC Identification Number

C
Transaction ID : SB21B-75314
Amount of Each Disbursement this Period
116.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Mar

003
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2022

FEC Identification Number

C
Transaction ID : SB21B-75315
Amount of Each Disbursement this Period
443.20

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" Credit Card Chargebacks

003
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2022

FEC Identification Number

C
Transaction ID : SB21B-75314
Amount of Each Disbursement this Period
609.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1168.20

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Mar

003
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2022

FEC Identification Number

C
Transaction ID : SB21B-75315
Amount of Each Disbursement this Period
1011.81

Memo Item

Full Name (Last, First, Middle Initial)

B. VoIPster Communications

Mailing Address 11400 Decimal Dr #1003

City Louisville State KY Zip Code 40299

Purpose of Disbursement
Carrier Minutes

003
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 05 / 2022

FEC Identification Number

C
Transaction ID : SB21B-71160
Amount of Each Disbursement this Period
3015.72

Memo Item

Full Name (Last, First, Middle Initial)

C. VoIPster Communications

Mailing Address 11400 Decimal Dr #1003

City Louisville State KY Zip Code 40299

Purpose of Disbursement
Carrier Minutes

003
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2022

FEC Identification Number

C
Transaction ID : SB21B-7117
Amount of Each Disbursement this Period
8724.66

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

12752.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. VoIPster Communications

Mailing Address 11400 Decimal Dr #1003

City Louisville State KY Zip Code 40299

Purpose of Disbursement Carrier Minutes Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			02			2022			

FEC Identification Number

Transaction ID : SB21B-71175
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

 Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3755.54
382217.28

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 82 OF 146
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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	Transaction ID : SD10-785372	
2920.07		
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 LIVE TRANSFERS AND DONOR CREATION LLC			Nature of Debt (Purpose): Telephone fundraising
Mailing Address 1607 Ponce de Leon ave Suite GM8			
City SAN JUAN	State PR	Zip Code 00909	

Outstanding Balance Beginning This Period	Transaction ID : SD-S861420	
32894.96		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7262.44	32894.96	7262.44

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	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	10182.51
2) TOTALS This Period (last page this line number only)..... ▶	10182.51
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	10182.51

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/30/2022
Amount 907.81
Transaction ID : SE-S840030
Date of Disbursement or Obligation

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House District: 00
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 14322.49
Disbursement For: Primary General 2026 Other (specify)

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 PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/30/2022
Amount 907.81
Transaction ID : SE-S840032
Date of Disbursement or Obligation

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House District: 00
President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 14322.50
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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 Filed]

Signature

Date 03/30/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/30/2022
Amount 907.81
Transaction ID : SE-S840034
Date of Disbursement or Obligation

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/30/2022
Amount 907.81
Transaction ID : SE-S840036
Date of Disbursement or Obligation

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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 Filed]

Date 03/30/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC Memo Item
Invoice paid after close of books

Date of Public Distribution/Dissemination 03 / 30 / 2022

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 907.80

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S840038

Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Disbursement or Obligation

Name of Federal Candidate: SHAHEEN, JEANNE, , , Support Oppose

Office Sought: House District: 00 President Senate State: NH

Calendar Year-To-Date Per Election for Office Sought 14322.50

Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Memo Item
Invoice paid after close of books

Date of Public Distribution/Dissemination 03 / 30 / 2022

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 907.80

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S840040

Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Disbursement or Obligation

Name of Federal Candidate: BLUNT, ROY, , , Support Oppose

Office Sought: House District: 00 President Senate State: MO

Calendar Year-To-Date Per Election for Office Sought 14322.50

Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 03 / 30 / 2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/30/2022
Amount 907.80
Transaction ID : SE-S840042
Date of Disbursement or Obligation

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 14322.50
Disbursement For: Primary General 2022
Other (specify)

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 PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/30/2022
Amount 907.80
Transaction ID : SE-S840044
Date of Disbursement or Obligation

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 14322.50
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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 Filed]

Date 03/30/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: TILLIS, THOM, R., Sen. Support
Office Sought: Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 11888.33
Disbursement For: Primary 2026

