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FEC FORM 3X	ANI	PORT OF F D DISBURS	SEMENT	s		Office Use Only	
1. NAME OF COMMITTEE (in f		OR PRINT ▼	Example: If typi over the lines.	ng, type	12FE4M		
			C				
ADDRESS (number and		L ST NW STE 101-193					
Check if diffe than previous reported. (AC	ly was	I I				20036	
2. FEC IDENTIFICA	TION NUMBER	CITY	A	S		ZIP COD	
C C00755694		3. IS RE		NEW N) OR	AM (A)	ENDED	
July 15 Quarterly October	orts: Report (Q1) Report (Q2)	Report Due On: Mar 2	0 (M3)		Sep	20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
January 3 Year-End July 31 M	31 Report (YE) /id-Year lon-election	d) 30-Day POST-Election	on General (300		Runoff (3	in the State of 0R)	Special (30S)
Termination (TER)	on Report	Report for the:	on/	D D /	Y Y Y Y Y Y	in the State of	
5. Covering Period	04 /	01 / Y Y Y Y 01 2022	through	04	/ D D / 30	2022	
I certify that I have exactly Type or Print Name of	MÁS	ort and to the best of m STROIANNI, STEPHANIE		belief it is true	e, correct and	I complete.	
Signature of Treasurer	MASTROIANI	NI, STEPHANIE, , ,	[Electronicall	y Filed] Da	ate 05	/ D D / 17	2022
NOTE: Submission of fa	alse, erroneous, or	incomplete information	may subject the per	son signing thi	s Report to th	e penalties of 52 l	J.S.C. § 30109
Office Use Only						FEC FORM Rev. 05/20	

05/17/2022 16 : 39

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 MM D D М D N D 04 01 2022 04 30 2022 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 89698.79 Januarv 1. 2022 (b) Cash on Hand at 106015.90 Beginning of Reporting Period..... 140281.29 644817.06 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 734515.85 246297.19 6(a) and 6(c) for Column B)..... 126415.13 614633.79 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 119882.06 119882.06 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 25075.99 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	I. I	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	6537.00	18230.00
(ii) Unitemized	133744.29	626587.06
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	140281.29	644817.06
	0.00	0.00
(b) Political Party Committees	0.00	
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	4	4
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	140281.29	644817.06
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	-7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	475	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	-777-	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	0.00	0.00
(D) Levin Funas (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d), 	0.00	
12, 13, 14, 15, 16, 17, and 18(c))	140281.29	644817.06
	-77	
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	140281.29	644817.06

Page 3

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)		Calendar Tear-to-Date				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	96846.02	476463.86				
(c) Total Operating Expenditures	7 7 7					
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	96846.02	476463.86				
Committees	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	0.00	0.00				
Independent Expenditures						
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	29479.11	137414.93				
(use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made		0.00				
Refunds of Contributions To: (a) Individuals/Persons Other	0.00					
Than Political Committees	90.00	755.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))	90.00	755.00				
Other Disbursements (Including		0.00				
Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity	(20))					
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add						
Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	126415.13	614633.79				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	126415.13	614633.79				

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

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_						90.00
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Ľ	-	-7			-7	

644817.06 755.00 644062.06 476463.86 0.00 476463.86

COLUMN B

Calendar Year-to-Date

Page 5

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5`F9DCFHžG7<98 I@9`CF`=H9A=N5 H=CB

Form/Schedule: F3XN Transaction ID :

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

Form/Schedule: Transaction ID:

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

(check only one)

PAGE 7 OF

		Detailed Summary Page	×	11a		11b	b _	11c	12			
Any information copied from such Reports and or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH								5001	. John Mil			
Full Name of Individual (Last, First, Middle ANDERSON, RICHARD, , ,	Initial) or Full C	rganization Name	C	Date of Receipt								
Mailing Address 6317 LOCH MOOR DR][
City EDINA	State MN	Zip Code 55439	A						27415801 is Period			
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer (for Individual) Self Employed		upation (for Individual) chiatrist		Me	∍mo	b Ite	em					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
Full Name of Individual (Last, First, Middle ASKEW, SUSAN, , ,		rganization Name	C	Date of Receipt								
Mailing Address 7913 FARMINGWOOD LN				м м 04	/	D	11	/ Y	2022	Y		
City RALEIGH	State NC	Zip Code 27615							27415791 is Period			
FEC ID number of contributing federal political committee.	С			55.00 Memo Item								
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Full Name of Individual (Last, First, Middle ASKEW, SUSAN, , ,	,	rganization Name		Date of	Re	eceip	pt					
Mailing Address 7913 FARMINGWOOD LN				м м 04	/		12		2022 Y			
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FEC ID number of contributing federal political committee.	С			-	_	<u>y</u>		y	55.0	00		
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red	Memo Item									
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SCHEDULE A (FEC Form 3X)

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Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF

