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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	Onzed Committee	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
UNITED WOMEN'S H	HEALTH ALLIANCE PA	∤C		[
I				
	2021 L ST NW STE 101-193			
ADDRESS (number and street) ▼				
Check if different than previously	MASURISTON		20 2000	
reported. (ACC)	WASHINGTON		DC 20036 -	
2. FEC IDENTIFICATION N	IUMBER ▼ CITY	Y A	STATE ▲ ZIP COD	DE 🛦
C C00755694	3. IS	THIS NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5	,, , , , , , , , , , , , , , , , , , ,	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6)	, cop 20 (me)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report ((Q1)	20 (M4) Jul 20 (M7)		Jan 31 (YE)
July 15 Quarterly Report ((C) 12-Day PRE-Election	Primary (12P)		Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (Floation	n on	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Repor (TER)	Report for the:	n on/	in the State of	
5. Covering Period 0	01 01 2022	through 03	31 2022	
I certify that I have examined t			true, correct and complete.	
Type or Print Name of Treasure	MASTROIANNI, STEPHANII er	<u></u>		
Signature of Treasurer	STROIANNI, STEPHANIE, , ,	[Electronically Filed]	Date 09 / 19	2022
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties of 52 l	J.S.C. § 3010
Office Use			FEC FORI	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name UNITED WOMEN'S HEALTH ALLIANCE PAC 01 01 2022 03 31 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 77688.71 January 1, 2022 (b) Cash on Hand at 77688.71 Beginning of Reporting Period..... 502669.77 502669.77 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 580358.48 580358.48 6(a) and 6(c) for Column B)..... 490935.43 490935.43 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 89423.05 89423.05 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 10182.51 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

R	eport Covering the Period: From:		03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	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
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	502669.77	502669.77
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	502669.77	502669.77
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	502669.77	502669.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Jaistina. 1941 to Sale
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4	
Expenditures	382334.61	382334.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	382334.61	382334.61
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	107935.82	107935.82
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	665.00	665.00
(b) Delitical Darty Constraints	4 4	4 4 4
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	665.00	665.00
(444 200 20(4), (5), 44 (5),	000.00	003.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
,	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
(ii) III as itali Obassa		4 4
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	7 7 7	7 7 7
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	40005 40	400005 40
	490935.43	490935.43
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	490935.43	490935.43
•	7	490933.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

1 LO 1 01111 3X (116V. 00/2010)	i age o	
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 = G7 9 @ 65 B9 CIG`H9 LH`F9 @ 5 H98 `HC`5 `F9 DCFHžG7 < 98 I @ 9 `CF` ± H9 A ± N5 H± CB

Form/Schedule: F3XA
Transaction ID:

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

Form/Schedule: F3XA Transaction ID:

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, all of which have been included in this report as a non-memo transaction.

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

Form/Schedule: F3XA Transaction ID:

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:

FOR LINE NUMBER:					PAGE	8	OF		146	
(check only one)										
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	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTI	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middle ALIX, ANNA, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1518 TUCUMCARI DR		01 14 2022
City HOUSTON	State Zip Code 77090	Transaction ID : SA11AI-27117368 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle ALIX, ANNA, , , Mailing Address 1518 TUCUMCARI DR	le Initial) or Full Organization Name	Date of Receipt
City HOUSTON FEC ID number of contributing	State Zip Code TX 77090	03 22 2022 Transaction ID : SA11AI-27105176 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	100.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle ALIX, ANNA, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1518 TUCUMCARI DR City HOUSTON	State Zip Code TX 77090	03 22 2022 Transaction ID : SA11AI-27105258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional	al)	260.00
TOTAL This Period (last page this line nun	nber only)	

FOR LINE NUMBER:					PAGE	9	OF		146	
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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle BEAVER, DOROTHY, , ,		Date of Receipt
Mailing Address 215 MARSH LANDING DR APT 103		02 25 / Y Y Y Y Y
City CARROLLTON	State Zip Code VA 23314	Transaction ID : SA11AI-27111860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle BEAVER, DOROTHY, , ,		Date of Receipt
Mailing Address 215 MARSH LANDING DR APT 103 City	State Zip Code	03 02 2022
CARROLLTON	VA 23314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle BEAVER, DOROTHY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 215 MARSH LANDING DE APT 103		03 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CARROLLTON	State Zip Code VA 23314	Transaction ID : SA11AI-27111326 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)		180.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER:					PAGE	 10	OF		146	
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	y information copied from such Reports and State for commercial purposes, other than using the n		
\rangle	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE PAC	
١.	Full Name of Individual (Last, First, Middle Initia BEAVER, DOROTHY, , ,	I) or Full Organization Name	Date of Receipt
	Mailing Address 215 MARSH LANDING DR APT 103		03 21 2022
	City	State Zip Code	Transaction ID : SA11AI-27105296
	CARROLLTON	VA 23314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
	Retired	Retired	
		Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00	
3.	Full Name of Individual (Last, First, Middle Initia BEVERSDORF, TOM, , ,	I) or Full Organization Name	Date of Receipt
	Mailing Address 8433 WATERTOWN DR		01 10 2022
	City	State Zip Code	Transaction ID : SA11AI-27117756
	INDIANAPOLIS	IN 46216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	
).	Full Name of Individual (Last, First, Middle Initia BEVERSDORF, TOM, , ,	I) or Full Organization Name	Date of Receipt
	Mailing Address 8433 WATERTOWN DR		01 11 2022
	City	State Zip Code	Transaction ID : SA11AI-27117666
	INDIANAPOLIS	IN 46216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	150.00
	Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology	Memo Item
	Receipt For:		
	Primary General Other (specify)	505.00	
S	UBTOTAL of Receipts This Page (optional)	>	255.00
T	OTAL This Period (last page this line number on	ly)	

FOR LINE NUMBER:					PAGE	 11	OF	146	
(check only one)									
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	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) DFAS Receipt For: Primary General	Date of Receipt 02 08 2022 Transaction ID: SA11Al-27115886 Amount of Each Receipt this Period 150.00 Memo Item	
Other (specify) ▼ Full Name of Individual (Last, First, Middle Ir BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR	505.00 nitial) or Full Organization Name	Date of Receipt 02 14 2022
City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) DFAS Receipt For: Primary General	State Zip Code 46216 C Occupation (for Individual) Information & Technology Aggregate Year-to-Date ▼	Transaction ID : SA11AI-27115654 Amount of Each Receipt this Period 65.00 Memo Item
Other (specify) ▼ Full Name of Individual (Last, First, Middle In BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR City INDIANAPOLIS FEC ID number of contributing	State Zip Code 46216	Date of Receipt 03 22 2022 Transaction ID : SA11AI-27114082 Amount of Each Receipt this Period
rec in number of contributing federal political committee. Name of Employer (for Individual) DFAS Receipt For: Primary General Other (specify)	Occupation (for Individual) Information & Technology Aggregate Year-to-Date 505.00	Memo Item
SUBTOTAL of Receipts This Page (optional)		280.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:							PAGE		12	OF	•	146
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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle In CAGNEY, JAMES, , , Mailing Address 8521 OAK RD	itial) or Full Organization Name	Date of Receipt 01 18 2022
City PARKVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify) ▼	State Zip Code 21234 C Occupation (for Individual) Best Efforts Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI-27121778 Amount of Each Receipt this Period 400.00 Memo Item
Full Name of Individual (Last, First, Middle Initial CARLSON, ELVIN, , , Mailing Address 1600 APPLING RD APT 3103 City CORDOVA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code TN 38016 C Occupation (for Individual) Retired Aggregate Year-to-Date 210.00	Date of Receipt M M M / D D / 2022 Transaction ID : SA11AI-27105006 Amount of Each Receipt this Period 135.00 Memo Item
Full Name of Individual (Last, First, Middle In CARLSON, ELVIN, , , Mailing Address 1600 APPLING RD APT 3103 City CORDOVA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code TN 38016 C Occupation (for Individual) Retired Aggregate Year-to-Date 210.00	Date of Receipt M M M / 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)	

FOR LINE NUMBER: PAGE 13 OF 146 Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any perse name and address of any political committee to						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC						
Full Name of Individual (Last, First, Middle In CORBY, JACQUELYNNE, , , Mailing Address 981 GLEN OAKS BLVD	tial) or Full Organization Name	Date of Receipt					
City	State Zip Code	01 10 2022					
PASADENA	CA 91105	Transaction ID : SA11AI-27109468 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00						
Full Name of Individual (Last, First, Middle In CORBY, JACQUELYNNE, , , Mailing Address 981 GLEN OAKS BLVD	tial) or Full Organization Name	Date of Receipt					
City PASADENA FEC ID number of contributing	State Zip Code CA 91105	02 07 2022 Transaction ID : SA11Al-27113012 Amount of Each Receipt this Period					
rederal political committee. Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00						
Full Name of Individual (Last, First, Middle Inc. CORBY, JACQUELYNNE, , ,	tial) or Full Organization Name	Date of Receipt					
Mailing Address 981 GLEN OAKS BLVD		02 11 2022					
City PASADENA	State Zip Code CA 91105	Transaction ID : SA11AI-27112594 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 215.00						
SUBTOTAL of Receipts This Page (optional)		135.00					
TOTAL This Period (last page this line number	only)						

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	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middle CORBY, JACQUELYNNE, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 981 GLEN OAKS BLVD		02 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-27115610
PASADENA	CA 91105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle B. DAVIS, SALLY, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 34554 MERION CT		02 03 2022
City	State Zip Code	
DADE CITY	FL 33525	Transaction ID: SA11AI-27113096 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	205.00	
Full Name of Individual (Last, First, Middle C. DAVIS, URIAH, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1600 KENILWORTH CT APT 1		02 07 7 2022
City STOUGHTON	State Zip Code WI 53589	Transaction ID : SA11AI-27112978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:	I	_
Primary General Other (specify)	Aggregate Year-to-Date ▼ 595.00	
SUBTOTAL of Receipts This Page (optional	l)	190.00

FOR LINE NUMBER:							PAGE		15	OF	146
(check only one)											
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			13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may r the name and addr	not be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle DAVIS, SALLY, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 34554 MERION CT	02 09 2022		
City	Transaction ID : SA11AI-27121168		
DADE CITY	FL	33525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle DAVIS, URIAH, , , Mailing Address 1600 KENILWORTH CT	Initial) or Full Orga	nization Name	Date of Receipt
APT 1			02 27 2022
City	State	Zip Code	Transaction ID : SA11Al-27119872
STOUGHTON FFO. ID graph or of contribution	WI	53589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) Best Efforts	Occupa Best Ef	tion (for Individual) forts	Memo Item
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify) ▼	4	595.00	
Full Name of Individual (Last, First, Middle DAVIS, URIAH, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1600 KENILWORTH CT APT 1	Obsta	7:a Code	02 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City STOUGHTON	State WI	Zip Code 53589	Transaction ID : SA11AI-27119874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Best Efforts	Memo Item		
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)	1	595.00	
SUBTOTAL of Receipts This Page (optional)		>	145.00
TOTAL This Period (last page this line numb	er only)		

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle In DAVIS, URIAH, , , Mailing Address 1600 KENILWORTH CT	nitial) or Full Orgai	nization Name	Date of Receipt
APT 1			02 27 2022
City	State	Zip Code	Transaction ID : SA11AI-27119876
STOUGHTON	WI	53589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Best Efforts	Occupat Best Eff	tion (for Individual) forts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 595.00	
Full Name of Individual (Last, First, Middle In DAVIS, URIAH, , , Mailing Address 1600 KENILWORTH CT	nitial) or Full Orga	nization Name	Date of Receipt
APT 1		T	02 27 2022
City	State	Zip Code	Transaction ID : SA11AI-27119878
STOUGHTON	WI	53589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00	
Name of Employer (for Individual) Best Efforts	Occupa Best Ef	tion (for Individual) forts	Memo Item
Receipt For: Primary General	Aggregate Yea		
Other (specify) ▼		595.00	
Full Name of Individual (Last, First, Middle In DAVIS, URIAH, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1600 KENILWORTH CT APT 1	- louri	Tz. O. d.	02 27 2022
City STOUGHTON	State WI	Zip Code 53589	Transaction ID : SA11AI-27119880
FEC ID number of contributing	C	1 1 1 1 1 1	Amount of Each Receipt this Period 50.00
federal political committee.			
Name of Employer (for Individual) Best Efforts	Occupat Best Eff	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea		1
Primary General	Aggregate Yea	ai-iu-Dale ▼	
Other (specify)		595.00	
SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	100.00
TOTAL This Period (last page this line numbe	r only)		

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle DAVIS, URIAH, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1600 KENILWORTH CT APT 1	02 27 2022	
City	State Zip Code	Transaction ID : SA11AI-27119882
STOUGHTON	WI 53589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	
Full Name of Individual (Last, First, Middle DAVIS, URIAH, , , Mailing Address 1600 KENILWORTH CT	Initial) or Full Organization Name	Date of Receipt
APT 1		02 27 2022
City	State Zip Code	Transaction ID : SA11AI-27119884
STOUGHTON	WI 53589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	595.00	
Full Name of Individual (Last, First, Middle DAVIS, URIAH, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1600 KENILWORTH CT APT 1		02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City STOUGHTON	State Zip Code WI 53589	Transaction ID : SA11AI-27119886 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	595.00	
SUBTOTAL of Receipts This Page (optional)	>	95.00
TOTAL This Period (last page this line numb	per only)	