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 PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , Support
Office Sought: House State: MI
Calendar Year-To-Date Per Election for Office Sought 11888.33
Disbursement For: Primary 2022

(a) SUBTOTAL of Itemized Independent Expenditures 1891.14
(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 Filed] Date 12/22/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books

Date of Public Distribution/Dissemination 12 / 29 / 2021

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 945.57

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S631971 Date of Disbursement or Obligation

Purpose of Expenditure Telephone Fundraising Category/Type 004

01 / 05 / 2022

Name of Federal Candidate: LESKO, DEBBIE, , , Support Oppose

Office Sought: House District: 08 State: AZ

Calendar Year-To-Date Per Election for Office Sought 11888.32

Disbursement For: Primary General Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books

Date of Public Distribution/Dissemination 12 / 29 / 2021

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 945.57

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S631973 Date of Disbursement or Obligation

Purpose of Expenditure Telephone Fundraising Category/Type 004

01 / 05 / 2022

Name of Federal Candidate: SHAHEEN, JEANNE, , , Support Oppose

Office Sought: Senate District: 00 State: NH

Calendar Year-To-Date Per Election for Office Sought 11888.34

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1891.14

(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 Filed] Signature

Date 12 / 22 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/29/2021
Amount 945.57
Transaction ID: SE-S631975
Date of Disbursement or Obligation 01/05/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2022 Other (specify)

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 PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/29/2021
Amount 945.57
Transaction ID: SE-S631977
Date of Disbursement or Obligation 01/05/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1891.14
(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 Filed]
Signature

Date 12/22/2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books

Date of Public Distribution/Dissemination 12 / 29 / 2021

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 945.57

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S631979

Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Disbursement or Obligation 01 / 05 / 2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , Support

Office Sought: House District: 00 Senate State: MD

Calendar Year-To-Date Per Election for Office Sought 11888.36

Disbursement For: Primary General Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books

Date of Public Distribution/Dissemination 12 / 22 / 2021

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 949.89

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S631949

Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Disbursement or Obligation 01 / 05 / 2022

Name of Federal Candidate: CORNYN, JOHN, , Sen, Support

Office Sought: House District: 00 Senate State: TX

Calendar Year-To-Date Per Election for Office Sought 10942.79

Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1895.46

(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 Filed] Date 12 / 22 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: TILLIS, THOM, R., Sen. Support
Office Sought: Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 10942.76
Disbursement For: Primary 2026

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 PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, , Support
Office Sought: House State: MI
Calendar Year-To-Date Per Election for Office Sought 10942.76
Disbursement For: Primary 2022

(a) SUBTOTAL of Itemized Independent Expenditures 1899.78
(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 Filed]

Date 12 / 15 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/22/2021
Amount 949.89
Transaction ID : SE-S631955
Date of Disbursement or Obligation 01/05/2022

Name of Federal Candidate: LESKO, DEBBIE, , ,
Support Oppose
Office Sought: House District: 08
President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 10942.75
Disbursement For: Primary General 2022
Other (specify)

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 PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/22/2021
Amount 949.89
Transaction ID : SE-S631957
Date of Disbursement or Obligation 01/05/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 10942.77
Disbursement For: Primary General 2026
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1899.78
(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 Filed] Date 12/15/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: BLUNT, ROY, , , Support
Office Sought: Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 10942.80
Disbursement For: Primary 2022

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 PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: MURRAY, PATTY, , , Support
Office Sought: Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 10942.79
Disbursement For: Primary 2022

(a) SUBTOTAL of Itemized Independent Expenditures 1899.78
(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 Filed]

Date 12 / 15 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/22/2021
Amount 949.89
Transaction ID: SE-S631963
Date of Disbursement or Obligation 01/05/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, ,
Support Oppose
Office Sought: House Senate State: MD
Disbursement For: Primary General 2022 Other (specify)

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 PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/29/2021
Amount 945.57
Transaction ID: SE-S631965
Date of Disbursement or Obligation 01/05/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate State: TX
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1895.46
(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 Filed]
Signature