17	EMIZED RECEIPTS		Use separate schedule(s)	(check d	(check only one)									
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	y information copied from such Reports and Sta for commercial purposes, other than using the r													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC											
A.	Full Name of Individual (Last, First, Middle Initia ASKEW, SUSAN, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 7913 FARMINGWOOD LN				04 / D D / Y Y Y Y Y 21 2022									
	City RALEIGH	State NC	Zip Code 27615		Transaction ID : SA11AI-27415039 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C						-	80.	.00				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
в.	Full Name of Individual (Last, First, Middle Initia BAYLISS, MARY, , ,	l) or Full O	rganization Name	Date	of F	leceipt								
	Mailing Address 206 CHAD PL			04	М	/ D		/ Y	y y 2022	Y				
	City OCEAN VIEW	State DE	Zip Code 19970		Transaction ID : SA11AI-27414927 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00										
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00											
с.	Full Name of Individual (Last, First, Middle Initia BEAVER, DOROTHY, , ,	l) or Full O	rganization Name	Date	of F	leceipt								
	Mailing Address 215 MARSH LANDING DR APT 103			M 0		/ D	D 13	/ Y	y y 2022	Y				
	City CARROLLTON	State VA	Zip Code 23314						2741821 is Period					
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	Name of Employer (for Individual) Retired	Occu Retir	upation (for Individual) red		Men	no Item	ı							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		Detailed Summary Page		X 11a		11b	11c		12					
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NAME OF COMMITTEE (In Full)	ALLIANCE	PAC												
Full Name of Individual (Last, First, Middle A. BEVERSDORF, TOM, , ,	Initial) or Full C	rganization Name		Date o	f Re	eceipt								
Mailing Address 8433 WATERTOWN DR			04 07 2022											
City	State	Zip Code			act		SA11AI-	1.00	1	<u> </u>				
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Full Name of Individual (Last, First, Middle B. BLORE, JUDITH, , ,	Initial) or Full C	rganization Name		Date o	f Re	eceipt								
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Full Name of Individual (Last, First, Middle C. CAMPBELL, LINDA, , ,	Initial) or Full C	rganization Name		Date o	f Re	eceipt								
Mailing Address 1425 19TH AVE SW APT D8	1			м м 04	1	D D 07	/ Y)22	Y				
City WILLMAR	State MN	Zip Code 56201					SA11AI							
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\setminus	NAME OF COMMITTEE (In Full)															
	UNITED WOMEN'S HEALTH ALL		E P.	AC												
А.	Full Name of Individual (Last, First, Middle Initial CAMPBELL, LINDA, , ,) or Full C	Drgar	nization Name		Date	of	Re	cei	ipt						
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в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CAMPBELL, LINDA, , ,							Date of Receipt								
	Mailing Address 1425 19TH AVE SW APT D8	1		04 07 / Y Y Y Y Y 2022]			
	City	State		Zip Code		Transaction ID : SA11AI-27414169 Amount of Each Receipt this Period										
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	Primary General															
	Other (specify) v		450.00													
C.	Full Name of Individual (Last, First, Middle Initial DESSASO, MANNICUE, , ,) or Full C	Drgar	nization Name		Date	of	Re	cei	ipt						
	Mailing Address 1173 LIBERTY ST					[™] 04		/		D D D		/ Y	2022		1	
	City	State		Zip Code		Tra	nsa	acti	ion	ID :	SA	11AI-2	274180)59		
	SPRINGFIELD	MA		01104	_	Amo	unt	of	Ea	ch R	ece	eipt thi	s Perio	bd		
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\rangle	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI	IANCE	PAC									
A.	Full Name of Individual (Last, First, Middle Initial) DESSASO, MANNICUE, , ,	or Full Org	ganization Name	Date of Receipt								
	Mailing Address 1173 LIBERTY ST			04 22 2022								
	3	State MA	Zip Code 01104	Transaction ID : SA11AI-27417869 Amount of Each Receipt this Period								
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	Full Name of Individual (Last, First, Middle Initial) DILLON, GLENNA, , ,	or Full Org	ganization Name	Date of Receipt								
	Mailing Address 11390 US HIGHWAY 19 APT 106			04	البينيا لننا لينا							
	City PORT RICHEY	State FL	Zip Code 34668				SA11AI- eceipt th					
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	City PORT RICHEY	State FL	Zip Code 34668				SA11AI					
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				Detailed Summary Page					11b	11c		12								
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	ΞP	AC																
V	Full Name of Individual (Least First Middle Ini	tial) or Full C	Jrac	aization Namo																
Α.	Full Name of Individual (Last, First, Middle Init DIROSARIO, PATRICIA, , ,	uai) oi Fuli C	Jiyal	IIZAUUII INdIII U		Date	of	Re	ceipt											
	Mailing Address 87 LYMAN BARNES RD		_			™ 04		/	14	/ Y) 22	Ŷ							
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в.	Full Name of Individual (Last, First, Middle Ini DRASHER, CLAYTON, , ,	tial) or Full C	Drgai	nization Name		Date	of	Re	ceipt											
	Mailing Address 1008 HIDEBOUND RD								04 / D D / Y Y Y Y 2022											
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	BURNS	TN		37029	Amount of Each Receipt this Period															
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— c.	Full Name of Individual (Last, First, Middle Init DRESNER, LINDA, , ,	tial) or Full C	Drgai	nization Name		Date	of	Re	ceipt											
	Mailing Address 970 SHIRLEY RD					M 04		/	D D D D 11	/ Y)22	Y							
	City BIRMINGHAM	State MI		Zip Code 48009						SA11AI										
	FEC ID number of contributing federal political committee.	С					arnu	OI		eceipt th		150.0	0							
	·					П	Mo	mo) Item											
	Name of Employer (for Individual) Retired Receipt For:	Occ Reti	•	tion (for Individual)		Ч	IVIE	inc	nem											
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 280.00	2															
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			· · · · · · · · · · · · · · · · · · ·	• -				y		_	305.0	0							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Use separate schedule(s)	(cł	neck onl	y or	ne)	L				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c		12 16	1 1	7
	ny information copied from such Reports and Star for commercial purposes, other than using the r							f solicitir		ntribut	ons	
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	E PAC									
Α.	Full Name of Individual (Last, First, Middle Initia DRESNER, LINDA, , ,	al) or Full O	Drganization Name		Date of	f Re	eceipt					
	Mailing Address 970 SHIRLEY RD				м м 04	/	D 26			022	Y	
	City BIRMINGHAM	State MI	Zip Code 48009	_				SA11A			_	
	FEC ID number of contributing federal political committee.	С					-			75.0	0	
	Name of Employer (for Individual) Retired		cupation (for Individual) tired		M	emc	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00									
В.	Full Name of Individual (Last, First, Middle Initia DWYER, EDWARD, , ,	al) or Full O	Drganization Name		Date of	f Re	eceipt					
	Mailing Address PO BOX 68				04	1	D 11) 22	ittee.	
	City	State	Zip Code		Trans	acti	on ID :	SA11A	I-274	15803		
	ASHLAND	NH	03217		Amoun	t of	Each F	Receipt	this F	Period		
	FEC ID number of contributing federal political committee.	С								150.0	0	
	Name of Employer (for Individual) Retired		cupation (for Individual) tired		М	emo	tem					
	Receipt For:	Aggregate	e Year-to-Date ▼									
	Other (specify) ▼		270.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia GARRAHAN-MASTERS, MARY, ,		Drganization Name		Date of	f Re	eceipt					_
	Mailing Address 501 HARRIET LN				04	/	18			022	Y	
	City HAVERTOWN	State PA	Zip Code 19083	_			-	: SA11A Receipt			_	
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	y		210.0	0	
	Name of Employer (for Individual) Retired	Occu Reti	cupation (for Individual) ired		М	emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 280.00									
5	SUBTOTAL of Receipts This Page (optional)		•				, .	7		435.0	0	Ī