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	Statements may not be sold or used by any pers e name and address of any political committee to					
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In DAVIS, URIAH, , ,	uitial) or Full Organization Name	Date of Receipt				
Mailing Address 1600 KENILWORTH CT APT 1		02 27 2022				
City	State Zip Code	Transaction ID : SA11AI-27119888				
STOUGHTON	WI 53589	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	130.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Best Efforts	Best Efforts	_				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	.555					
Other (specify) ▼	595.00					
Full Name of Individual (Last, First, Middle In DAVIS, URIAH, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1600 KENILWORTH CT		M = M / D = D / Y = Y = Y				
APT 1	Ctoto 72-0 1	02 27 2022				
City	State Zip Code	Transaction ID : SA11AI-27119890				
STOUGHTON	WI 53589	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	40.00				
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00					
Full Name of Individual (Last, First, Middle In DAVIS, URIAH, , ,	iiliai) or Fuii Organization Name	Date of Receipt				
Mailing Address 1600 KENILWORTH CT APT 1	0000	03				
City STOUGHTON	State Zip Code WI 53589	Transaction ID : SA11AI-27119588 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	55 0					
Other (specify)	595.00					
SUBTOTAL of Receipts This Page (optional)		200.00				
TOTAL This Period (last page this line number	only)					

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may n the name and addre	not be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC							
Full Name of Individual (Last, First, Middle DAVIS, SALLY, , , , Mailing Address 34554 MERION CT	Initial) or Full Orga	nization Name	Date of Receipt						
Mailing Address 34554 MERION CT	03 16 2022								
City									
DADE CITY	FL	33525	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		55.00						
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00							
Full Name of Individual (Last, First, Middle DAVIS, SALLY, , , Mailing Address 34554 MERION CT	Initial) or Full Orga	nization Name	Date of Receipt						
			03 22 2022						
City	State	Zip Code	Transaction ID : SA11AI-27114054						
DADE CITY	FL	33525	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		45.00						
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item						
Receipt For:	Aggregate Yea	ar-to-Date ▼							
Primary General Other (specify) ▼		205.00							
Full Name of Individual (Last, First, Middle DAVIS, URIAH, , ,	Initial) or Full Organ	nization Name	Date of Receipt						
Mailing Address 1600 KENILWORTH CT APT 1			03 31 2022						
City STOUGHTON	State WI	Zip Code 53589	Transaction ID : SA11AI-27104438						
FEC ID number of contributing	C		Amount of Each Receipt this Period 50.00						
federal political committee.									
Name of Employer (for Individual) Best Efforts	Occupati Best Eff	tion (for Individual) orts	Memo Item						
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼							
Other (specify)		595.00							
SUBTOTAL of Receipts This Page (optional)		·····	150.00						
TOTAL This Period (last page this line numb	er only)								

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or for co	ormation copied from such Reports and State commercial purposes, other than using the n E OF COMMITTEE (In Full)			o solicit contributions from such committee.
\ \	ITED WOMEN'S HEALTH AL	LIANCE	PAC	
A. DR	Name of Individual (Last, First, Middle Initia ENNAN, JOHN, , ,	l) or Full Org	ganization Name	Date of Receipt
	ng Address PO BOX 90		I = 1 = 1	01 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BAR	AGA	State MI	Zip Code 49908	Transaction ID : SA11AI-27109880 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		45.00
Nam Retir	e of Employer (for Individual) ed	Occup Retire	oation (for Individual) ed	Memo Item
Rece	ipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼	
B. DR	Name of Individual (Last, First, Middle Initia ENNAN, JOHN, , ,	l) or Full Org	ganization Name	Date of Receipt
	ng Address PO BOX 90			01 04 2022
City BAR	AGA	State MI	Zip Code 49908	Transaction ID : SA11AI-27113706 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		35.00
Nam Retire	e of Employer (for Individual) ed	Occup Retire	oation (for Individual) ed	Memo Item
Rece	ipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00	
	Name of Individual (Last, First, Middle Initia PENNAN, JOHN, , ,	l) or Full Org	ganization Name	Date of Receipt
Mailii	ng Address PO BOX 90			01 11 2022
City BAR	AGA	State MI	Zip Code 49908	Transaction ID : SA11AI-27117708 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		50.00
Retir		Occup Retire	oation (for Individual) d	Memo Item
Rece	ipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 300.00	
	OTAL of Receipts This Page (optional)		<u> </u>	130.00

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may no the name and addre	ot be sold or used by any peass of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	AC	
Full Name of Individual (Last, First, Middle DRENNAN, JOHN, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address PO BOX 90			01 13 2022
City	State	Zip Code	Transaction ID : SA11AI-27108934
BARAGA	MI	49908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Retired	Occupati Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle DRENNAN, JOHN, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address PO BOX 90			01 17 2022
City	State	Zip Code	Transaction ID : SA11AI-27113428
BARAGA	MI	49908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle DRENNAN, JOHN, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address PO BOX 90			02 09 1 2022
City BARAGA	State MI	Zip Code 49908	Transaction ID : SA11AI-27107060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupati Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional).			150.00
TOTAL This Period (last page this line number	er only)		

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Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC					
Full Name of Individual (Last, First, Middle Ini DRENNAN, JOHN, , ,	tial) or Full Organization Name	Date of Receipt				
Mailing Address PO BOX 90		02 11 2022				
City BARAGA	State Zip Code MI 49908	Transaction ID : SA11AI-27120880 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt				
Mailing Address 10 WHITE OAK DR APTT 127 City	State Zip Code	02 27 2022 Transaction ID : SA11Al-27115258				
EXETER	· '					
FEC ID number of contributing federal political committee.	C	110.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00					
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt				
Mailing Address 10 WHITE OAK DR APTT 127 City	State Zip Code	03 03 2022 Transaction ID : SA11AI-27106210				
EXETER	NH 03833	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	110.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00					
SUBTOTAL of Receipts This Page (optional)	·····	240.00				
TOTAL This Period (last page this line number	only)					

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Any information copied from such Reports and sor for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC							
Full Name of Individual (Last, First, Middle In FRANKLIN, MARK, , , Mailing Address 1017 SHADOWLAWN DR	nitial) or Full Organizati	on Name	Date of Receipt					
		01 31 2022 Transaction ID : SA11AI-27121620						
City TOLEDO								
	0.1 43	3000	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		110.00					
Name of Employer (for Individual) Retired	Occupation ((for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 320.00						
Full Name of Individual (Last, First, Middle In FRANKLIN, MARK, , , Mailing Address 1017 SHADOWLAWN DR	nitial) or Full Organizati	on Name	Date of Receipt					
			02 06 2022					
City	1 '	Code	Transaction ID : SA11AI-27121424					
TOLEDO	OH 43	3609	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		210.00					
Name of Employer (for Individual) Retired	Occupation ((for Individual)	Memo Item					
Receipt For:	Aggregate Year-to-	Date ▼						
Primary General Other (specify) ▼		320.00						
Full Name of Individual (Last, First, Middle In	nitial) or Full Organizati	on Name	Date of Receipt					
Mailing Address 3 GROVE ISLE DR APT 1704			03 30 2022					
City		Code 133	Transaction ID : SA11AI-27113814					
MIAMI	1	100	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		55.00					
Name of Employer (for Individual) Retired	Occupation (Retired	(for Individual)	Memo Item					
Receipt For:	Aggregate Year-to-	Date ▼						
Primary General Other (specify)	1.1	255.00						
SUBTOTAL of Receipts This Page (optional)		>	375.00					
TOTAL This Period (last page this line number	only)							

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Any information copied from such Reports and State or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE DAC	
/ OINITED MOMEN 2 HEALTH AL	LIANUE PAU	
Full Name of Individual (Last, First, Middle Initi.	al) or Full Organization Name	Date of Receipt
Mailing Address 3 GROVE ISLE DR		M M / D D / Y Y Y Y
APT 1704	Chata 7'- O- d-	03 31 2022
City MIAMI	State Zip Code FL 33133	Transaction ID : SA11AI-27114362
	33133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	255.00	
Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle Initial). GREENE, BETTY, , ,	al) or Full Organization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD		01 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	
SAN ANTONIO	TX 78249	Transaction ID : SA11AI-27109732 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of East Hoospt this Follow
federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name of Individual (Last, First, Middle Initi	al) or Full Organization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD		02 08 2022
City	State Zip Code	Transaction ID : SA11AI-27112880
SAN ANTONIO	TX 78249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	320.00	
SUBTOTAL of Receipts This Page (optional)	>	320.00
TOTAL This Period (last page this line number o	nly)	

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	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	tial) or Full Organization Name	Date of Receipt
		02 11 2022
City SAN ANTONIO	State Zip Code TX 78249	Transaction ID : SA11AI-27120982
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 70.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name of Individual (Last, First, Middle Ini GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	tial) or Full Organization Name	Date of Receipt
City SAN ANTONIO	State Zip Code TX 78249	03 14 2022 Transaction ID : SA11Al-27114312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD		03 17 2022
City SAN ANTONIO	State Zip Code TX 78249	Transaction ID : SA11AI-27114182 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (optional)	>	200.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (IN FUII) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini HAM JR, LEWIS, , , Mailing Address 5500 CALLE REAL APT C-226 City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Contributing federal General	State Zip Code CA 93111 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt M M M J 31 2022 Transaction ID: SA11AI-27121616 Amount of Each Receipt this Period 110.00 Memo Item
Full Name of Individual (Last, First, Middle Ini HAM JR, LEWIS, , , Mailing Address 5500 CALLE REAL APT C-226 City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code CA 93111 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 270.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Ini HERRING, ABBY, , , Mailing Address 301 S MYRTLE AVE APT 238 City NEW SMYRNA BEACH FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	tial) or Full Organization Name State	Date of Receipt O1 06 2022 Transaction ID: SA11AI-27093900 Amount of Each Receipt this Period 200.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	470.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle In HERRING, ABBY, , , Mailing Address 301 S MYRTLE AVE	nitial) or Full Orga	nization Name	Date of Receipt
APT 238			01 06 2022
City	State	Zip Code	Transaction ID : SA11AI-27100510
NEW SMYRNA BEACH	FL	32168	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		200.00	
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle II JARAMILLO, VALERIE, , , Mailing Address 3910 CAMPBELL ST	nitial) or Full Orga	nization Name	Date of Receipt
			01 03 2022
City	State	Zip Code	Transaction ID : SA11AI-27113712
RIVERSIDE	CA	92509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 235.00	
Full Name of Individual (Last, First, Middle II)	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 3910 CAMPBELL ST	lo:		03 07 2022
City RIVERSIDE	State CA	Zip Code 92509	Transaction ID : SA11AI-27114974
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 55.00
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 235.00	
SUBTOTAL of Receipts This Page (optional)		>	310.00
TOTAL This Period (last page this line numbe	r only)		

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	· · · · · · · · · · · · · · · · · · ·	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 3910 CAMPBELL ST			03 16 2022
	City RIVERSIDE	State CA	Zip Code 92509	Transaction ID : SA11AI-27118934
	FEC ID number of contributing	OA .	92309	Amount of Each Receipt this Period
	federal political committee.	C		125.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 235.00	
В.	Full Name of Individual (Last, First, Middle Initial JOHANSEN, RALPH, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 322 EVERGREEN AVE			01 21 2022
	City MADISON	State WI	Zip Code 53704	Transaction ID : SA11Al-27113326
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 25.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 240.00	
С .	Full Name of Individual (Last, First, Middle Initial JOHANSEN, RALPH, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 322 EVERGREEN AVE			01 31 2022
	City MADISON	State WI	Zip Code 53704	Transaction ID : SA11AI-27107592 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General	Aggregate Y	ear-to-Date ▼	
	Other (specify)		240.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	190.00

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	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi JOHANSEN, RALPH, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 322 EVERGREEN AVE			03 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI-27111558
	MADISON	WI	53704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 240.00	
В.	Full Name of Individual (Last, First, Middle Initi	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 322 EVERGREEN AVE			03 24 2022
	City	State	Zip Code	Transaction ID : SA11AI-27103622
	MADISON	WI	53704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate \	∕ear-to-Date ▼	
	Primary General Other (specify) ▼		, 240.00	
С .	Full Name of Individual (Last, First, Middle Initi	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 322 EVERGREEN AVE			03 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI-27103888
	MADISON	WI	53704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) Retired	Occu	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate \	/ear-to-Date ▼	1
	Primary General Other (specify)	99.5	240.00	
s	SUBTOTAL of Receipts This Page (optional)			135.00
Т	OTAL This Period (last page this line number o	only)		

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini JOHANSEN, RALPH, , , Mailing Address 322 EVERGREEN AVE	tial) or Full Organization Name	Date of Receipt
City	State Zip Code	03 24 2022 Transaction ID : SA11AI-27104010
MADISON	WI 53704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Ini JOHNSON, LORA, , , Mailing Address 2525 BELT RD	tial) or Full Organization Name	Date of Receipt
City KNOXVILLE	State Zip Code TN 37920	02 23 2022 Transaction ID : SA11Al-27106518 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 2525 BELT RD		02 24 2022
City KNOXVILLE	State Zip Code TN 37920	Transaction ID : SA11AI-27095512 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)		140.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r he name and addr	not be sold or used by any peress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle I JOHNSON, LORA, , , Mailing Address 2525 BELT RD	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2525 BELT RD			02 24 2022
City	State	Zip Code	Transaction ID : SA11AI-27102976
KNOXVILLE	TN	37920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00	
Name of Employer (for Individual) Retired	tion (for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle I JOHNSON, LORA, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2525 BELT RD			03 13 2022
City	State TN	Zip Code 37920	Transaction ID : SA11AI-27111020
KNOXVILLE	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual) I	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle I JOHNSON, LORA, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2525 BELT RD			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KNOXVILLE	State TN	Zip Code 37920	Transaction ID : SA11AI-27091492
FEC ID number of contributing federal political committee.	С	0.020	Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)		·····	135.00
TOTAL This Period (last page this line numbe	er only)		