Date 12/15/2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/12/2022
Amount 870.69
Transaction ID : SE-S785260
Date of Disbursement or Obligation 01/06/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/12/2022
Amount 870.69
Transaction ID : SE-S785262
Date of Disbursement or Obligation 01/06/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 1741.38
(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 Filed]

Date 01/05/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/12/2022
Amount 870.69
Transaction ID : SE-S785264
Date of Disbursement or Obligation 01/06/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/12/2022
Amount 870.69
Transaction ID : SE-S785266
Date of Disbursement or Obligation 01/06/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1741.38
(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 Filed]
Date 01/05/2022
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC	FEC IDENTIFICATION NUMBER ▼ C C00755694
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1607 Ponce de Leon ave Suite GM8		Amount <input type="text"/>	
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : SE-S785268
Purpose of Expenditure Telephone Fundraising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: SHAHEEN, JEANNE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1607 Ponce de Leon ave Suite GM8		Amount <input type="text"/>	
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : SE-S785270
Purpose of Expenditure Telephone Fundraising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: BLUNT, ROY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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 / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/12/2022
Amount 870.69
Transaction ID : SE-S785272
Date of Disbursement or Obligation 01/06/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 2688.87
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/12/2022
Amount 870.69
Transaction ID : SE-S785274
Date of Disbursement or Obligation 01/06/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 2688.87
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1741.38
(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 Filed] Date 01/05/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/19/2022
Amount 943.89
Transaction ID : SE-S785276
Date of Disbursement or Obligation 01/14/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/19/2022
Amount 943.89
Transaction ID : SE-S785278
Date of Disbursement or Obligation 01/14/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 1887.78
(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 Filed]

Signature

Date 01/12/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/19/2022
Amount 943.89
Transaction ID : SE-S785280
Date of Disbursement or Obligation 01/14/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/19/2022
Amount 943.89
Transaction ID : SE-S785282
Date of Disbursement or Obligation 01/14/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1887.78
(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 Filed]
Date 01/12/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/19/2022
Amount 943.89
Transaction ID : SE-S785284
Date of Disbursement or Obligation 01/14/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 3632.76
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/19/2022
Amount 943.89
Transaction ID : SE-S785286
Date of Disbursement or Obligation 01/14/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 3632.76
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1887.78
(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 Filed] Date 01/12/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/19/2022
Amount 943.89
Transaction ID : SE-S785288
Date of Disbursement or Obligation 01/14/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 3632.76
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/19/2022
Amount 943.89
Transaction ID : SE-S785290
Date of Disbursement or Obligation 01/14/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 3632.76
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1887.78
(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 Filed]

Signature

Date 01/12/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/26/2022
Amount 886.05
Transaction ID : SE-S785292
Date of Disbursement or Obligation 01/24/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate State: TX
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/26/2022
Amount 886.05
Transaction ID : SE-S785294
Date of Disbursement or Obligation 01/24/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1772.10
(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 Filed]

Date 01/19/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/26/2022
Amount 886.05
Transaction ID : SE-S785296
Date of Disbursement or Obligation 01/24/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/26/2022
Amount 886.05
Transaction ID : SE-S785298
Date of Disbursement or Obligation 01/24/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1772.10
(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 Filed]

Date 01/19/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/26/2022
Amount 886.05
Transaction ID : SE-S785300
Date of Disbursement or Obligation 01/24/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 4518.81
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/26/2022
Amount 886.05
Transaction ID : SE-S785302
Date of Disbursement or Obligation 01/24/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 4518.81
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1772.10
(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 Filed]
Signature

Date 01/19/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/26/2022
Amount 886.05
Transaction ID : SE-S785304
Date of Disbursement or Obligation 01/24/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 4518.81
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/26/2022
Amount 886.05
Transaction ID : SE-S785306
Date of Disbursement or Obligation 01/24/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 4518.81
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1772.10
(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, , ,

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Date 01/19/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/02/2022
Amount 1006.05
Transaction ID : SE-S785308
Date of Disbursement or Obligation 01/28/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House District: 00
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 5524.86
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/02/2022
Amount 1006.05
Transaction ID : SE-S785310
Date of Disbursement or Obligation 01/28/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House District: 00
President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 5524.86
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2012.10
(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 Filed]