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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•••			Detailed Summary Page		×	11a		11b	11c	12	
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	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC								
<u>А.</u>	Full Name of Individual (Last, First, Middle In GARRAHAN-MASTERS, MARY, , ,	itial) or Full O	rganization Name		D	ate of	Re	eceipt			
	Mailing Address 501 HARRIET LN				Γ	м м 04	/	21		ү ү 2022	Y
	City	State	Zip Code		1	Trans	act	ion ID	: SA11AI-	·2741740	3
	HAVERTOWN	PA	19083		A	mount	of	Each	Receipt th	nis Perioc	k
	FEC ID number of contributing federal political committee.	C							-	70	.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	_	ſ	Me	emc	ltem			
	Retired	Reti	,		1						
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	Aggregate		- L.							
	Other (specify) V	L	280.00								
в.	Full Name of Individual (Last, First, Middle In GREEN, JANICE, , ,	itial) or Full O	rganization Name		D	ate of	Re	eceipt			
	Mailing Address 12 MURRAY HILL RD				Γ	^M 04	1	05		y y 2022	Y
	City	State	Zip Code		-	Trans	acti	on ID	: SA11AI-	2741726	1
	ROSLINDALE	MA	02131		A	mount	of	Each	Receipt th	nis Perioc	ł
	FEC ID number of contributing federal political committee.	С				_		-		25	.00
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) red		l	Me	emc) Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 205.00]							
<u>с</u> .	Full Name of Individual (Last, First, Middle In GREEN, JANICE, , ,	itial) or Full O	rganization Name		D	ate of	Re	eceipt			
	Mailing Address 12 MURRAY HILL RD				Γ	04	1	D 06		y y 2022	Y
	City	State	Zip Code			Trans	act	ion ID	: SA11AI	2741610	3
	ROSLINDALE	MA	02131		Aı	mount	of	Each	Receipt th	nis Perioc	1
	FEC ID number of contributing federal political committee.	С			ļ		_	y		25	.00
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		ŀ	Me	emo	tem Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 205.00]							
s	UBTOTAL of Receipts This Page (optional)			•	[, .		120.	.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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		Detailed Summary Page	×	11a		11b	11c	12					
				13		14	15	16	17				
NAME OF COMMITTEE (In Full)	Detailed Summary Page primation copied from such Reports and Statements may not be sold or used by any commercial purposes, other than using the name and address of any political commit EC COMMITTEE (In Full) IITED WOMEN'S HEALTH ALLIANCE PAC Name of Individual (Last, First, Middle Initial) or Full Organization Name EEN, JANICE, , , ing Address 12 MURRAY HILL RD SLINDALE State Do number of contributing ral political committee. e of Employer (for Individual) red e of Employer (for Individual) ed Primary General Other (specify) Name of Individual (Last, First, Middle Initial) or Full Organization Name EEN, JANICE, , , ing Address 12 MURRAY HILL RD SLINDALE State Zip Code MA 02131 Unumber of contributing ral political committee. e of Employer (for Individual) ed State Zip Code MA 02131 Dumber of contributing ral political committee. e of Employer (for Individual) e of Employer (for Individual (Last, First, Middle Initial) or Full Organization												
UNITED WOMEN'S HEALT	H ALLIANCE	PAC											
Full Name of Individual (Last, First, Mide GREEN, JANICE, , ,	lle Initial) or Full C	rganization Name		Date of	f Rec	eipt							
Mailing Address 12 MURRAY HILL RD				м м 04	/	06) / Y	2022	Y				
City				Trans	actio	on ID :	SA11AI-	2741862 [,]	I				
ROSLINDALE	MA	02131		Amount	t of E	ach R	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	С				. ,	-		25.	00				
Name of Employer (for Individual) Retired		,		M	emo	ltem							
Receipt For:			_										
Primary General	Aggregate												
Other (specify)		205.00	4										
Full Name of Individual (Last, First, Mido B. GREEN, JANICE, , ,	lle Initial) or Full C	rganization Name		Date of	f Rec	eipt							
Mailing Address 12 MURRAY HILL RD				^M M 04	/	08) / Y	y y 2022	Y				
City	State	Zip Code		Trans	actio	n ID :	SA11AI-	27417597	,				
ROSLINDALE	MA	02131		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			35.00									
Name of Employer (for Individual) Retired		,		M	emo	ltem							
Receipt For:	Aggregate	Year-to-Date ▼	_										
Primary General	, iggi egute		11.										
Other (specify) V		205.00	4										
Full Name of Individual (Last, First, Mido C. GREENE, BETTY, , ,	lle Initial) or Full C	rganization Name		Date of	f Rec	eipt							
Mailing Address 5886 DE ZAVALA RD				^M 04	/	D 04		y y 2022	Y				
City				Trans	sactio	on ID :	SA11AI-	-2741635	Э				
SAN ANTONIO	ТХ	78249		Amount	t of E	ach R	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	C				,			110.	00				
Name of Employer (for Individual) Retired	Occ Reti			M	emo	ltem							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General													
Other (specify)		430.00		_									
SUBTOTAL of Receipts This Page (option	al)	•						170.	00				
	,		-		,		,						