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Any information copied from such Reports and S or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC						
Full Name of Individual (Last, First, Middle Init A. JOHNSON, LORA, , , Mailing Address 2525 BELT RD	ial) or Full Organization Name	Date of Receipt					
	State Zip Code	03 31 2022					
City KNOXVILLE	State Zip Code TN 37920	Transaction ID : SA11AI-27091078 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00						
Full Name of Individual (Last, First, Middle Init KARRISH, GEORGE, , , Mailing Address 1042 NEUMARK AVE	ial) or Full Organization Name	Date of Receipt					
City PLEASANTVILLE	State Zip Code NJ 08232	01 06 2022 Transaction ID : SA11Al-27093922 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	60.00 Memo Item					
Retired	Retired						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00						
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt					
Mailing Address 1042 NEUMARK AVE		01 20 2022					
City PLEASANTVILLE	State Zip Code NJ 08232	Transaction ID : SA11AI-27099018 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	70.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 295.00						
SUBTOTAL of Receipts This Page (optional)	>	165.00					
TOTAL This Period (last page this line number of	only)						

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	Statements may not be sold or used by any persolename and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In KARRISH, GEORGE, , , Mailing Address 1042 NEUMARK AVE	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	01 27 2022 Transaction ID : SA11AI-27088228
PLEASANTVILLE	NJ 08232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle In KARRISH, GEORGE, , , Mailing Address 1042 NEUMARK AVE	itial) or Full Organization Name	Date of Receipt
		02 24 2022
City PLEASANTVILLE	State Zip Code NJ 08232	Transaction ID : SA11AI-27102908
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle In KARRISH, GEORGE, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1042 NEUMARK AVE		03 31 2022
City PLEASANTVILLE	State Zip Code NJ 08232	Transaction ID : SA11AI-27093968 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	295.00	
SUBTOTAL of Receipts This Page (optional)	•	165.00
TOTAL This Period (last page this line number	only)	

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KUMP, TROY, , , Date of Receipt Mailing Address 315 S CENTER ST 2022 City Zip Code State Transaction ID: SA11AI-27112134 UT AMERICAN FORK 84003 Amount of Each Receipt this Period FEC ID number of contributing C 66.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Director Of Strategic Partnerships Simplii Receipt For: Aggregate Year-to-Date ▼ Primary General 308.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KUMP, TROY, , , Date of Receipt Mailing Address 315 S CENTER ST 2022 City State Zip Code Transaction ID: SA11AI-27120070 AMERICAN FORK UT 84003 Amount of Each Receipt this Period FEC ID number of contributing 61.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Simplii Director Of Strategic Partnerships Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 308.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KUMP, TROY, , , Date of Receipt Mailing Address 315 S CENTER ST 28 2022 City State Zip Code Transaction ID: SA11AI-27111730 UT AMERICAN FORK 84003 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director Of Strategic Partnerships Simplii Receipt For: Aggregate Year-to-Date ▼ Primary General 308.00 Other (specify) 202.00

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle II KUMP, TROY, , , Mailing Address 315 S CENTER ST	nitial) or Full Orga	nization Name	Date of Receipt 03 10 2022
City	State	Zip Code	Transaction ID : SA11AI-27105888
AMERICAN FORK	UT	84003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		106.00	
Name of Employer (for Individual) Simplii	tion (for Individual) r Of Strategic Partnerships	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 308.00	
Full Name of Individual (Last, First, Middle II LEWIS, PHOEBE, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1800 N PROSPECT AVE APT 20D	State	Zip Code	03 10 2022
City MILWAUKEE	Transaction ID : SA11AI-27111068 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		130.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 245.00	
Full Name of Individual (Last, First, Middle II.	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1800 N PROSPECT AVE APT 20D	01-1-	Tip Code	03 25 2022
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SA11AI-27113942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify)		245.00	
SUBTOTAL of Receipts This Page (optional)		>	296.00
TOTAL This Period (last page this line numbe	r only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC					
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LEWIS, PHOEBE, , , Mailing Address 1800 N PROSPECT AVE			Date of Receipt	
				03 30 2022	
	APT 20D City	APT 20D State Zip Code			
	MILWAUKEE	WI	53202	Transaction ID : SA11AI-27113810 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		55.00	
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 245.00		
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LOYD, ROBERT, , , Mailing Address 121 OCEAN DR			Date of Receipt	
	Maining Addition 121 OCEAN DR			03 08 2022	
	City	State	Zip Code	Transaction ID : SA11AI-27119328	
	OXNARD	CA	93035	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		300.00	
	Name of Employer (for Individual) Best Efforts		ation (for Individual) Efforts	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00		
_	Full Name of Individual (Last, First, Middle Initia				
C.	LYNCH, LOUISE, , ,			Date of Receipt	
	Mailing Address 2529 ZINFANDEL DR			02 07 2022	
	City	State	Zip Code	Transaction ID : SA11AI-27112980	
	RANCHO CORDOVA	CA	95670	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		110.00	
	Name of Employer (for Individual) Retired	Occupation (for Individual) Retired		Memo Item	
	Receipt For:	Aggregate Ye	ear-to-Date ▼		
	Primary General Other (specify)		215.00		
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	465.00	

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

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	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	H ALLIANCE PAC	
Full Name of Individual (Last, First, Midd LYNCH, LOUISE, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 2529 ZINFANDEL DR		03 27 2022
City	State Zip Code	Transaction ID : SA11AI-27110460
RANCHO CORDOVA	CA 95670	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	105.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	215.00	
Other (specify) ▼	213.00	
Full Name of Individual (Last, First, Midd MCMILLAN, LORE, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 615 W LEADORA AVE		02 18 2022
City	State Zip Code	Transaction ID : SA11AI-27120442
GLENDORA	CA 91741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	205.00	
Full Name of Individual (Last, First, Midd: MCMILLAN, LORE, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 615 W LEADORA AVE		03 01 2022
City	State Zip Code	Transaction ID : SA11AI-27106336
GLENDORA	CA 91741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate rear-to-Date ▼	
Other (specify)	205.00	
SUBTOTAL of Receipts This Page (optional	al)	215.00
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TOTAL This Period (last page this line nur	mber only)	

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	Statements may not be sold or used by any person e name and address of any political committee to						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC						
Full Name of Individual (Last, First, Middle Ini MCMILLAN, LORE, , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 615 W LEADORA AVE		03 08 2022					
City GLENDORA	State Zip Code CA 91741	Transaction ID : SA11AI-27111284 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	y (
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00						
Full Name of Individual (Last, First, Middle In MCMILLAN, LORE, , , Mailing Address 615 W LEADORA AVE	itial) or Full Organization Name	Date of Receipt					
City GLENDORA	State Zip Code CA 91741	03 10 2022 Transaction ID : SA11Al-27114820 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	55.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00						
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt					
Mailing Address 30 WAKELY CT		03 09 2022					
City PORTLAND	State Zip Code ME 04103	Transaction ID : SA11AI-27111162 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00						
SUBTOTAL of Receipts This Page (optional)	>	245.00					
TOTAL This Period (last page this line number	only)						

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle Ir PASSERMAN, CHARLES, , , Mailing Address 30 WAKELY CT	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 50 WARLET CT	03 10 2022		
City	State	Zip Code	Transaction ID : SA11AI-27114778
PORTLAND	ME	04103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In PEERS, MICHAEL, , , Mailing Address 1749 SIMPSONVILLE LN	nitial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	02 28 2022
THE VILLAGES	FL	32162	Transaction ID : SA11AI-27119794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1749 SIMPSONVILLE LN			03 21 2022
City THE VILLAGES	State FL	Zip Code 32162	Transaction ID : SA11AI-27114578 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		160.00
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		>	320.00
TOTAL This Period (last page this line number	only)		

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pare name and address of any political committee	person for the purpose of soliciting contributions are to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In RICE, CAROL, , , Mailing Address 9 CHESTER ST City WORCESTER FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Date of Receipt M M M / D D / 2022 Transaction ID : SA11AI-27121878 Amount of Each Receipt this Period 55.00 Memo Item	
Full Name of Individual (Last, First, Middle In RICE, CAROL, , , Mailing Address 9 CHESTER ST City WORCESTER FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify) General	State Zip Code 01605 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 03 17 2022 Transaction ID: SA11AI-27114636 Amount of Each Receipt this Period 155.00 Memo Item
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , , Mailing Address 1614 GOLF COURSE RD APT 245 City GRAND RAPIDS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MN 55744 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 365.00	Date of Receipt O1
SUBTOTAL of Receipts This Page (optional)		260.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle RUST, JOSEPH, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1614 GOLF COURSE RD APT 245		01 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-27121656
GRAND RAPIDS	MN 55744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	205.00	
Other (specify) ▼	365.00	
Full Name of Individual (Last, First, Middle RUST, JOSEPH, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1614 GOLF COURSE RD		M = M / D = D / Y = Y = Y
APT 245	Stata 7in Codo	02 08 2022
City GRAND RAPIDS	State Zip Code MN 55744	Transaction ID : SA11AI-27112878
	33/44	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1614 GOLF COURSE RD APT 245		03 09 2022
City	State Zip Code	Transaction ID : SA11AI-27114870
GRAND RAPIDS	MN 55744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify)	365.00	
SUBTOTAL of Receipts This Page (optional))	230.00
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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init A. RUST, JOSEPH, , , Mailing Address 1614 GOLF COURSE RD APT 245 City GRAND RAPIDS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code MN 55744 C Occupation (for Individual) Retired Aggregate Year-to-Date 365.00	Date of Receipt M M M
Full Name of Individual (Last, First, Middle Init RUST, JOSEPH, , , Mailing Address 1614 GOLF COURSE RD APT 245 City GRAND RAPIDS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code MN 55744 C Occupation (for Individual) Retired Aggregate Year-to-Date 365.00	Date of Receipt M M M / 31 / 2022 Transaction ID: SA11Al-27113784 Amount of Each Receipt this Period 65.00 Memo Item
Full Name of Individual (Last, First, Middle Init SARGEANT, JANET, , , Mailing Address 6027 89TH ST E City PUYALLUP FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code WA 98371 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt O2 21 2022 Transaction ID: SA11AI-27120324 Amount of Each Receipt this Period 50.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	135.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini SARGEANT, JANET, , , Mailing Address 6027 89TH ST E City PUYALLUP FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 98371 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name of Individual (Last, First, Middle Ini SAWYER, THOMAS, , , Mailing Address 8545 OAK RD City PARKVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify)	State Zip Code MD 21234 C Occupation (for Individual) Best Efforts Aggregate Year-to-Date ▼	Date of Receipt O1
Full Name of Individual (Last, First, Middle Ini SAWYER, THOMAS, , , , Mailing Address 8545 OAK RD City PARKVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify)	State Zip Code MD 21234 C Occupation (for Individual) Best Efforts Aggregate Year-to-Date 400.00	Date of Receipt M 01
SUBTOTAL of Receipts This Page (optional)	<u> </u>	600.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In SMITHSON, SP, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1683 EDGEWATER LN		01 09 2022
City CAMARILLO	State Zip Code CA 93010	Transaction ID : SA11AI-27113562
	C 93010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	70.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired Receipt For:	Retired	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	290.00	
Full Name of Individual (Last, First, Middle II SMITHSON, SP, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1683 EDGEWATER LN		02 09 2022
City	State Zip Code	Transaction ID : SA11AI-27115792
CAMARILLO	CA 93010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
Full Name of Individual (Last, First, Middle In SMITHSON, SP, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1683 EDGEWATER LN		03 06 2022
City	State Zip Code	Transaction ID : SA11AI-27106132
CAMARILLO	CA 93010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	290.00	
SUBTOTAL of Receipts This Page (optional)		290.00
TOTAL This Period (last page this line numbe	r only)	

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	Statements may not be sold or used by any persone name and address of any political committee t					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In SOSA, ANITA, , , Mailing Address 2510 DARWIN DR City SAN ANTONIO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Date of Receipt O1					
Association of the control of the co	Mailing Address 2510 DARWIN DR City SAN ANTONIO TX 78228 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General State Zip Code 78228 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle In SOSA, ANITA, , , Mailing Address 2510 DARWIN DR City SAN ANTONIO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code TX 78228 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt 02				
SUBTOTAL of Receipts This Page (optional)	<u> </u>	155.00				
TOTAL This Period (last page this line numbe	r only)					

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	ny information copied from such Reports and Stator commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) VINITED WOMEN'S HEALTH ALLIANCE PAC										
Α.	Full Name of Individual (Last, First, Middle Initial SOSA, ANITA, , , Mailing Address 2510 DARWIN DR	al) or Full Org	anization Name	Date of Receipt							
	City	02 16 2022									
	SAN ANTONIO	State TX	Zip Code 78228	Transaction ID : SA11AI-27112332 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	45.00									
	Name of Employer (for Individual) Retired	Memo Item									
	Receipt For: Primary General Other (specify) ▼										
В.	Full Name of Individual (Last, First, Middle Initial SOSA, ANITA, , , Mailing Address 2510 DARWIN DR	al) or Full Org	anization Name	Date of Receipt							
		State	Zip Code	03 24 2022							
	City	Transaction ID : SA11AI-27110554									
	SAN ANTONIO	TX	78228	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00								
С .	Full Name of Individual (Last, First, Middle Initial STERLING, ELNORIA, , ,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 9 SIERRA DR			02 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City CALIFON	State NJ	Zip Code 07830	Transaction ID : SA11AI-27121554 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		60.00							
	Name of Employer (for Individual) Retired	Occup: Retired	ation (for Individual) d	Memo Item							
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼								
	Other (specify)	7	260.00								
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	155.00							