Signature

Date 01/26/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/02/2022
Amount 1006.05
Transaction ID : SE-S785312
Date of Disbursement or Obligation 01/28/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/02/2022
Amount 1006.05
Transaction ID : SE-S785314
Date of Disbursement or Obligation 01/28/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2012.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MASTROIANNI, STEPHANIE,
[Electronically Filed]
Date 01/26/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/02/2022
Amount 1006.05
Transaction ID : SE-S785316
Date of Disbursement or Obligation 01/28/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House Senate State: NH
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/02/2022
Amount 1006.05
Transaction ID : SE-S785318
Date of Disbursement or Obligation 01/28/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2012.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 01/26/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/02/2022
Amount 1006.05
Transaction ID : SE-S785320
Date of Disbursement or Obligation 01/28/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
District: 00
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/02/2022
Amount 1006.05
Transaction ID : SE-S785322
Date of Disbursement or Obligation 01/28/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House Senate State: MD
District: 00
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2012.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MASTROIANNI, STEPHANIE, , , [Electronically Filed]
Signature

Date 01/26/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: CORNYN, JOHN, , Sen, Support
Office Sought: Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 6531.29
Disbursement For: Primary

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: TILLIS, THOM, R., Sen, Support
Office Sought: Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 6531.29
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 2012.86
(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 Filed]
Signature

Date 02 / 02 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/09/2022
Amount 1006.43
Transaction ID : SE-S785328
Date of Disbursement or Obligation 02/03/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/09/2022
Amount 1006.43
Transaction ID : SE-S785330
Date of Disbursement or Obligation 02/03/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2012.86
(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 Filed]
Date 02/02/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/09/2022
Amount 1006.43
Transaction ID : SE-S785332
Date of Disbursement or Obligation 02/03/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 6531.29
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/09/2022
Amount 1006.44
Transaction ID : SE-S785334
Date of Disbursement or Obligation 02/03/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 6531.30
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2012.87
(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 Filed]

Date 02/02/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/09/2022
Amount 1006.44
Transaction ID : SE-S785336
Date of Disbursement or Obligation 02/03/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 6531.30
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/09/2022
Amount 1006.44
Transaction ID : SE-S785338
Date of Disbursement or Obligation 02/03/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 6531.30
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2012.88
(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 Filed]

Date 02/02/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/16/2022
Amount 1071.48
Transaction ID : SE-S785340
Date of Disbursement or Obligation 02/10/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate State: TX
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/16/2022
Amount 1071.48
Transaction ID : SE-S785342
Date of Disbursement or Obligation 02/10/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2142.96
(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 Filed]

Date 02/09/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/16/2022
Amount 1071.48
Transaction ID : SE-S785344
Date of Disbursement or Obligation 02/10/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/16/2022
Amount 1071.47
Transaction ID : SE-S785346
Date of Disbursement or Obligation 02/10/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2142.95
(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 Filed]
Date 02/09/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/16/2022
Amount 1071.47
Transaction ID : SE-S785348
Date of Disbursement or Obligation 02/10/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 7602.76
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/16/2022
Amount 1071.47
Transaction ID : SE-S785350
Date of Disbursement or Obligation 02/10/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 7602.77
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2142.94
(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, , ,

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Date 02/09/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/16/2022
Amount 1071.47
Transaction ID : SE-S785352
Date of Disbursement or Obligation 02/10/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/16/2022
Amount 1071.47
Transaction ID : SE-S785354
Date of Disbursement or Obligation 02/10/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House Senate State: MD
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2142.94
(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 Filed] Date 02/09/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1059.30
Transaction ID : SE-S785356
Date of Disbursement or Obligation 02/18/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1059.30
Transaction ID : SE-S785358
Date of Disbursement or Obligation 02/18/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 2118.60
(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 Filed]

Date 02/16/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1059.30
Transaction ID : SE-S785360
Date of Disbursement or Obligation 02/18/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1059.30
Transaction ID : SE-S785362
Date of Disbursement or Obligation 02/18/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2118.60
(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 Filed]