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

SCHEDULE A (FEC Form 3X) 84175 D DECEIDTE

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

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	H ALLIANCE PAC										
A. HAYFORD, BEVERLY, , , Mailing Address 8029 SE LITTLE HARB		Name	Date of Receipt								
APT G1			04 07 2022								
City	State Zip Cod		Transaction ID : SA11AI-27411243								
HOBE SOUND	FL 33455	5	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		500.00								
Name of Employer (for Individual) Retired	Occupation (for I Retired	Individual)	Memo Item								
Receipt For:											
Primary General	Aggregate Year-to-Date	• ▼									
Other (specify)		500.00									
Full Name of Individual (Last, First, Mid B. HORTON, KAREN, , ,	dle Initial) or Full Organization N	Name	Date of Receipt								
Mailing Address 4403 NW 50TH TER			04 11 2022								
City	State Zip Cod	le	Transaction ID : SA11AI-27417093								
KANSAS CITY	MO 64151		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		70.00								
Name of Employer (for Individual) Retired	Occupation (for Retired	Individual)	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	305.00									
Full Name of Individual (Last, First, Mid C. HORTON, KAREN, , ,	dle Initial) or Full Organization N	Name	Date of Receipt								
Mailing Address 4403 NW 50TH TER			04 22 2022								
City	State Zip Cod	le	Transaction ID : SA11AI-27417891								
KANSAS CITY	MO 64151		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		35.00								
Name of Employer (for Individual) Retired	Occupation (for I Retired	Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	305.00									
SUBTOTAL of Receipts This Page (option	lal)	····· •	605.00								

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

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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TEMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c	12							
			13	14	15	16	17						
Any information copied from such Reports and or for commercial purposes, other than using t													
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	ALLIANCE	PAC											
Full Name of Individual (Last, First, Middle A. JONES, JESSE, , ,	Initial) or Full C	Prganization Name	Date of F	Receipt									
Mailing Address 9213 SPRING ST			04	/ 19	/ Y	y y 2022	Y						
City	State	Zip Code	Transa	ction ID : S	SA11AI-27	7415213	;						
HIGHLAND	IN	46322	Amount o	of Each Re	eceipt this	Period							
FEC ID number of contributing federal political committee.	С					105.0	00						
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired	Mer	no Item									
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		220.00	1										
Full Name of Individual (Last, First, Middle B. KARRISH, GEORGE, , ,	Initial) or Full C	Prganization Name	Date of F	Receipt									
Mailing Address 1042 NEUMARK AVE			04	/ D D 21	/ Y	y y y 2022	Y						
City	State	Zip Code	Transa	SA11AI-27	7410353								
PLEASANTVILLE	NJ	08232	Amount of										
FEC ID number of contributing federal political committee.	C			50.00									
Name of Employer (for Individual) Retired		upation (for Individual) ired	Mer	mo Item									
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		345.00]										
Full Name of Individual (Last, First, Middle C. KEATING, CARLEEN, , ,	Initial) or Full C	Prganization Name	Date of F	Receipt									
Mailing Address 2477 JACKSON ST			04	/ D D 20		2022	Y						
City	State	Zip Code	Transa	ction ID : S	SA11AI-2	7415133	3						
SAN FRANCISCO	CA	94115	Amount o	of Each Re	eceipt this	Period							
FEC ID number of contributing federal political committee.	С			9	. , .	205.0	00						
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red	Mer	mo Item									
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		340.00	1										
SUBTOTAL of Receipts This Page (optional).		•		5		360.0	00						