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle STERLING, ELNORIA, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 9 SIERRA DR			03 20 2022
City	State	Zip Code	Transaction ID : SA11AI-27110778
CALIFON	NJ	07830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle STIVER, DON, , , Mailing Address 1649 ROGER CT	Initial) or Full Orga	nization Name	Date of Receipt
			03 08 2022
City	State	Zip Code	Transaction ID : SA11AI-27114916
EL CERRITO	CA	94530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		210.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify) ▼		320.00	
Full Name of Individual (Last, First, Middle STIVER, DON, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1649 ROGER CT			03 21 2022
City EL CERRITO	State CA	Zip Code 94530	Transaction ID : SA11AI-27105280
FEC ID number of contributing		0.000	Amount of Each Receipt this Period
federal political committee.	C		110.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify)		320.00	
SUBTOTAL of Receipts This Page (optional).		>	520.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In STRATSORD, JACK, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 11209 GRAY FOX PT UNIT 1		03 30 2022
City	State Zip Code	Transaction ID : SA11AI-27110264
SPOTSYLVANIA	VA 22551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	300.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Virginia Military Institute	Student	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle II TREIBACK, ALEXI, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 14005 PALAWAN WAY		M = M / D = D / Y = Y = Y
APT 214	State 7's Cada	02 14 2022
City	State Zip Code CA 90292	Transaction ID : SA11AI-27120832
MARINA DEL REY	CA 90292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle In TREIBACK, ALEXI, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 14005 PALAWAN WAY APT 214		02 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-27112450
MARINA DEL REY	CA 90292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	240.00	
SUBTOTAL of Receipts This Page (optional)		385.00
TOTAL This Period (last page this line numbe	r only)	

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle TREIBACK, ALEXI, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 14005 PALAWAN WAY APT 214		03
City	State Zip Code	Transaction ID : SA11AI-27106234
MARINA DEL REY	CA 90292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle TREIBACK, ALEXI, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 14005 PALAWAN WAY		M M / D D / Y Y Y Y
APT 214	Ctoto 7th Condition	03 30 2022
City MARINA DEL REY	State Zip Code	Transaction ID : SA11AI-27114386
MARINA DEL REY	CA 90292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle WARREN, GLEN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 730 E 43RD ST		02 10 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI-27106972
BALTIMORE	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	335.00	
SUBTOTAL of Receipts This Page (optional).		220.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini WARREN, GLEN, , , Mailing Address 730 E 43RD ST	tial) or Full Organization Name	Date of Receipt
City	State Zip Code	02 16 2022 Transaction ID : SA11AI-27112328
FEC ID number of contributing	MD 21212	Amount of Each Receipt this Period 55.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 335.00	
Full Name of Individual (Last, First, Middle Ini WARREN, GLEN, , , Mailing Address 730 E 43RD ST	tial) or Full Organization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BALTIMORE FEC ID number of contributing	State Zip Code MD 21212	Transaction ID : SA11Al-27106600 Amount of Each Receipt this Period 105.00
federal political committee. Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	
Full Name of Individual (Last, First, Middle Ini WARREN, GLEN, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 730 E 43RD ST City BALTIMORE FEC ID number of contributing	State Zip Code MD 21212	Transaction ID : SA11AI-27120290 Amount of Each Receipt this Period 55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 335.00	
SUBTOTAL of Receipts This Page (optional)	•	215.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PA	AC	
Full Name of Individual (Last, First, Middle Ir WARREN, GLEN, , , Mailing Address 730 E 43RD ST	nitial) or Full Organ	ization Name	Date of Receipt
			02 23 2022
City BALTIMORE	State MD	Zip Code 21212	Transaction ID : SA11AI-27115358
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 55.00
Name of Employer (for Individual) Retired Receipt For:	Retired	on (for Individual)	Memo Item
Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 335.00	
Full Name of Individual (Last, First, Middle Ir WIENER, SUSAN, , , Mailing Address 2939 VAN NESS ST NW	nitial) or Full Organ	ization Name	Date of Receipt
APT 1047			03 02 2022
City WASHINGTON	State DC	Zip Code 20008	Transaction ID : SA11AI-27106270
FEC ID number of contributing federal political committee.	C	20000	Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Retired	Occupati Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Ir WOOD, GORDON, , ,	nitial) or Full Organ	ization Name	Date of Receipt
Mailing Address 1919 S FABRIQUE DR			01 31 2022
City WICHITA	State KS	Zip Code 67218	Transaction ID : SA11AI-27107568 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		110.00
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)			665.00
TOTAL This Period (last page this line number	r only)		

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pe ress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle II) WOOD, GORDON, , , Mailing Address 1919 S FABRIQUE DR	nitial) or Full Orga	anization Name	Date of Receipt
Otto	04-4-	7:- 01-	03 03 2022
City WICHITA	State KS	Zip Code 67218	Transaction ID : SA11AI-27085376
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Retired Receipt For:	ation (for Individual)	Memo Item	
Primary General Other (specify) ▼	Aggregate Ye	210.00	
Full Name of Individual (Last, First, Middle II ZAK, HENRY, , , Mailing Address 8204 E BOULEVARD DR	nitial) or Full Orga	anization Name	Date of Receipt
City	State	Zip Code	01 05 2022
ALEXANDRIA	VA	22308	Transaction ID : SA11AI-27118092 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle In ZAK, HENRY, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 8204 E BOULEVARD DR			01 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ALEXANDRIA	State VA	Zip Code 22308	Transaction ID : SA11AI-27109516
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 45.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 295.00	
SUBTOTAL of Receipts This Page (optional)			345.00
TOTAL This Period (last page this line number	r only)		

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle ZAK, HENRY, , , Mailing Address 8204 E BOULEVARD DR	Initial) or Full Organization Name	Date of Receipt
City ALEXANDRIA FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code 22308 C Occupation (for Individual)	03 18 2022 Transaction ID : SA11AI-27114154 Amount of Each Receipt this Period 50.00 Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle Mailing Address		Date of Receipt
FEC ID number of contributing federal political committee.	State Zip Code	Amount of Each Receipt this Period
Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Aggregate Year-to-Date ▼	Memo Item
Full Name of Individual (Last, First, Middle Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code C Occupation (for Individual) Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)	>	50.00
TOTAL This Period (last page this line numb	per only)	11693.00

SCHEDULE B (FEC Form 3X)			FOR LINE	IE NUMBER: PAGE 54 OF 146					
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(CILCON OII	<i>'</i> ′ _		□ 00 □ 07			
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or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
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Full Name (Last, First, Middle Initial)									
A. ABC Company				Date of I	Disburser	nent			
				M M / D D / Y Y Y Y Y					
Mailing Address PO Box 2413				03	01	2022			
City	State	Zip Code		FEC Ider	ntification	Number			
Huntington	NY	11743							
Purpose of Disbursement Fundraising and Media Consulting			004	C					
Candidate Name						ID : SB21B-71172			
			Category/ Type	Amount	of Each L	Disbursement this Period			
Office Sought: House Disbut	rsement For:			11	40.1	13000.00			
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B. Blank Rome LLP				Date of I	Disburser	nent			
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Mailing Address 1825 Eye Street NW				01	28	2022			
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Washington Purpose of Disbursement	DC	20006		C					
Legal Fees			001	Transaction ID : SB21B-71165					
Candidate Name			Category/		Disbursement this Period				
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Office Sought: House Disbut	rsement For: Primary				3248.0				
President	Other (sp			п.,					
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C. Blank Rome LLP				Date of I					
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City Washington	State DC	Zip Code 20006		FEC Ider	ntification	Number			
Purpose of Disbursement				C					
Legal Fees			001		saction	ID : SB21B-7116!			
Candidate Name			Category/	Amount	of Each [Disbursement this Period			
Office Sought: House Disbut	rsement For:		Type	1		912.50			
Senate	Primary	General			7	14 14			
President	Other (sp	pecify) ▼		Mem	o Item				
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A. Blank Rome LLP				Date	Date of Disbursement					
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Washington Purpose of Disbursement	DC	20006								
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Candidate Name			Category/			ID: SB21B-71173 Disbursement this Period				
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	rsement For:					1188.00				
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B. Blank Rome LLP				Date of	of Disburse	ement				
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City Washington	State	Zip Code 20006		FEC I	dentificatio	n Number				
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Legal Fees			001		Transaction ID : SB21B-71177					
Candidate Name			Category/	-		Disbursement this Period				
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Senate Sought.		nent For: Primary General Other (specify)			44.00					
President					Momo Itom					
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C. Blank Rome LLP					of Disburse					
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Washington	DC	20006		FECT	dentificatio	II INUMBER				
Purpose of Disbursement Legal Fees			004	C						
Candidate Name			001	-		ID : SB21B-71177				
			Category/ Type	Amoul	nt of Each	Disbursement this Period				
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A. Blank Rome LLP					Date of	Disburse		YYY			
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	ement For:							85.00			
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B. COA Network Inc.					Date of	Disburse	ement				
Mailing Address 991 Route 22 West Suite 200			01 24 2022								
City Bridgewater Township	State NJ	Zip Code 08807			FEC Id	entificatio	n Number				
Purpose of Disbursement	140	00007	_	С							
800 Telephone numbers			001	ш		nsaction	ID : SB21	R-71165			
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Office Sought: House Disburse	mont For		Туре					138.70			
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C. COA Network Inc.						Disburse					
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Suite 200	Γ										
City Bridgewater Township	State NJ	Zip Code 08807			FEC Id	entificatio	n Number				
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	Mailing Address 7815 Woodmont ave			01 11 2022										
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	Candidate Name			Cate	-	<u></u>	-					-71162 ent this F	Pariod	
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B.	EagleBank						Date	of Di	sburse	men	t			
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Α.	Grasshopper					Date of Disbursement						Y		
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City State Zip Code Boston Purpose of Disbursement Telephone Service Candidate Name Category Type Office Sought: House President Disbursement For: Senate Purpose of Disbursement Accounting Software Candidate Name Disbursement For: Senate Primary General President District: Full Name (Last, First, Middle Initial) State: District: Senate Primary General Primary General Purpose of Disbursement For: Senate Primary General Primary General President District: Full Name (Last, First, Middle Initial) B. Intuit Inc. Mailing Address 2700 Coast Ave Category Type Office Sought: Senate Primary General Disbursement For: General Disbursement For: Senate Primary General Disbursement For: Gradidate Name Category Type Office Sought: House Disbursement For: Gandidate Name Category Type Disbursement Candidate Name Category Type Disbursement Tor: Gandidate Name Disbursement Tor: Gandidate Name Category Type Disbursement Tor: Gandidate Name Disbursement Tor: Gandidate Na	<u></u>	Full Name (Last, First, Middle Initial)												
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A. LIVE TRANSFERS AND DONOR (CREATION LLC		Date of Disbursement	/ . Y . Y . Y					
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Purpose of Disbursement Telephone fundraising Candidate Name		003 Category/ Type	Transaction ID : SB21B-7117; Amount of Each Disbursement this Period
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SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			61027.23

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 65 OF 146							
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C. LIVE TRANSFERS AND DONOR	CREATI	ON LLC		Date of Disbursement							
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SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER:		PA	GE 73 OF 146
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SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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146

X 10 NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advance for various legal, administrative Mastroianni, Stephanie, , , Mailing Address 2021 L St NW Ste 101-193 State Zip Code Washington DC 20036 Transaction ID: SD10-785372 Outstanding Balance Beginning This Period 2920.07 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2920.07 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Telephone fundraising LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN 00909 Outstanding Balance Beginning This Period Transaction ID: SD-S861420 32894.96 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 32894.96 7262.44 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 10182.51 1) SUBTOTALS This Period This Page (optional)..... 10182.51 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 10182.51 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	X Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			An	nount
Suite GM8 City	State	Zip Code	— г	907.81
SAN JUAN	PR	00909		ransaction ID : SE-S840030 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Sc	ought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		esident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 7	14322.49	Disburser 2026	ment For: Primary General Other (specify) ▶
Full Name of Payee		★ Memo	Item Da	ate of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	REATION LL	C		03 30 7 2022
Mailing Address 1607 Ponce de Leon ave			An	nount
Suite GM8	Ctata	Zin Codo	— г	907.81
City SAN JUAN	State PR	Zip Code 00909		ransaction ID : SE-S840032 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		✗ Support	Office Sc	ought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	14322.50	Disburser 2026	ment For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	03	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	.,,	
				FEC Schedule E (Form 3X) Rev. 05/2016

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

UNITED WOMEN'S HEALTH ALLIANCE PAC

	PAGE 84 OF 146
	FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00755694
t Amends report	filed on M M / D D / Y Y Y Y Y
	Date of Public Distribution/Dissemination
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	Amount
Zip Code	907.81
00909	Transaction ID : SE-S840034 Date of Disbursement or Obligation
Category/ Type 004	M M / D D / Y Y Y Y
X Support (Office Sought: House District: 14
Oppose	President Senate State: MI
	Disbursement For: X Primary General
4 4000 50	022 Other (specify) ▶
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;	M M / D D / Y Y Y Y
	03 / 30 / 2022
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Zip Code	03 30 2022 Amount 907.81
	03 30 2022 Amount 907.81 Transaction ID: SE-S840036
Zip Code 00909 Category/	03 30 2022 Amount 907.81
Zip Code 00909 Category/ Type 004	Amount 907.81 Transaction ID : SE-S840036 Date of Disbursement or Obligation
Zip Code 00909 Category/ Type 004	Amount 907.81 Transaction ID: SE-S840036 Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Office Sought: House District: 08
Zip Code 00909 Category/ Type 004 Support Oppose	Amount 907.81 Transaction ID: SE-S840036 Date of Disbursement or Obligation Office Sought: House District: 08 President Senate State: AZ
Zip Code 00909 Category/ Type 004 X Support Oppose	Amount 907.81 Transaction ID : SE-S840036 Date of Disbursement or Obligation Office Sought: House District: President Senate State: Disbursement For: Primary General
Zip Code 00909 Category/ Type 004 X Support Oppose	Amount 907.81 Transaction ID: SE-S840036 Date of Disbursement or Obligation Office Sought: House District: 08 President Senate State: AZ Disbursement For: Primary General
Zip Code 00909 Category/ Type 004 X Support Oppose	Amount 907.81 Transaction ID: SE-S840036 Date of Disbursement or Obligation Office Sought: House District: President Senate State: AZ Disbursement For: Primary General
Zip Code 00909 Category/ Type 004 Support Oppose	Amount 907.81 Transaction ID : SE-S840036 Date of Disbursement or Obligation Office Sought: House District: President Senate State: Disbursement For: Primary General
Category/ Type 004 Support Oppose	Amount 907.81 Transaction ID: SE-S840036 Date of Disbursement or Obligation Office Sought: House District: President Senate State: AZ Disbursement For: Primary General
Zip Code 00909 Category/ Type 004 X Support Oppose	Amount 907.81 Transaction ID: SE-S840036 Date of Disbursement or Obligation Office Sought: House District: President Senate State: AZ Disbursement For: Primary General