Date 02/16/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1059.30
Transaction ID : SE-S785364
Date of Disbursement or Obligation 02/18/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 9698.15
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1059.30
Transaction ID : SE-S785366
Date of Disbursement or Obligation 02/18/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 9698.15
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2118.60
(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 Filed]

Date 02/16/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1059.30
Transaction ID : SE-S785368
Date of Disbursement or Obligation 02/18/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 9698.16
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1059.30
Transaction ID : SE-S785370
Date of Disbursement or Obligation 02/18/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 9698.16
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2118.60
(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 Filed]

Date 02/16/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1036.08
Transaction ID : SE-S839950
Date of Disbursement or Obligation 03/01/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1036.08
Transaction ID : SE-S839952
Date of Disbursement or Obligation 03/01/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 2072.16
(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, ,

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Date 02/23/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1036.09
Transaction ID : SE-S839954
Date of Disbursement or Obligation 03/01/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1036.09
Transaction ID : SE-S839956
Date of Disbursement or Obligation 03/01/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2072.18
(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 Filed]
Date 02/23/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1036.09
Transaction ID : SE-S839958
Date of Disbursement or Obligation 03/01/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House Senate State: NH
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1036.08
Transaction ID : SE-S839960
Date of Disbursement or Obligation 03/01/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2072.17
(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 Filed]

Date 02/23/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1036.09
Transaction ID : SE-S839962
Date of Disbursement or Obligation 03/01/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 9698.16
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 02/23/2022
Amount 1036.09
Transaction ID : SE-S839964
Date of Disbursement or Obligation 03/01/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 9698.16
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2072.18
(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 Filed]

Date 02/23/2022

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC	FEC IDENTIFICATION NUMBER ▼ C C00755694
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1607 Ponce de Leon ave Suite GM8		Amount <input type="text"/>	
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : SE-S839966
Purpose of Expenditure Telephone Fundraising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CORNYN, JOHN, , Sen,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1607 Ponce de Leon ave Suite GM8		Amount <input type="text"/>	
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : SE-S839968
Purpose of Expenditure Telephone Fundraising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TILLIS, THOM, R., Sen,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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 Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/02/2022
Amount 1042.58
Transaction ID : SE-S839970
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/02/2022
Amount 1042.58
Transaction ID : SE-S839972
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2085.16
(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 Filed]
Signature

Date 03/02/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03 / 02 / 2022
Amount 1042.58
Transaction ID : SE-S839974
Date of Disbursement or Obligation 03 / 09 / 2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 10740.73
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03 / 02 / 2022
Amount 1042.58
Transaction ID : SE-S839976
Date of Disbursement or Obligation 03 / 09 / 2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 10740.73
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2085.16
(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 Filed] Date 03 / 02 / 2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/02/2022
Amount 1042.58
Transaction ID : SE-S839978
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 10740.74
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/02/2022
Amount 1042.58
Transaction ID : SE-S839980
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 10740.74
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2085.16
(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 Filed]

Date 03/02/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/09/2022
Amount 880.47
Transaction ID : SE-S839982
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/09/2022
Amount 880.47
Transaction ID : SE-S839984
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 1760.94
(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 Filed]

Date

03/09/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/09/2022
Amount 880.47
Transaction ID : SE-S839986
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/09/2022
Amount 880.47
Transaction ID : SE-S839988
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1760.94
(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 Filed]
Date 03/09/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/09/2022
Amount 880.47
Transaction ID : SE-S83990
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 11621.20
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/09/2022
Amount 880.47
Transaction ID : SE-S839992
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 11621.20
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1760.94
(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 Filed]

Date 03/09/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/09/2022
Amount 880.47
Transaction ID : SE-S839994
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 11621.21
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/09/2022
Amount 880.47
Transaction ID : SE-S839996
Date of Disbursement or Obligation 03/09/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 11621.21
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1760.94
(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 Filed]