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page	×	11a]11b	11c		12	
				13		14	15		16	17
Any information copied from such Reports a or for commercial purposes, other than using										
NAME OF COMMITTEE (IN Full)	H ALLIANCE	PAC								
Full Name of Individual (Last, First, Middl A. KNISKERN, ALICE, , ,	e Initial) or Full O	rganization Name		Date of	Re	eceipt				
Mailing Address 2990 GROVE ST				м м 04	1	D 14) / Y	Y 20	022	Y
City	State	Zip Code		Trans	act	ion ID :	SA11AI-	274	16999	
BELOIT	WI	53511		Amount	of	Each F	Receipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С							_	150.0	00
Name of Employer (for Individual)	Осси	upation (for Individual)		M	emo	ltem				
Retired	Reti	red								
Receipt For:	Aggregate	Year-to-Date V								
Primary General			11.							
Other (specify) v		260.00								
Full Name of Individual (Last, First, Middl B. KUMP, TROY, , ,	e Initial) or Full O	rganization Name		Date of	Re	eceipt				
Mailing Address 315 S CENTER ST				м м 04	1	13		ү 20)22	Y
City	State	Zip Code		Trans	acti	ion ID :	SA11AI-	274 [·]	17027	
AMERICAN FORK	UT	84003		Amount	of	Each F	Receipt th	is P	eriod	
FEC ID number of contributing federal political committee.	C							_	117.0	00
Name of Employer (for Individual) Simplii		upation (for Individual) ector Of Strategic Partnerships		M	emo	tem				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			11							
Other (specify) ▼		425.00	4							
Full Name of Individual (Last, First, Middl C. LABELLE, ROBERT, , ,	e Initial) or Full O	rganization Name		Date of	Re	eceipt				
Mailing Address 182 W 126TH AVE				04	/	19)22 [°]	Y
City	State	Zip Code		Trans	act	ion ID :	SA11AI-	274	17467	,
CROWN POINT	IN	46307		Amount	of	Each F	Receipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	_	60.0	00
Name of Employer (for Individual) Retired	Occu Retir	upation (for Individual) red		M	emo	o Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 310.00]							
SUBTOTAL of Receipts This Page (optiona	l)					y	. ,	-	327.0	0

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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Any information copied from such Reports a or for commercial purposes, other than usin												
NAME OF COMMITTEE (In Full)	H ALLIANCE	PAC										
Full Name of Individual (Last, First, Midd A. LABELLE, ROBERT, , ,	lle Initial) or Full O	rganization Name	[Date of	f Re	ceipt						
Mailing Address 182 W 126TH AVE				м м 04	/	22		y y 2022				
City	State	Zip Code		Trans	acti	on ID :	SA11AI-	274178	77			
CROWN POINT	IN	46307	A	Amoun	t of	Each F	Receipt th	is Peric	bd			
FEC ID number of contributing federal political committee.	C					7	-	10	5.00)		
Name of Employer (for Individual)	Осси	pation (for Individual)		M	emo	Item						
Retired	Reti	ed										
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General	riggroguto		1.									
Other (specify)	_ L	310.00										
Full Name of Individual (Last, First, Midd B. LAMBERT, JOHN, , ,	lle Initial) or Full O	ganization Name	[Date of	f Re	ceipt						
Mailing Address 301 WHITE OAK DR		м м 04	/	06		y y 2022	Y	1				
City	State	Zip Code		Transaction ID : SA11AI-27419313								
SANTA ROSA	CA	95409	A	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual) Retired	Occu Reti	ipation (for Individual) red		М	emo	ltem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 235.00]									
Full Name of Individual (Last, First, Midd C. LYNCH, LOUISE, , ,	lle Initial) or Full O	ganization Name		Date of	f Re	ceipt						
Mailing Address 2529 ZINFANDEL DR				м м 04	/	28		y y 2022				
City	State	Zip Code		Trans	sacti	on ID :	SA11AI-	274145	57			
RANCHO CORDOVA	CA	95670	ļ	Amoun	t of	Each F	Receipt th	is Peric	bd			
FEC ID number of contributing federal political committee.	С					,	9	11	0.00)		
Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed		M	emo	ltem						
Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 325.00										
SUBTOTAL of Receipts This Page (option	al)					, .	. ,	26	5.00)		

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

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

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		Detailed Summary Page	×	11a	11b	11c	12				
				13	14	15	16	17			
Any information copied from such Reports a or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)											
UNITED WOMEN'S HEALTH	H ALLIANCE	E PAC									
Full Name of Individual (Last, First, Middl	e Initial) or Full C	organization Name									
A. MCAVENIA, PEGGY, , ,				Date of	f Receip	t					
Mailing Address 9922 W EDWARD DR				04		12 [/]	y y y 2022	Y			
City	State	Zip Code		Trans	action I	D : SA11	AI-274170	63			
SUN CITY	AZ	85351		Amount	t of Eacl	h Receipt	this Peric	bd			
FEC ID number of contributing federal political committee.	С				-			0.00			
Name of Employer (for Individual)	Occ	upation (for Individual)	_	M	emo Iter	n					
Retired	Ret	, ,									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	, iggi oguto		11.								
Other (specify) v		210.00	4								
Full Name of Individual (Last, First, Middl B. MCNAIRY, BOBBIE, , ,	e Initial) or Full C	organization Name		Date of	f Receip	t					
Mailing Address 2 GALESVILLE CT				M M	/ D	D /	Y Y Y	Y			
				04		27	2022				
City	State	Zip Code		Trans	action I	D : SA114	AI-274146	85			
GAITHERSBURG	MD	20878		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C						10	5.00			
Name of Employer (for Individual) Retired		upation (for Individual) ired		M	emo Iter	m					
Receipt For:	Aggrogato	Year-to-Date ▼	_								
Primary General	Aggregate		- L -								
Other (specify) V		210.00	4								
Full Name of Individual (Last, First, Middl C. MINSHULLFORD, VIVIAN, , ,	e Initial) or Full C	organization Name		Date of	f Receip	t					
Mailing Address 1526 FAIRMOUNT ST				^M 04	/ D	18 /	2022	Y			
City	State	Zip Code		Trans	saction I	D : SA11/	AI-274153	21			
WICHITA	KS	67208		Amount	t of Eacl	h Receipt	this Peric	bd			
FEC ID number of contributing federal political committee.	C				, ,	,	15	0.00			
Name of Employer (for Individual)	000	upation (for Individual)		м	emo Iter	m					
Retired	Reti	· · · · · ·									
Receipt For:			_								
Primary General	Aggregale	Year-to-Date ▼									
Other (specify)		260.00									
SUBTOTAL of Receipts This Page (optiona	l)				9		31	5.00			