TEMIZED INDEPENDENT EXPENDITURES				PAGE 85 OF 146
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed or	n M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	ATION LLC	X Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				30 33 232
Suite GM8			/	Amount
City	State	Zip Code		907.80
SAN JUAN	PR	00909	I	Transaction ID : SE-S840038 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	, , ,	14322.50	Disburs 2026	ement For: x Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo		Date of Public Distribution/Dissemination M M M / D 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8 City	State	Zip Code		907.80
SAN JUAN	PR	00909	I	Transaction ID : SE-S840040 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
BLUNT, ROY, , ,		Oppose	F	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	14322.50	Disburs 2022	sement For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu (c) TOTAL Independent Expenditures	res		• [0.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidary party committee) any political party committee or its	ate or authorized	d committee or agent	of either,	• • • • • • • • • • • • • • • • • • • •

TEMIZED INDEPENDENT EXPENDITURES				PAGE 86 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OF TEXT TIME ENTRY				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	🗶 Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	nt
City	State	Zip Code		907.80
SAN JUAN	PR	00909		saction ID : SE-S840042 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		/ D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District: 00
MURRAY, PATTY, , ,		Oppose	Preside	\\\\\
Calendar Year-To-Date Per Election for Office Sought	7 1 7	14322.50	Disbursemer 2022	nt For: x Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo		of Public Distribution/Dissemination
Suite GM8			Amou	nt
City	State	Zip Code	— I :	907.80
SAN JUAN	PR	00909		saction ID : SE-S840044 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		/ D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Preside	ent Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 7	14322.50	Disbursemer 2022	nt For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				0.00
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	03	30 / 2022

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 87 OF 146 FOR LINE 24 OF FORM 3X
FFC	IDENTIFICATION NUMBER ▼
C	C00755694
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of Pub	lic Distribution/Dissemination
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actior	ID : SE-S631967
of Disk	oursement or Obligation
01	05 2022
+-	House District: 00
t: ant	nouse District.
ent t For:	Senate State:
t For:	Primary General
	specify)
	lic Distribution/Dissemination
12 ^M	29 / 2021
nt	
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actio	945.57 n ID : SE-S631969
of Disk	oursement or Obligation
01 ^M	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
t:	House District: 14
ent	Senate State: MI
t For:	x Primary General
ther (s	specify) ►
	1891.14

NAME OF COMMITTEE (I. F. II)					FOR LINE 24 OF FORIVI 3A
NAME OF COMMITTEE (In Full)	T	- - - - - - - - - -			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEAL	TH ALLIANC	E PAC			C C00755694
Check if 24-hour report 48	-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee			☐ Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND D Invoice paid after close of books	ONOR CREATION	ON LLC			12
Mailing Address 1607 Ponce de L	eon ave				Amount
Suite GM8					
City	S	tate	Zip Code		945.57
SAN JUAN		PR	00909		Transaction ID: SE-S631967 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising			Category/ Type 004	1	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:			X Support	Office	Sought: House District: 00
TILLIS, THOM, R., Sen,			Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sough	t		11888.33	Disbu 2026	orsement For: ✓ Primary General Other (specify) ►
- " " " " " " " " " " " " " " " " " " "	,	,		.	
Full Name of Payee LIVE TRANSFERS AND Invoice paid after close of books	DONOR CREA	ATION LL	C Memo	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de L	eon ave				Amount
Suite GM8					Amount
City	S	tate	Zip Code		945.57
SAN JUAN		PR	00909		Transaction ID : SE-S631969 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising			Category/ Type 004		01 05 7 2022
Name of Federal Candidate:			✗ Support	Office	e Sought: House District: 14
LAWRENCE, BRENDA, LULENAR	, ,		Oppose		President Senate State: MI
Calendar Year-To-Date				Disbu	rsement For: 🗶 Primary General
Per Election for Office Sough	t	7	11888.33	2022	Other (specify) ►
(a) SUBTOTAL of Itemized Independent	dent Expenditures			. •	1891.14
(b) SUBTOTAL of Unitemized Indep	endent Expenditures.				
(c) TOTAL Independent Expenditure	s			•	
	n of, any candidate	or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
MASTROIANNI, STEPHANIE, , ,	[Ele	ectronically File	ed] Date	e 12	2 22 2021
Signature			_ Date		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 88 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHERETT ALLIAN	OLIAO			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on Man / Dab / Yayayay
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		945.57
SAN JUAN	PR	00909		Transaction ID : SE-S631971 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 05 7 2022
Name of Federal Candidate:		X Support	Office	Sought: House District: 08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	11888.32	Disbur 2022	rsement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	C Memo	Item	Date of Public Distribution/Dissemination 12 29 2021 Amount
City	State	Zip Code		945.57
SAN JUAN	PR	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:		✗ Support	Office	Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	11888.34	Disbur 2026	rsement For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1891.14
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Dota	M =	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 89 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	M M / D D / Y Y Y Y
Mailing Address			12 29 2021
1607 Ponce de Leon ave			Amount
Suite GM8 City	State	Zip Code	945.57
	PR	00909	943.37 Transaction ID : SE-S631975
SAN JUAN	FR	00909	Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.37	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	.C Memo	Item Date of Public Distribution/Dissemination M 12 29 / Y 2021 Amount
City	State	Zip Code	945.57
SAN JUAN	PR	00909	Transaction ID : SE-S631977 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.36	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	-	· · · · · · · · · · · · · · · · · · ·
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ded] Date	e 12 22 2021

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CHEDULE E (FEC FORM 3X) EMIZED INDEPENDENT EXPENDITURES	}			PAGE 90 OF 146
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	105 540			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	NCE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8				Amount
City	State	Zip Code		945.57
SAN JUAN	PR	00909		Transaction ID : SE-S631979 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	01 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose		President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11888.36	Disbu 2022	rsement For: ✓ Primary General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CF Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo		Date of Public Distribution/Dissemination 12 / 22 / 2021 Amount
Suite GM8	State	Zip Code		949.89
SAN JUAN	PR	00909		Transaction ID : SE-S631949 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 05 7 2022
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President State: TX
Calendar Year-To-Date Per Election for Office Sought	7 7	10942.79	Disbu 2026	rsement For: ✓ Primary General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures	3		. •	1895.46
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			. •	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•		·
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 12	2 22 2021

SCHEDULE E (FEC FOIII 3X)			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 91 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			12 22 2021
Suite GM8			Amount
City	State	Zip Code	949.89
SAN JUAN	PR	00909	Transaction ID : SE-S631951 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		10942.76	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	.C Memo	Item Date of Public Distribution/Dissemination M 12
City	State	Zip Code	949.89
SAN JUAN	PR	00909	Transaction ID : SE-S631953 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 05 7 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	10942.76	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures			1899.78
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	lød1 _	M - M / D - D / Y - Y - Y - Y
<u> </u>		Date	12 15 2021

	INDEPENDENT EXPENDITURES	;			PAGE 92 OF 146
					FOR LINE 24 OF FORM 3X
	COMMITTEE (In Full)	ICE DAC			FEC IDENTIFICATION NUMBER ▼
UNITEL) WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
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Mailing /	Address 1607 Ponce de Leon ave				
	Suite GM8				Amount
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SAN JU		PR	00909		Transaction ID : SE-S631955 Date of Disbursement or Obligation
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Name of	f Federal Candidate:		✗ Support	Office	Sought: X House District: 08
LESKO,	DEBBIE, , ,		Oppose		President Senate State: AZ
	endar Year-To-Date Election for Office Sought	7	10942.75	Disbu 2022	rsement For: ✓ Primary General Other (specify) ✓
LIVE	ne of Payee TRANSFERS AND DONOR CF e paid after close of books Address 1607 Ponce de Leon ave	REATION LL	C Memo	Item	Date of Public Distribution/Dissemination
	Suite GM8				Amount
City SAN JU	IAN	State	Zip Code		949.89 Transaction ID : SE-S631957
		PR	00909		Date of Disbursement or Obligation
	of Expenditure hone Fundraising		Category/ Type 004		01 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	f Federal Candidate:		✗ Support	Office	Sought: House District: 00
SHAHEI	EN, JEANNE, , ,		Oppose		President Senate State: NH
	endar Year-To-Date Election for Office Sought	7	10942.77	Disbu 2026	rsement For:
(b) SUBT	OTAL of Itemized Independent Expenditures OTAL of Unitemized Independent Expenditu L Independent Expenditures	ıres		. •	1899.78
with, or a	malty of perjury I certify that the independent the request or suggestion of, any candidantitee) any political party committee or its	ate or authorized			de in cooperation, consultation, or concert ; or (if the reporting entity is not a political
	<u> </u>	[Electronically Fil	ed] Date	e 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signat	ruro.				

TEMIZED INDEPENDENT EXPENDITURES			PAGE 93 OF 146
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC		FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN 5 REALTH ALLIAN	ICE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on Man / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	949.89
SAN JUAN	PR	00909	Transaction ID : SE-S631959 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 05 7 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	10942.80	Disbursement For: Primary General 2022
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Item Date of Public Distribution/Dissemination 12 22 2021 Amount
Suite GM8 City	State	Zip Code	949.89
SAN JUAN	PR	00909	Transaction ID : SE-S631961 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	<i>5 5</i>	10942.79	Disbursement For: Primary General 2022
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ded] Date	e 12 15 2021

TEMIZED INDEPENDENT EXPENDITURES			PAGE 94 OF 146
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	0= = 10		FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	949.89
SAN JUAN	PR	00909	Transaction ID : SE-S631963 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 05 7 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		10942.79	Disbursement For: Primary General 2022
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	C Memo	Item Date of Public Distribution/Dissemination M 12 29 2021 Amount
City	State	Zip Code	945.57
SAN JUAN	PR	00909	Transaction ID : SE-S631965 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 / 05 / 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President State: TX
Calendar Year-To-Date Per Election for Office Sought		11888.36	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its	te or authorized	•	
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed1	M = M / D = D / Y = Y = Y
- L		Date Date	9 12 15 2021

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 95 OF 146 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
				0
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TIONILLO	☐ Memo	Item D	ate of Public Distribution/Dissemination
LIVE TRAINSPERS AND DONOR CREA	TION LLC			01
Mailing Address 1607 Ponce de Leon ave			A	mount
Suite GM8 City	State	Zip Code	— I	870.69
SAN JUAN	PR	00909	I I	ransaction ID : SE-S785260
Purpose of Expenditure			D	ate of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004	1	01 06 7 2022
Name of Federal Candidate:		X Support	Office S	ought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Pr	esident X Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		2688.87	Disburse	ement For: X Primary General
E III Nove of Power	1		_	Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	.C Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address				01 12 2022
1607 Ponce de Leon ave			A	mount
Suite GM8 City	State	Zip Code	— I	870.69
SAN JUAN	PR	00909		Transaction ID : SE-S785262 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ 004		01 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
. cophone i analalomg		Type 004		01 00 2022
Name of Federal Candidate:		🗶 Support	Office S	ought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Pr	esident Senate State: NC
Calendar Year-To-Date		2688.87	Disburse	ement For: 🗶 Primary General
Per Election for Office Sought	7-1-1-5-		2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • L	1741.38
(1) OUDTOTAL (1) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			Г	
(4)				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed1 –	M = M	/ D D / Y Y Y Y
Signature	omouny 1 ti	Date	9 01	05 2022

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 96 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
				01 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8		T =		270.00
City	State	Zip Code		870.69
SAN JUAN Purpose of Expenditure	PR	00909		Transaction ID : SE-S785264 Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 00	4	01
Name of Federal Candidate:		X Support	Office	Sought: House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI
Calendar Year-To-Date		2688.87		rsement For: 🗶 Primary General
Per Election for Office Sought	7 7 -	2000.07	2022	Other (specify) ▶
Full Name of Payee	FATIONILI	☐ Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL	C		01 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		870.69
SAN JUAN	PR	00909		Transaction ID : SE-S785266 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/	1	01 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
receptione randraising		Type 00	-	01 00 2022
Name of Federal Candidate:		🗶 Support	Office	Sought: Mouse District: 08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date		2688.87		rsement For: 🗶 Primary General
Per Election for Office Sought	7 7	2000.07	2022	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	1741.38
(b) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed]	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Da	te 01	03 2022