Date 03/09/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/16/2022
Amount 879.43
Transaction ID: SE-S83998
Date of Disbursement or Obligation 03/16/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen.
Support Oppose
Office Sought: House Senate State: TX
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/16/2022
Amount 879.43
Transaction ID: SE-S840000
Date of Disbursement or Obligation 03/16/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen.
Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1758.86
(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 Filed] Date 03/16/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/16/2022
Amount 879.44
Transaction ID: SE-S840002
Date of Disbursement or Obligation 03/16/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/16/2022
Amount 879.44
Transaction ID: SE-S840004
Date of Disbursement or Obligation 03/16/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1758.88
(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 Filed] Date 03/16/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/16/2022
Amount 879.44
Transaction ID : SE-S840006
Date of Disbursement or Obligation 03/16/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 12500.64
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/16/2022
Amount 879.44
Transaction ID : SE-S840008
Date of Disbursement or Obligation 03/16/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 12500.64
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1758.88
(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 Filed] Date 03/16/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03 / 16 / 2022
Amount 879.44
Transaction ID : SE-S840010
Date of Disbursement or Obligation 03 / 16 / 2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 12500.65
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03 / 16 / 2022
Amount 879.44
Transaction ID : SE-S840012
Date of Disbursement or Obligation 03 / 16 / 2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 12500.65
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1758.88
(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 Filed]
Signature Date 03 / 16 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/23/2022
Amount 914.06
Transaction ID: SE-S840014
Date of Disbursement or Obligation 03/30/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/23/2022
Amount 914.06
Transaction ID: SE-S840016
Date of Disbursement or Obligation 03/30/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 1828.12
(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 Filed]

Date 03/23/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/23/2022
Amount 914.06
Transaction ID : SE-S840018
Date of Disbursement or Obligation 03/30/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/23/2022
Amount 914.06
Transaction ID : SE-S840020
Date of Disbursement or Obligation 03/30/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1828.12
(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 Filed]

Date 03/23/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC Memo Item

Date of Public Distribution/Dissemination 03 / 23 / 2022

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 914.06

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S840022 Date of Disbursement or Obligation

Purpose of Expenditure Telephone Fundraising Category/Type 004

03 / 30 / 2022

Name of Federal Candidate: SHAHEEN, JEANNE, , , Support Oppose

Office Sought: House District: 00 President Senate State: NH

Calendar Year-To-Date Per Election for Office Sought 13414.70

Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Memo Item

Date of Public Distribution/Dissemination 03 / 23 / 2022

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 914.06

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S840024 Date of Disbursement or Obligation

Purpose of Expenditure Telephone Fundraising Category/Type 004

03 / 30 / 2022

Name of Federal Candidate: BLUNT, ROY, , , Support Oppose

Office Sought: House District: 00 President Senate State: MO

Calendar Year-To-Date Per Election for Office Sought 13414.70

Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1828.12
(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 Filed] Date 03 / 23 / 2022 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/23/2022
Amount 914.05
Transaction ID : SE-S840026
Date of Disbursement or Obligation 03/30/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 13414.70
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 03/23/2022
Amount 914.05
Transaction ID : SE-S840028
Date of Disbursement or Obligation 03/30/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 13414.70
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1828.10
(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 Filed]

Date 03/23/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S785244
Date of Disbursement or Obligation 12/29/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S785246
Date of Disbursement or Obligation 12/29/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1818.18
(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 Filed]
Date 12/29/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S785248
Date of Disbursement or Obligation 12/29/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S785250
Date of Disbursement or Obligation 12/29/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1818.18
(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 Filed] Date 12/29/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S785252
Date of Disbursement or Obligation 12/29/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 1818.18
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S785254
Date of Disbursement or Obligation 12/29/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House District: 00
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 1818.18
Disbursement For: Primary General 2026
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1818.18
(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 Filed]

Date 12/29/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
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 CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S785256
Date of Disbursement or Obligation 12/29/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen.
Support Oppose
Office Sought: House Senate
District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1818.18
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S785258
Date of Disbursement or Obligation 12/29/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House Senate
District: 00 State: NH
Calendar Year-To-Date Per Election for Office Sought 1818.18
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1818.18
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 115208.54

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 12/29/2021

Signature