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SCHEDULE A (FEC Form 3X) DECEIDT ľ

Use separate schedule(s)

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check o	nly o	ne)				
			for each category of the Detailed Summary Page	X 11a		11b 14	11c 15		12 16	17
	ny information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			son for th		rpose of	soliciting	g cont	tributio	ons
	UNITED WOMEN'S HEALTH AL	LIANCE	E PAC							
Α.		al) or Full O	Drganization Name	Date	of Re	eceipt				
	Mailing Address 22 STELLA DR City	State	Zip Code	04 Trai		21 tion ID :		202		Ý
		RI	02911	_ Amou	int of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С		I L					55.00	0
	Name of Employer (for Individual) Retired		cupation (for Individual) tired		Mem	o Item				
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Other (specify) ▼		205.00							
в.	Full Name of Individual (Last, First, Middle Initi MOSCO, MAUREEN, , ,	al) or Full O	Drganization Name	Date	of Re	eceipt				
Any or for N U F I M C M F fe N R R B. F I M C M F fe N R R R C. N C. F N R R R	Mailing Address 22 STELLA DR			M 04		D D D 28	/ Y	202	22	ŕ
	City NORTH PROVIDENCE	State RI	Zip Code 02911			ion ID :				
	FEC ID number of contributing federal political committee.	С		Amount of Each R					50.00	0
	Name of Employer (for Individual) Retired		cupation (for Individual) tired		Mem	o Item				
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Other (specify) ▼		205.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi PLAZEWSKI, REY, , ,	al) or Full O	Drganization Name	Date	of Re	eceipt				
	Mailing Address 122 N MAIN ST			04		D D D 14	/ Y	y 202	22	Y
	City ELBURN	State IL	Zip Code 60119			tion ID : Each R				
	FEC ID number of contributing federal political committee.	С				, .	. y	1	150.00	0
	Name of Employer (for Individual) Reynauld's Euro Imports Inc	Occi Own	cupation (for Individual) ner		Mem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00							
s	SUBTOTAL of Receipts This Page (optional)		•			y		2	255.00)

TOTAL This Period (last page this line number only)...... 1 1 49° 1 1 49° 1 1 49° 1

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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			Detailed Summary			_	a [11b	1	1c	1:	2	
<u> </u>						13			14	1			6	17
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
\rangle	UNITED WOMEN'S HEALTH A	LLIANCE	PAC											
Α.	Full Name of Individual (Last, First, Middle In REVILL, CLIVE, , ,	itial) or Full O	rganization Name			Date	of	Red	ceipt					
	Mailing Address 15029 ENCANTO DR					M		/	D	D /	Y	Y	Y	Y
						0			04		Ľ.	202	2	
	City	State	Zip Code			Tra	insa	icti	on ID :	SA1	1AI-27	7417	715	
	SHERMAN OAKS	CA	91403		_	Amo	unt	of I	Each F	Receij	pt this	Per	riod	
	FEC ID number of contributing federal political committee.	С							,		<u> </u>	5	500.0	0
	Name of Employer (for Individual)	Occi	upation (for Individual)		_	П	Me	mo	Item					
	Retired	Reti	,											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		E	25.00	11									
	Other (specify) v			23.00										
в.	Full Name of Individual (Last, First, Middle In RICE, CAROL, , ,	itial) or Full O	rganization Name			Date	of	Re	ceipt					
	Mailing Address 9 CHESTER ST					[™] 04		/	D 11	D /	Y	y 2022	ү 2	Y
	City	State	Zip Code			Tra	nsa	ctio	on ID :	SA1	1AI-27	7417	'565	
	WORCESTER	MA	01605		_	Amo	unt	of I	Each F	Receij	pt this	Per	riod	
	FEC ID number of contributing federal political committee.	С							,		-	_	25.0	0
	Name of Employer (for Individual) Retired	Occ	upation (for Individual) ired				Me	mo	Item					
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General	33 - 3			11									
	Other (specify) v		2	35.00										
с.	Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , ,	itial) or Full O	rganization Name			Date	of	Red	ceipt					
	Mailing Address 1614 GOLF COURSE RD APT 245					м 0-		/	D 07			y 2022	2 2	Y
	City	State	Zip Code			Tra	insa	acti	on ID :	: SA1	1AI-2	7418	3535	
	GRAND RAPIDS	MN	55744			Amo	unt	of I	Each F	Receij	pt this	Per	riod	
	FEC ID number of contributing federal political committee.	С				Ē			, .		,		20.0	0
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ed			Ц	Me	mo	ltem					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)	L	3	85.00										
s	UBTOTAL of Receipts This Page (optional)				• •				y		,	5	645.0	0

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

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

(check only one)