TEMIZED INDEPENDENT EXPENDITURES			PAGE 97 OF 146
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC		FEC IDENTIFICATION NUMBER ▼
UNITED WOWEN 5 REALTH ALLIAN	ICE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	870.69
SAN JUAN	PR	00909	Transaction ID : SE-S785268 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 01 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		2688.87	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	_C Memo	Item Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8 City	State	Zip Code	870.69
SAN JUAN	PR	00909	Transaction ID : SE-S785270 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	2688.87	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 01 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES			PAGE 98 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CF PAC		FEC IDENTIFICATION NUMBER ▼
	02 1 7 10		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination 01 12 2022
Mailing Address 1607 Ponce de Leon ave			01 12 2022
Suite GM8			Amount
City	State	Zip Code	870.69
SAN JUAN	PR	00909	Transaction ID: SE-S785272 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 06 7 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7	2688.87	Disbursement For: ■ Primary General 2022 Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	C Memo	Item Date of Public Distribution/Dissemination M 01
City	State	Zip Code	870.69
SAN JUAN	PR	00909	Transaction ID : SE-S785274 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President X Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7	2688.87	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es		1741.38
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized		
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 99 OF 146 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Da	ate of Public Distribution/Dissemination
				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave Suite GM8			Ar	nount
City	State	Zip Code	-	943.89
SAN JUAN	PR	00909		ansaction ID : SE-S785276 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sc	ought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		esident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		3632.76	Disburse 2026	ment For: X Primary General
	, , , , ,			Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Ar	nount
City	State	Zip Code		943.89
SAN JUAN	PR	00909		ransaction ID : SE-S785278 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / 14 / 2022
Name of Federal Candidate:		x Support	Office Sc	ought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	3632.76	Disburser 2026	ment For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1887.78
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • _	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	M M M M	12 2022
Signature	-	_ Date	, 01	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 100 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	FEC IDENTIFICATION NUMBER ▼			
ONTED WOMENOTIE/LETTIALED/IN				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amoi	unt
City	State	Zip Code		943.89
SAN JUAN	PR	00909		nsaction ID : SE-S785280 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 14 7 2022
Name of Federal Candidate:		✗ Support	Office Soug	ght: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid	MI
Calendar Year-To-Date Per Election for Office Sought	7	3632.76	Disburseme	ent For: x Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	C Memo	Item Date	of Public Distribution/Dissemination of Public Distribution/Dissemination of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amo	unt
City	State	Zip Code	— F	943.89
SAN JUAN	PR	00909		nsaction ID : SE-S785282 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / 14 / 2022
Name of Federal Candidate:		✗ Support	Office Soug	ght: 🗶 House District:08
LESKO, DEBBIE, , ,		Oppose	Presid	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	3632.76	Disburseme	ent For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es			1887.78
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	M = M /	12 2022
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TEMIZED INDEPENDENT EXPENDITURES	;		PAGE 101 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHER ETTERNE			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends report f	iled on M M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo Iter	Date of Public Distribution/Dissemination 01 19 2022
Mailing Address 1607 Ponce de Leon ave			01 10 2022
Suite GM8			Amount
City	State	Zip Code	943.89
SAN JUAN	PR	00909	Transaction ID : SE-S785284 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 14 2022
Name of Federal Candidate:		X Support C	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7		oisbursement For: ✓ Primary General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo Iter	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave Suite GM8			Amount
City	State	Zip Code	943.89
SAN JUAN	PR	00909	Transaction ID : SE-S785286 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support C	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	2622.76	O22 Other (specify) • General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu		ĺ	1887.78
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•	
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ded] Date	01 12 2022
Cianatura		_ Date	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 102 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				01 19 2022
Suite GM8			Amou	unt
City	State	Zip Code		943.89
SAN JUAN	PR	00909		saction ID : SE-S785288 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ht: House District: 00
MURRAY, PATTY, , ,		Oppose	Presid	dent Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	3632.76	Disburseme 2022	ent For: x Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	C		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			Amo	unt
Suite GM8			Alliot	
City SAN JUAN	State PR	Zip Code 00909	<u> </u>	943.89 nsaction ID : SE-S785290
Purpose of Expenditure		Catagory	Date	of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004	_	01 14 2022
Name of Federal Candidate:		x Support	Office Soug	ht: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Presid	dent Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		3632.76	Disburseme	
	,			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1887.78
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	M = M /	12 2022

2022

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Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 103 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN		FEC IDENTIFICATION NUMBER ▼		
ONTED WOMEN OTTER CETT ACEIDAN				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	tem Date	e of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amo	ount
City	State	Zip Code		886.05
SAN JUAN	PR	00909		insaction ID : SE-S785292 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / 24 / 2022
Name of Federal Candidate:		✗ Support	Office Sou	ught: House District: 00
CORNYN, JOHN, , Sen,		Oppose		sident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	4518.81	Disburseme 2026	nent For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	C Memo	tem Date	e of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amo	ount
City	State	Zip Code		886.05
SAN JUAN	PR	00909		ansaction ID : SE-S785294 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ught: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presi	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	4518.81	Disburseme 2026	nent For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es		• [. • [.	1772.10
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		• •
MASTROIANNI, STEPHANIE, , ,	Electronically File	<i>ed]</i> Date	M = M 01	19 2022
Cianatura		_ Date	Ÿ.	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 104 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date o	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amour	nt
City	State	Zip Code	II :	886.05
SAN JUAN	PR	00909		action ID : SE-S785296 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sough	it: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Preside	MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	4518.81	Disbursemen 2022 O	t For: x Primary General other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo		of Public Distribution/Dissemination
Suite GM8			Amour	nt
City	State	Zip Code	─ []	886.05
SAN JUAN	PR	00909		saction ID : SE-S785298 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	N	01 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sough	it: 🗶 House District:08
LESKO, DEBBIE, , ,		Oppose	Preside	ent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	4518.81	Disbursemen 2022 O	t For: x Primary General other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				1772.10
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		• •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	M = M /	19 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 105 OF 146
NAME OF COMMITTEE (In Fully				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN		FEC IDENTIFICATION NUMBER ▼		
ONTED WOMEN OTHERETT ALLIAN	OL I AO			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M	f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				2022
Suite GM8			Amoun	t
City	State	Zip Code		886.05
SAN JUAN	PR	00909		action ID : SE-S785300 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	01 24 2022
Name of Federal Candidate:		✗ Support	Office Sought	t: House District:00
SHAHEEN, JEANNE, , ,		Oppose	Preside	□ N⊔
Calendar Year-To-Date			Disbursement	
Per Election for Office Sought	7	4518.81	2026	ther (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	.C Memo	M	f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amoun	ıt
Suite GM8 City	State	Zip Code	— r	886.05
SAN JUAN	PR	00909	Trans	action ID : SE-S785302 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	01 24 7 2022
Name of Federal Candidate:		x Support	Office Sought	:
BLUNT, ROY, , ,		Oppose	Preside	MO
Calendar Year-To-Date Per Election for Office Sought	, , ,	4518.81	Disbursement 2022 Ot	For: x Primary General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es		· [1772.10
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			the reporting entity is not a political
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	01	19 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 106 OF 146
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	n M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item C	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				01 26 2022
Suite GM8				Amount
City	State	Zip Code		886.05
SAN JUAN	PR	00909	I	Transaction ID : SE-S785304 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / 24 / 2022
Name of Federal Candidate:		X Support	Office S	Sought: House District: 00
MURRAY, PATTY, , ,		Oppose		President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	4518.81	Disburse 2022	ement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	.C Memo		Date of Public Distribution/Dissemination M 01
Suite GM8	Ta	T		200 05
City SAN JUAN	State PR	Zip Code 00909		886.05 Transaction ID : SE-S785306 Date of Disburgement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		Date of Disbursement or Obligation O1 24 2022
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	P	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 7	4518.81	Disburs 2022	ement For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• [1772.10
(b) SUBTOTAL of Unitemized Independent Expenditur	'es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	M M M	19 2022

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES			PAGE 107 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			02 02 2022 Amount
Suite GM8	T =	l =	
City SAN JUAN	State PR	Zip Code 00909	1006.05 Transaction ID : SE-S785308
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	5524.86	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL		02 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8	10	T = 0 .	1000.05
City SAN JUAN	State	Zip Code 00909	1006.05 Transaction ID : SE-S785310
Purpose of Expenditure		Catanany	Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004	01 28 2022
Name of Federal Candidate:		x Support	Office Sought: House District:00
TILLIS, THOM, R., Sen,		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	5524.86	Disbursement For: ✓ Primary General 2026 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		2012.10
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•
(c) TOTAL Independent Expenditures			
(c) TOTAL independent Expenditures			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	edl -	M M / D D / Y Y Y Y

[Electronically Filed]

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Date

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 108 OF 146	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
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 48-hour report					
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC				of Public Distribution/Dissemination	
				02 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave				unt	
Suite GM8 Amount					
City	State	Zip Code		1006.05	
SAN JUAN	PR			Transaction ID : SE-S785312 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising Category/ Type				01 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District: 14	
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid	MI	
Calendar Year-To-Date			Disburseme		
Per Election for Office Sought		5524.86	2022	Other (specify)	
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Memo Item					
Mailing Address 1607 Ponce de Leon ave				unt	
Suite GM8 Amount					
City	State	Zip Code		1006.05	
SAN JUAN	1 00909		nsaction ID : SE-S785314 of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising	Category/ Type 004		01 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:			Office Soug	ht: K House District: 08	
LESKO, DEBBIE, , ,	Oppose	Presid			
FEO.4.00			Disbursement 2022	,	
(a) SUBTOTAL of Itemized Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **MASTROIANNI, STEPHANIE, , ,					
Cianatura		_ Date	·		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 109 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTIE/(ETTT/(EE)/(N	OLINO			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC				Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave	Amount			
Suite GM8				Amount
City	State	Zip Code		1006.05
SAN JUAN	PR	00909		Transaction ID : SE-S785316 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01
Name of Federal Candidate:		X Support	Office	e Sought: House District:00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	5524.86	Disbu 2026	ursement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo	Item	Date of Public Distribution/Dissemination 02 / 02 / Y 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		1006.05
SAN JUAN	PR	00909		Transaction ID : SE-S785318 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 28 2022
Name of Federal Candidate:		∡ Support	Office	e Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	5524.86	Disbu 2022	ursement For: ✓ Primary General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures			. •	2012.10
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed]	M_	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 110 OF 146 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ UNITED WOMEN'S HEALTH ALLIANCE PAC C00755694 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC 02 02 2022 Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 State Zip Code 1006.05 City PR 00909 Transaction ID: SE-S785320 SAN JUAN Date of Disbursement or Obligation Purpose of Expenditure Category/ Telephone Fundraising 004 01 28 2022 Type Name of Federal Candidate: 00 **X** Support Office Sought: House District: MURRAY, PATTY, , , WA Oppose President **x** Senate State: Disbursement For: x Primary General Calendar Year-To-Date 5524.86 2022 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item LIVE TRANSFERS AND DONOR CREATION LLC 2022 02 02 Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 1006.05 City State Zip Code SAN JUAN Transaction ID: SE-S785322 PR 00909 Date of Disbursement or Obligation Purpose of Expenditure Category/ Telephone Fundraising 004 28 2022 01 Type Name of Federal Candidate: x Support 00 Office Sought: House District: VAN HOLLEN, CHRIS, , , MD Oppose **x** Senate President State: x Primary Disbursement For: General Calendar Year-To-Date 5524.86 2022 Per Election for Office Sought Other (specify) ▶ 2012.10 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] 01 26 2022 Date

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES	1			PAGE 111 OF 146
NAME OF COMMITTEE (I. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN O HEALTH ALLIAN	NOL I AO			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y M Y M Y M Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination 02 09 09 09 09
Mailing Address 1607 Ponce de Leon ave		02 09 2022		
Suite GM8				Amount
City	State	Zip Code		1006.43
SAN JUAN	PR	00909		Transaction ID : SE-S785324 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	02 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office	e Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	, , ,	6531.29	Disbu 2026	ursement For: x Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		1006.43
SAN JUAN	PR	00909		Transaction ID : SE-S785326 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	6531.29	Disbu 2026	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	e C)2

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 112 OF 146	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC			FEC IDENTIFICATION NUMBER ▼	
ONTED WOMEN OTHER ETTINGEN				C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave			_ '	02 03 2022	
Suite GM8			Amou	unt	
City	State	Zip Code	$-\Gamma$	1006.43	
SAN JUAN	PR	00909	Tran Date	saction ID : SE-S785328 of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 03 7 2022	
Name of Federal Candidate:		X Support	Office Soug	ht: K House District: 14	
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid	dent Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	7 7	6531.29	Disburseme 2022	nt For: x Primary ☐ General Other (specify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Item Date	of Public Distribution/Dissemination	
Suite GM8	_		711100		
City SAN JUAN	State PR	Zip Code 00909		1006.43 nsaction ID : SE-S785330 of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 03 7 2022	
Name of Federal Candidate:		✗ Support	Office Soug	ht: K House District: 08	
LESKO, DEBBIE, , ,		Oppose	Presid	dent Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought	7	6531.29	Disburseme	nt For: Primary General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditu	res		-		
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	02	02 / 2022	

TEMIZED INDEPENDENT EXPENDITURES			PAGE 113 OF 146
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	CE DAC		FEC IDENTIFICATION NUMBER ▼
UNITED WOWEN 3 REALTH ALLIAN	UE PAU		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1006.43
SAN JUAN	PR	00909	Transaction ID : SE-S785332 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1 02 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	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 CR Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	C Memo	Item Date of Public Distribution/Dissemination Market Date of Public Distribution/Dissemination
City	State	Zip Code	1006.44
SAN JUAN	PR	00909	Transaction ID : SE-S785334 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	02 03 7 2022
Name of Federal Candidate:		x Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	<u></u>	6531.30	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	e 02 02 7 2022

MASTROIANNI, STEPHANIE, , ,

Signature

[Electronically Filed]