PAGE 23 OF

		Detailed Summary Page	×	-		-	lb	11c	12	
Any information copied from such Reports ar	nd Statements ma	Ay not be sold or used by any not be sold or used by any not be	erson f	13 or the	 puri	14 12		15 soliciting	16 contribut	ions
or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)	I ALLIANCE	PAC								
Full Name of Individual (Last, First, Middle A. SCUDERI, MARGARET, , ,	e Initial) or Full C	rganization Name		Date of	Re	ece	ipt			
Mailing Address 208 FALL HARVEST				м м 04	1	Γ	D D 10	/ Y	y y 2022	Y
City	State	Zip Code		Trans	act	ior	ID :	SA11AI-	27418439	
CENTERVILLE	GA	31028	4	mount	t of	Ea	ach R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					-			60.0)0
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		Me	emc	o It	em			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		225.00]							
Full Name of Individual (Last, First, Middle SCUDERI, MARGARET, , ,	e Initial) or Full C	rganization Name		Date of	Re	ece	ipt			
Mailing Address 208 FALL HARVEST				м м 04	1	E	D D 13	/ Y	y y 2022	Y
City	State	Zip Code							27415605	
CENTERVILLE	GA	31028	/	mount	t of	Ea	ach R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					-			55.0)0
Name of Employer (for Individual) Retired		upation (for Individual) ired		Me	emc	o It	em			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]							
Full Name of Individual (Last, First, Middle C. SHELTON, MARVIN, , ,	e Initial) or Full C	rganization Name		Date of	Re	ece	ipt			
Mailing Address 1399 AVOCA PI APT 13				^M 04	1		13	/ Y	y y 2022	Y
City	State	Zip Code		Trans	act	tior	ו ID :	SA11AI	-27415597	
SHERIDAN	WY	82801	/	mount	of	Ea	ach R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С			_		y		,	155.0)0
Name of Employer (for Individual) WALMART		upation (for Individual) t Efforts		M	emo	o It	em			
Receipt For:	Aggregate	Year-to-Date V								
Other (specify)		270.00]							
SUBTOTAL of Receipts This Page (optional)		•			,		. ,	270.0)0
TOTAL This Period (last page this line num	ber only)					,				

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

(check only one)

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59

	Detailed Summary	ry Page 11a 11b 11c 12
or for commercial purposes, other than u	s and Statements may not be sold or use sing the name and address of any politica	ed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEAL	TH ALLIANCE PAC	
Full Name of Individual (Last, First, M A. SORENSEN, KARSTEN, , ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3 WHISPERING PNE	S	04 08 2022
City	State Zip Code	Transaction ID : SA11AI-27415893
FREEPORT	ME 04032	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	al) Memo Item
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify)		420.00
Full Name of Individual (Last, First, M B. SORENSEN, KARSTEN, , ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3 WHISPERING PNE	S	04 08 2022
City	State Zip Code	Transaction ID : SA11AI-27418445
FREEPORT	ME 04032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual Retired	al) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	420.00
Full Name of Individual (Last, First, M C. SORENSEN, KARSTEN, ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3 WHISPERING PNE	S	04 11 2022
City	State Zip Code	Transaction ID : SA11AI-27415787
FREEPORT	ME 04032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer (for Individual) Retired	Occupation (for Individual Retired	al) Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	420.00
SUBTOTAL of Receipts This Page (opt	onal)	260.00

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

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

(check only one)

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59

				Detailed Summary Page		X 11a		11	b	11c		12	
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	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	ΕP	AC									
<u> </u>	Full Name of Individual (Last, First, Middle Ini SORENSEN, KARSTEN, , ,	tial) or Full C	Orgai	nization Name		Date of	Re	ecei	pt				
	Mailing Address 3 WHISPERING PNES					м м 04	/		D D D		2 2	022	Y
	City	State		Zip Code		Trans	act	ion	ID : S	SA11A	-274	15495	
	FREEPORT	ME		04032		Amount	of	Ead	ch Re	eceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С						-			_	55.0	00
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)		Me	emo	o Ite	əm				
	Retired	Ret	tired										
	Receipt For:	Aggregate	- Yea	r-to-Date ▼									
	Primary General	riggiogato			11.								
	Other (specify)		-11-	420.00									
в.	Full Name of Individual (Last, First, Middle Ini SOSA, ANITA, , ,	tial) or Full C	Orgai	nization Name		Date of	Re	ecei	pt				
	Mailing Address 2510 DARWIN DR					M M 04	1		04	/	2() 22	Y
	City	State		Zip Code		Trans	acti	ion	ID : 5	SA11AI	-274	18739	
	SAN ANTONIO	ТХ		78228		Amount		-					
	FEC ID number of contributing federal political committee.	С						-			_	25.0	00
	Name of Employer (for Individual) Retired		cupa etired	tion (for Individual)		Me	emo	o Ite	əm				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ur-to-Date ▼ 275.00]								
<u> </u>	Full Name of Individual (Last, First, Middle Ini TRAVISANO, RICHARD, , ,	tial) or Full C	Orgai	nization Name		Date of	Re	ecei	pt				
	Mailing Address 675 MIDDLEBRIDGE RD APT 309					04	/	ľ	08	/		022 0	Y
	City	State		Zip Code		Trans	act	tion	ID : \$	SA11A	-274	18453	;
	WAKEFIELD	RI		02879		Amount	of	Ead	ch Re	eceipt t	his F	² eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		y		9	_	50.0	00
	Name of Employer (for Individual) Retired		cupat tired	ion (for Individual)		M	emo	o Ite	əm				
	Receipt For: Primary General Other (specify)	Aggregate	e Yea	r-to-Date ▼ 225.00]								
s	UBTOTAL of Receipts This Page (optional)		7	-45				5		5	_	130.0	00