SCHEDULE E (FEC Fo ITEMIZED INDEPENDENT E

E OF COMMITTEE (In Full)					PAGE 11 FOR LINE	4 OF 146 24 OF FORM 3X
IITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC II	DENTIFICAT	ION NUMBER ▼
	0 7.0			C	C0075569	4
k if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M /	D D /	Y " Y " Y " Y
full Name of Payee LIVE TRANSFERS AND DONOR CREAT	TION LLC	☐ Memo	Item Da	te of Public	Distribution 09	n/Dissemination
Mailing Address 1607 Ponce de Leon ave Suite GM8			An	nount	09	2022
City Suite Givio	State	Zip Code	— F			1006.44
SAN JUAN	PR	00909			D: SE-S789	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02	03	2022
lame of Federal Candidate:		X Support	Office So	ught:	House	District:00
MURRAY, PATTY, , ,		Oppose			X Senate	State: WA
Calendar Year-To-Date Per Election for Office Sought	, , ,	6531.30	Disburser 2022	nent For:	riman Priman	y General
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LI	LC Memo	Item Da	te of Public	Distribution 09	n/Dissemination 2022
Mailing Address 1607 Ponce de Leon ave						
Suite GM8			An	ount		
City	State	Zip Code				1006.44
SAN JUAN	PR	00909			ID: SE-S78 irsement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004			03	2022
lame of Federal Candidate:		∡ Support	Office So	uaht:	House	District: 00
/AN HOLLEN, CHRIS, , ,		Oppose			x Senate	State: MD
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	6531.30	Disburser 2022	nent For:	rimal x Primal Primal	y General
SUBTOTAL of Itemized Independent Expenditures.			[2012.88
) SUBTOTAL of Unitemized Independent Expenditure	es		,			
, 332.3 IAE of Officialized independent Experiature			' <u>_</u>			
TOTAL Independent Expenditures						

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 115 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC			FEC IDENTIFICATION NUMBER ▼
OTTI D WOMEN O HEXETTI ALEMAN				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	ınt
City	State	Zip Code	$\dashv \Gamma$	1071.48
SAN JUAN	PR	00909		saction ID : SE-S785340 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 10 / 2022
Name of Federal Candidate:		X Support	Office Sough	ht: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Presid	TV
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	7602.77	Disbursement 2026	nt For: x Primary ☐ General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo		of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amou	ınt
City	State	Zip Code		1071.48
SAN JUAN	PR	00909		saction ID : SE-S785342 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 / 10 / 2022
Name of Federal Candidate:		x Support	Office Sough	ht: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presid	lent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	7602.77	Disbursemer	nt For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			·	2142.96
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	02	09 / 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 116 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CF PAC			FEC IDENTIFICATION NUMBER ▼
OTTI E WOMEN OTTE, KETTI NEEDAW				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	M	Public Distribution/Dissemination		
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		1071.48
SAN JUAN	PR	00909		ction ID : SE-S785344 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004)2 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought:	₩ House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presider	nt Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		7602.77	Disbursement 2022 Oth	For: x Primary General ner (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	C Memo	M	Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code	II :	1071.47
SAN JUAN	PR	00909		nction ID : SE-S785346 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 / 10 / Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	₩ House District:08
LESKO, DEBBIE, , ,		Oppose	Presider	nt Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 7	7602.76	Disbursement 2022 Oth	For: x Primary General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				2142.95
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	M M / 02	09 / 2022

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 117 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHER ETTINGEN				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				02 16 2022
Suite GM8				Amount
City	State	Zip Code		1071.47
SAN JUAN	PR	00909		Transaction ID : SE-S785348 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	02 / 10 / 2022
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	7602.76	Disbui 2026	rsement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC				Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code	—	1071.47
SAN JUAN	PR	00909		Transaction ID : SE-S785350 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 10 7 2022
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	7602.77	Disbui 2022	rsement For: x Primary General Other (specify) ▶
-				
(a) SUBTOTAL of Itemized Independent Expenditures	i		•	2142.94
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 02	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 118 OF 146
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed or	1
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			,	Amount
Suite GM8 City	State	Zip Code		1071.47
SAN JUAN	PR	00909		Transaction ID : SE-S785352 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	Category/ Type 004			02 10 7 2022
Name of Federal Candidate:		X Support	Office S	Sought: House District: 00
MURRAY, PATTY, , ,		Oppose		President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	7602.77	Disburs 2022	ement For: x Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LI	LC Memo		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		1071.47
SAN JUAN	PR	00909		Transaction ID : SE-S785354 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 / 10 / 2022
Name of Federal Candidate:		x Support	Office S	Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose		resident Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	T 1 T	7602.77	Disburs 2022	ement For: Primary General Other (specify) ■
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			· L	2142.94
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize			

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

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES				
TEMIZED INDEFENDENT EXPENDITORES				PAGE 119 OF 146 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		1.7	
			C	C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item Date of Pub	olic Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		1059.30
SAN JUAN	PR	00909		n ID : SE-S785356 bursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	02	18 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	President	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	9698.15	Disbursement For: 2026 Other (▼ Primary General specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	Item Date of Pub	olic Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8 City	State	Zip Code		1059.30
SAN JUAN	PR	00909		n ID : SE-S785358 oursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	02	18 / 2022
Name of Federal Candidate:		✗ Support	Office Sought:	House District:00
TILLIS, THOM, R., Sen,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	9698.15	Disbursement For: 2026 Other (▼ Primary General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		.	2118.60
(b) SUBTOTAL of Unitemized Independent Expenditu	res		>	
(c) TOTAL Independent Expenditures			>	,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			

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Date

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TEMIZED INDEPENDENT EXPENDITURES				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 120 OF 146 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M	Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave)2 23 2022
Suite GM8			Amount	
City	State	Zip Code		1059.30
SAN JUAN	PR	00909		ction ID : SE-S785360 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 18 2022
Name of Federal Candidate:		X Support	Office Sought:	House District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presider	nt Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		9698.16	Disbursement 2022 Oth	For: x Primary General ner (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo	M	Public Distribution/Dissemination 22 / 23 / 2022
Suite GM8 City	State	Zip Code	— r	1059.30
SAN JUAN	PR	00909	I	action ID : SE-S785362 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	02 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sought:	House District: 08
LESKO, DEBBIE, , ,		Oppose	Presider	nt Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	9698.15	Disbursement 2022 Oth	For: x Primary General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [2118.60
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized	•		•
MASTROIANNI, STEPHANIE, , , [Electronically Fil	led] Date	9 02	16 / 2022

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 121 OF 146	
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER ▼	
ONITED WOMEN 3 HEALTH ALLIAN	ICL PAC			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item Da	ate of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave			Ar	mount	
Suite GM8		T =	— г		
City	State	Zip Code		1059.30	
SAN JUAN	PR	00909		ransaction ID : SE-S785364 ate of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		X Support	Office So	ought: House District: 00	
SHAHEEN, JEANNE, , ,		Oppose		esident Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought	7	9698.15	Disburse 2026	ment For: Primary General Other (specify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CR	Item Da	ate of Public Distribution/Dissemination			
Mailing Address 1607 Ponce de Leon ave			Ar	mount	
Suite GM8 City	State	Zip Code	— Г	1059.30	
SAN JUAN	PR	00909		ransaction ID : SE-S785366 ate of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office So	ought: House District: 00	
BLUNT, ROY, , ,		Oppose		esident Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	9698.15	Disburse 2022	ment For: ✓ Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	2118.60	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	e 02	16 2022	

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

Signature

CHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 122 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER ▼
ONITED WOMEN STILALITY ALLIAN	IOL I AO		C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8			
City	State	Zip Code	1059.30
SAN JUAN	PR	00909	Transaction ID : SE-S785368 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 02 18 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	9698.16	Disbursement For: x Primary General 2022 Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	Item Date of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amount
City	State	Zip Code	1059.30
SAN JUAN	PR	00909	Transaction ID : SE-S785370 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1 02 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7	9698.16	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures			> 2118.60
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized		

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Date

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 123 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMENOTIE/LETTIALED/IN				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	tem Date	e of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amo	punt
City	State	Zip Code		1036.08
SAN JUAN	PR	00909		nsaction ID : SE-S839950 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 01 7 2022
Name of Federal Candidate:		✗ Support	Office Soug	ght: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	9698.15	Disburseme	ent For: x Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo	[e of Public Distribution/Dissemination
Suite GM8			Amo	ount
City SAN JUAN	State	Zip Code 00909		1036.08 nsaction ID : SE-S839952
Purpose of Expenditure			Date	e of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004	_	03 01 / 2022
Name of Federal Candidate:		✗ Support	Office Soug	ght: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presid	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		9698.15	Disburseme	ent For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es		• [. • [.	2072.16
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidat party committee) any political party committee or its	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically File	<i>ed]</i> Date	02 /	23 2022
Cianatura		_ Date	UZ.	

TEMIZED INDEPENDENT EXPENDITURES			PAGE 124 OF 146
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			FEC IDENTIFICATION NUMBER ▼
UNITED WOWEN 3 REALTH ALLIAN	ICE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on Man / Dad / Yayayay
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination 02 23 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1036.09
SAN JUAN	PR	00909	Transaction ID : SE-S839954 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 01 / 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	9698.16	Disbursement For: Primary General 2022
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	02 / 23 / 2022
Suite GM8			Amount
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : SE-S839956
Purpose of Expenditure Telephone Fundraising	<u>. I</u>	Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: M House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		9698.15	Disbursement For: Primary General 2022
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	•
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ded] Date	e 02 23 2022

TEMIZED INDEPENDENT EXPENDITURES			PAGE 125 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo I	M - M / D - D / Y - Y - Y
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1036.09
SAN JUAN	PR	00909	Transaction ID : SE-S839958 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 01 7 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	9698.15	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	.C Memo I	Date of Public Distribution/Dissemination M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8	Т-	T == -	
City SAN JUAN	State PR	Zip Code 00909	1036.08 Transaction ID : SE-S839960
Purpose of Expenditure Telephone Fundraising	<u> </u>	Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		9698.15	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures			2072.17
(b) SUBTOTAL of Unitemized Independent Expenditur	es		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•	
MASTROIANNI, STEPHANIE, , ,	Electronically File	ded] Date	02 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES			PAGE 126 OF 146
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	05.04.0		FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			02 20 202
Suite GM8			Amount
City	State	Zip Code	1036.09
SAN JUAN	PR	00909	Transaction ID : SE-S839962 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 03 / 01 / 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President X Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		9698.16	Disbursement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	.C Memo	Item Date of Public Distribution/Dissemination M 02
City	State	Zip Code	1036.09
SAN JUAN	PR	00909	Transaction ID : SE-S839964 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 01 / 2022
Name of Federal Candidate:		x Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President X Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7	9698.16	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•	
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led1 -	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
O'marakawa		_ Date	e 02 23 2022

SCHEDULE E (FEC FOIII 3X)			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 127 OF 146 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M M / D D / Y Y Y
Mailing Address 1607 Ponce de Leon ave			03 02 2022
Suite GM8			Amount
City	State	Zip Code	1042.57
SAN JUAN	PR	00909	Transaction ID : SE-S839966 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	10740.72	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	.C Memo	Item Date of Public Distribution/Dissemination M 03
Suite GM8	Ctoto	7:n Codo	1042.58
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : SE-S839968
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Date of Disbursement or Obligation M M M O O O O O O O O O O O O O O O O
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		10740.73	Disbursement For: x Primary General 2026 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(b) COBTOTAL OF CHIROLINESS HISOSPORTS EXPORTS	es		
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	-	·
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	<i>led]</i> Date	e 03 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES			PAGE 128 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo It	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			03 02 2022
Suite GM8			Amount
City	State	Zip Code	1042.58
SAN JUAN	PR	00909	Transaction ID : SE-S839970 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03
Name of Federal Candidate:		✗ Support	Office Sought: House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI
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 CR Mailing Address 1607 Ponce de Leon ave	EATION LL	.C Memo It	Date of Public Distribution/Dissemination M 03
Suite GM8			Amount
City	State	Zip Code	1042.58
SAN JUAN	PR	00909	Transaction ID : SE-S839972 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 09 / 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		10740.73	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures			2085.16
(b) SUBTOTAL of Unitemized Independent Expenditure	es		>
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ded] Date	03 02 7 2022

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 129 OF 146	
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X	
VAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC					
ONITED WOMEN 3 HEALTH ALLIAN	NCE PAC			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y M Y M Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave				05 02 2022	
Suite GM8				Amount	
City	State	Zip Code		1042.58	
SAN JUAN	PR	00909		Transaction ID : SE-S839974 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	03 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00	
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought	7	10740.73	Disbu 2026	ursement For:	
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination	
Suite GM8				Amount	
City SAN JUAN	State PR	Zip Code 00909		Transaction ID : SE-S839976 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 09 2022	
Name of Federal Candidate:		✗ Support	Office	e Sought: House District:00	
BLUNT, ROY, , ,		Oppose		President State: MO	
Calendar Year-To-Date Per Election for Office Sought	, , ,	10740.73	Disbu 2022	ursement For: x Primary General Other (specify) ▶	
(a) SUBTOTAL of Uniterprized Independent Expenditures				2085.16	
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized				
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 0	3 02 2022	

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TEMIZED INDEPENDENT EXPENDITURES			PAGE 130 OF 146
NAME OF COMMITTEE (In Fully			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHERETT ALLIAN	OLIAO		C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			03 02 2022
Suite GM8			Amount
City	State	Zip Code	1042.58
SAN JUAN	PR	00909	Transaction ID : SE-S839978 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 09 / 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	10740.74	Disbursement For: Primary General 2022 Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	.C Memo	03 / 02 / 2022
Suite GM8			Amount
City SAN JUAN	State	Zip Code 00909	1042.58 Transaction ID : SE-S839980
Purpose of Expenditure			Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004	03 / 09 / 2022
Name of Federal Candidate:		x Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President X Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 7	10740.74	Disbursement For: x Primary General 2022
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ded] Date	e 03 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES			PAGE 131 OF 146
NAME OF COMMITTEE (In Fully			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHERETT ALLIAN	IOL I AO		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			03 09 2022
Suite GM8			Amount
City	State	Zip Code	880.47
SAN JUAN	PR	00909	Transaction ID : SE-S839982 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 09 / 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11621.19	Disbursement For: ■ Primary General 2026 Other (specify) ■
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Date of Public Distribution/Dissemination M 03 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8 City	State	Zip Code	880.47
SAN JUAN	PR	00909	Transaction ID : SE-S839984 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 09 / 2022
Name of Federal Candidate:		x Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	<i>5 5</i>	11621.20	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	<i>led]</i> Date	03 09 2022

SCHEDULE E (FEC FORM 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 132 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				03 09 2022
1607 Ponce de Leon ave				Amount
Suite GM8 City	State	Zip Code		880.47
SAN JUAN	PR	00909		Transaction ID : SE-S839986 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 09 / 2022
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	11621.21	Disbu 2022	rsement For: ✓ Primary General Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8 City	State	Zip Code		880.47
SAN JUAN	PR	00909		Transaction ID : SE-S839988 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 09 / 2022
Name of Federal Candidate:		x Support	Office	Sought: K House District: 08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	11621.20	Disbu 2022	rsement For: ✓ Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	\$			1760.94
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
MASTROIANNI, STEPHANIE, , ,	[Electronically File	led] Date	e 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES	i			PAGE 133 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	JCE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN O FIEAETH ALLIAN	NOL I AO			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				03 09 2022
1607 Ponce de Leon ave				Amount
Suite GM8 City	State	Zip Code		880.47
SAN JUAN	PR	00909		Transaction ID : SE-S839990 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	03 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	11621.20	Disbu 2026	rsement For: x Primary General Other (specify) ▶
LIVE TRANSFERS AND DONOR CREATION LLC				Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8 City	State	Zip Code		880.47
SAN JUAN	PR	00909		Transaction ID : SE-S839992 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 09 2022
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	11621.20	Disbu 2022	rsement For: ✓ Primary General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures	3		. •	1760.94
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	<i>led]</i> Date	e 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES			PAGE 134 OF 146
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			FEC IDENTIFICATION NUMBER ▼
UNITED WOWEN 3 HEALTH ALLIAN	ICE FAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			03 03 2022
Suite GM8			Amount
City	State	Zip Code	880.47
SAN JUAN	PR	00909	Transaction ID : SE-S839994 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03
Name of Federal Candidate:		X Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	11621.21	Disbursement For: ■ Primary General 2022 Other (specify) ■
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8	Τ_	T	
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : SE-S839996 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 09 / 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President X Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	11621.21	Disbursement For: ✓ Primary General 2022 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ded] Date	03

TEMIZED INDEPENDENT EXPENDITURES				PAGE 135 OF 146
NAME OF COMMITTEE (In Full)			1_	FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		Į.	EC IDENTIFICATION NUMBER ▼
OTTI D WOMEN O HEXETTI ALEMAN			Į.	C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo		Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code	-	879.43
SAN JUAN	PR	00909		ction ID : SE-S839998 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	0	3 / 16 / 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	Presiden	t Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	12500.62	Disbursement 2026 Oth	For: x Primary General er (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	.C Memo	M	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code		879.43
SAN JUAN	PR	00909		ction ID : SE-S840000 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		3 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	12500.63	Disbursement 2026 Oth	For: x Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				1758.86
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date		16 2022

TEMIZED INDEDENDENT EVDENDITUDES				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 136 OF 146 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u> </u>
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
				M = M / D = D / Y = Y = Y
Check if 24-hour report48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				03 16 2022
Suite GM8			Amo	unt
City	State	Zip Code		879.44
SAN JUAN	PR	00909		nsaction ID : SE-S840002
Purpose of Expenditure		Catagony	Date	e of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		03 16 2022
Name of Federal Candidate:		✗ Support	Office Soug	ght: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presi	MI
Calendar Year-To-Date			Disburseme	
Per Election for Office Sought		12500.65	2022	Other (specify) ▶
Full Name of Payee		Memo	1	e of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL			M M / D D / Y Y Y Y
Mailing Address				03 16 2022
1607 Ponce de Leon ave Suite GM8			Amo	unt
City	State	Zip Code		879.44
SAN JUAN	PR	00909		nsaction ID : SE-S840004
Purpose of Expenditure			Date	e of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		03 16 2022
Name of Federal Candidate:		✗ Support	Office Soug	ght: X House District: 08
LESKO, DEBBIE, , ,		Oppose	Presi	
Calendar Year-To-Date			Disburseme	ent For: 🗶 Primary General
Per Election for Office Sought		12500.64	2022 —	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1758.88
(4) 0021011120111204111406011401141141141141				
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led1	M = M	/ D D / Y Y Y Y
		Date	9 03	16 2022

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

Signature

SCHEDULE E (FEC Form 3X)							
TEMIZED INDEPENDENT EXPENDITURES				PAGE 137 OF 146 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694			
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	I on M M / D D / Y Y Y Y Y			
Full Name of Payee		Memo		Date of Public Distribution/Dissemination			
LIVE TRANSFERS AND DONOR CREA	TION LLC		non.	03 16 2022			
Mailing Address 1607 Ponce de Leon ave				Amount			
Suite GM8 City	State	Zip Code		879.44			
SAN JUAN	PR	00909		Transaction ID : SE-S840006 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4	03 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00			
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH			
Calendar Year-To-Date Per Election for Office Sought	7 7	12500.64	Disbu 2026	ursement For: x Primary General Other (specify) ▶			
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	_C Memo	Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Suite GM8	To: 1-	7 0.4.					
City SAN JUAN	State PR	Zip Code 00909		879.44 Transaction ID : SE-S840008 Data of Dishurament or Obligation			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00			
BLUNT, ROY, , ,		Oppose		President Senate State: MO			
Calendar Year-To-Date Per Election for Office Sought	7	12500.64	Disbu 2022	ursement For: Primary General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures			•	1758.88			
(b) SUBTOTAL of Unitemized Independent Expenditure	(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						

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Date

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TEMIZED INDEPENDENT EXPENDITURES	;		PAGE 138 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	JCF PAC		FEC IDENTIFICATION NUMBER ▼
OMITED WOMEN OF TEXASTER W			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	M M / D D / Y Y Y
Mailing Address 1607 Ponce de Leon ave			03 16 2022
Suite GM8			Amount
City	State	Zip Code	879.44
SAN JUAN	PR	00909	Transaction ID : SE-S840010 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 16 / 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7	12500.65	Disbursement For: ■ Primary General 2022 Other (specify) ■
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	03 16 2022
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8			
SAN JUAN	State PR	Zip Code 00909	879.44 Transaction ID : SE-S840012
Purpose of Expenditure		Category/	Date of Disbursement or Obligation
Telephone Fundraising		Type 004	
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 1 7	12500.65	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
			Utilet (Specify) F
(a) SUBTOTAL of Itemized Independent Expenditures	3		1758.88
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•	
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Data	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 139 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC			FEC IDENTIFICATION NUMBER ▼
OTTI D WOMEN O HEXETTI ALEMAN				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	unt
City	State	Zip Code	$-\Gamma$	914.06
SAN JUAN	PR	00909		saction ID : SE-S840014 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 30 / 2022
Name of Federal Candidate:		X Support	Office Soug	ht: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Presid	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	13414.68	Disburseme 2026	nt For: x Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo		of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amou	unt
City	State	Zip Code		914.06
SAN JUAN	PR	00909		of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 30 / 2022
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	13414.69	Disburseme	nt For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			, L	1828.12
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	03	23 / 2022

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 140 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHER ETTINGEN				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Da	tte of Public Distribution/Dissemination
Mailing Address				03 / 23 / 2022
1607 Ponce de Leon ave Suite GM8			An	nount
City	State	Zip Code	— I	914.06
SAN JUAN	PR	00909		ansaction ID : SE-S840018 tte of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 30 7 2022
Name of Federal Candidate:		X Support	Office Sc	ought: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		esident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	13414.71	Disburser 2022	ment For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	REATION LL	.C Memo	Item Da	te of Public Distribution/Dissemination
1607 Ponce de Leon ave			An	nount
Suite GM8 City	State	Zip Code	— Г	914.06
SAN JUAN	PR	00909		ransaction ID : SE-S840020 tte of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 03 / 2022
Name of Federal Candidate:		✗ Support	Office Sc	ought: K House District: 08
LESKO, DEBBIE, , ,		Oppose	Pre	esident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 7	13414.70	Disburser 2022	ment For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1828.12
(-)				
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ded] Date	03	23 2022

SCHEDULE E (FEC FOIII 3X)			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 141 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			00 20 202
Suite GM8			Amount
City	State	Zip Code	914.06
SAN JUAN	PR	00909	Transaction ID : SE-S840022 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 30 7 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	13414.70	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	_C Memo	Date of Public Distribution/Dissemination M 03
City	State	Zip Code	914.06
SAN JUAN	PR	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:		x Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	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 (b) SUBTOTAL of Unitemized Independent Expenditure			
(a) colored in a masperial in Experial and			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led] -	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Date	03 23 2022

MASTROIANNI, STEPHANIE, , ,

Signature

[Electronically Filed]

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDIT

MIZED INDEPENDENT EXPENDITURES ME OF COMMITTEE (In Full)			PAGE 142 OF 146 FOR LINE 24 OF FORM 3X
NITED WOMEN'S HEALTH ALLIANC	CE PAC		FEC IDENTIFICATION NUMBER ▼ C C00755694
eck if 24-hour report 48-hour report	New rep	ort Amends report fil	ed on Man / Dad / Yayayay
Full Name of Payee LIVE TRANSFERS AND DONOR CREAT	TON LLC	☐ Memo Iten	Date of Public Distribution/Dissemination M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave Suite GM8			Amount
	State	Zip Code	914.05
SAN JUAN	PR	00909	Transaction ID : SE-S840026 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 30 2022
Name of Federal Candidate:		X Support Of	fice Sought: House District: 00
MURRAY, PATTY, , ,		Oppose [President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		13414.70 Di	sbursement For: Primary General Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CRE	EATION LL	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8			
City SAN JUAN	State PR	Zip Code 00909	914.05 Transaction ID : SE-S840028 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 30 / 2022
Name of Federal Candidate:		Support Of	fice Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Support Of Oppose	ffice Sought: House District: 00 President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	, , ,	4044470	sbursement For: x Primary General 22
a) SUBTOTAL of Itemized Independent Expenditures			1828.10
b) SUBTOTAL of Unitemized Independent Expenditure	s		

03

Date

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NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 143 OF 146
	FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00755694
d	on M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
	01 05 7 2022
	Amount 909.09
	Transaction ID: SE-S785244 Date of Disbursement or Obligation
	12 29 2022
ice	e Sought: X House District: 14
	President Senate State: MI
bı 2	ursement For: ✓ Primary General Other (specify) ✓
	Date of Public Distribution/Dissemination
	01 / 05 / 2022
	Amount
	909.09 Transaction ID : SE-S785246
	Date of Disbursement or Obligation
	12 29 7 2022
ice	e Sought: House District: 08
٦	President Senate State: AZ
┙	ursement For: 🗶 Primary General
	Other (specify) >
	1818.18
	1818.18
bu 22	1818.18

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 144 OF 146 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
				G 000733034
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee	TIONILLO	☐ Memo	Item Dat	e of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC			01 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			Am	ount
Suite GM8		T =		
City	State	Zip Code	Tuo	909.09
SAN JUAN	PR	00909		nsaction ID : SE-S785248 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	12 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sou	ight: House District: 00
BLUNT, ROY, , ,		Oppose		sident X Senate State: MO
Calendar Year-To-Date			Disbursem	nent For: 🗶 Primary General
Per Election for Office Sought	7-1-1-7-	1818.18	2022	Other (specify) ▶
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	C		M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				01 05 2022
Suite GM8			Am	ount
City	State	Zip Code		909.09
SAN JUAN	PR	00909		ansaction ID : SE-S785250 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ 004		12 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Total tandraising		Type 004		12 20 2022
Name of Federal Candidate:		🗶 Support	Office Sou	ight: House District: 00
MURRAY, PATTY, , ,		Oppose	Pres	sident Senate State: WA
Calendar Year-To-Date		4040.40	Disbursem	ent For: 🗶 Primary 🗌 General
Per Election for Office Sought	7-1-1-5-	1818.18	2022	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1818.18
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed1 -	M M M	/ D D / Y Y Y Y
Signature	omouny 1 ti	Date	9 12	29 2021

TEMIZED INDEPENDENT EXPENDITURES				PAGE 145 OF 146
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTTERETT ALEINNA				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M	Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				71 00 2022
Suite GM8			Amount	
City	State	Zip Code		909.09
SAN JUAN	PR	00909		ction ID : SE-S785252 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought:	House District:00
VAN HOLLEN, CHRIS, , ,		Oppose	Presider	MD
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1818.18	Disbursement 2022 Oth	For: x Primary General ner (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	.C Memo	M	Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amount	t
City	State	Zip Code		909.09
SAN JUAN	PR	00909		action ID : SE-S785254 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 / D D / Y Y Y Y 1
Name of Federal Candidate:		x Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	Presider	nt 🗶 Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	1818.18	Disbursement 2026 Oth	For: x Primary General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				1818.18
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led] Date	M M / / 12	29 2021

TEMIZED INDEPENDENT EXPENDITURES			PAGE 146 OF 146
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIANCE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repor	rt filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo I	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			01 05 2022 Amount
Suite GM8			
City SAN JUAN	State PR	Zip Code 00909	909.09 Transaction ID : SE-S785256
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Date of Disbursement or Obligation 12 29 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1818.18	Disbursement For: Primary General 2026 Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	.C Memo I	Date of Public Distribution/Dissemination M 01
City	State	Zip Code	909.09
SAN JUAN	PR	00909	Transaction ID : SE-S785258 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 / 29 / 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	1818.18	Disbursement For: ✓ Primary General 2026 Other (specify)
(a) SUBTOTAL of Unitermized Independent Expenditures			1818.18
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•
(c) TOTAL Independent Expenditures			115208.54
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically File	ded] Date	12 29 2021