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

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page		_	11a 13		-	1b 4		11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the											oliciting			tions
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	ΞP	AC											
Α.	Full Name of Individual (Last, First, Middle Initia TRAVISANO, RICHARD, , ,	al) or Full C	Drgai	nization Name		D	ate o	of Re	ece	eipt					
	Mailing Address 675 MIDDLEBRIDGE RD APT 309			1		l	^M 04	1	′	D 27	D 7	/ Y)22	Y
	City WAKEFIELD	State RI		Zip Code 02879							-	A11AI- ceipt th			5
	FEC ID number of contributing federal political committee.	С							-,			-9	_	60.	00
	Name of Employer (for Individual) Retired		upat ired	tion (for Individual)		l	N	lemo	οI	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 225.00]										
в.	Full Name of Individual (Last, First, Middle Initia VIDAURI, JOAN, , ,	al) or Full C	Drgai	nization Name		D	ate o	of Re	ece	eipt					
	Mailing Address 6500 ROLLING WAY					ľ	[™] 04	/		D 11	D	/ Y	y 202	ү 22	Y
	City CARMICHAEL	State CA		Zip Code 95608								A11AI- ceipt th			
	FEC ID number of contributing federal political committee.	С				Ę			,			-7-	_	110.	00
	Name of Employer (for Individual) Retired		cupa tired	tion (for Individual)		ļ	N	lemo	οI	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00]										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia VOELKEL, BARB, , ,	al) or Full C	Drgai	nization Name		D	ate o	of Re	ece	eipt					
	Mailing Address 4172 SANDGATE CT			1		l	[™] 04	1	′	D 28		/ Y	Y 202	ү 22	Ŷ
	City CINCINNATI	State OH		Zip Code 45241								A11AI-			7
	FEC ID number of contributing federal political committee.	С				ļ			,		_	y	_	50.	00
	Name of Employer (for Individual) Retired	Occ Reti	•	tion (for Individual)		ļ	N	lemo	0	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 240.00]										
s	UBTOTAL of Receipts This Page (optional)				<u> </u>		_		9	_		9	-	220.	00
Т	OTAL This Period (last page this line number of	nly)			•				-						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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		Detailed Summary Page	×	11a		11b	11c	12	
				13		14	15	16	17
Any information copied from such Reports a or for commercial purposes, other than using									
UNITED WOMEN'S HEALTH	H ALLIANCE	: PAC							
Full Name of Individual (Last, First, Middl A. VOELKEL, BARB, , ,	e Initial) or Full C	rganization Name		Date of	f Rec	eipt			
Mailing Address 4172 SANDGATE CT				м м 04	1	28	/ Y	y y 2022	Y
City	State	Zip Code		Trans	actio	on ID : S	SA11AI-	274129	29
CINCINNATI	ОН	45241		Amount	t of E	Each Re	eceipt thi	is Perio	d
FEC ID number of contributing federal political committee.	C					p).00
Name of Employer (for Individual) Retired	Occ	upation (for Individual) ired		M	emo	ltem			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	33 13 14		11						
Other (specify) v		240.00							
Full Name of Individual (Last, First, Middl B. WALKER, HENRY, , ,	e Initial) or Full C	rganization Name		Date of	f Rec	eipt			
Mailing Address 3235 FLINTLOCK DR				м м 04	1	D D 14	/ Y	y y 2022	Y
City	State	Zip Code		Trans	actio	on ID : S	SA11AI-2	2741812	23
COLUMBUS	GA	31907					eceipt thi		
FEC ID number of contributing federal political committee.	С							50).00
Name of Employer (for Individual) Best Efforts		upation (for Individual) st Efforts		M	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼	_						
Primary General	7.99109410		11						
Other (specify) v		, 205.00	4						
Full Name of Individual (Last, First, Middl C. WILEY, DAVID, , ,	e Initial) or Full C	rganization Name		Date of	f Rec	eipt			
Mailing Address 109 CLARENDON AVE				^M 04	1	D D 13	/ Y	y y 2022	Y
City	State	Zip Code		Trans	actic	on ID : S	SA11AI-	274182	05
NASHVILLE	TN	37205		Amount	t of E	Each Re	eceipt thi	is Perio	d
FEC ID number of contributing federal political committee.	C				,	,	, ,	150).00
Name of Employer (for Individual)		upation (for Individual)		M	emo	Item			
Retired Receipt For:	Reti		_						
Primary General	Aggregate	Year-to-Date ▼	_						
Other (specify)		255.00							
SUBTOTAL of Receipts This Page (optiona	D			-		_		240	0.00
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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13		11		11c	12		17
	y information copied from such Reports and Stateme for commercial purposes, other than using the name				or the		pos	se of s	solicitir	ng contri	bution	17 s
<u> </u>	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA											
A.	Full Name of Individual (Last, First, Middle Initial) or WILLIAMS, JANICE, , ,	Full Org	anization Name		Date of	Re	ecei	ipt				
	Mailing Address 4001 SHELL POINT RD				м м 04		L	18		2022		
	City Sta BEAUFORT St	ate C	Zip Code 29906	A			-			I-274189 this Perio		
	FEC ID number of contributing federal political committee.						-			5	5.00	
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed		Me	emo	o It€	em				
	Receipt For: Agg Primary General Other (specify) ▼	regate Y	ear-to-Date ▼ 205.00									
в.	Full Name of Individual (Last, First, Middle Initial) or WOOD, GORDON, , ,	Full Org	anization Name		Date of	Re	ecei	ipt				
	Mailing Address 1919 S FABRIQUE DR				м м 04	/	ľ	07		2022	Ý	
	City Sta WICHITA K	ate S	Zip Code 67218							I-274160 this Perio		
	FEC ID number of contributing federal political committee.						-		- 45-	4	5.00	
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed		Me	emo	o Ite	em				
	Receipt For: Agg Primary General Other (specify) ▼	regate Y	ear-to-Date ▼ 255.00									
C.	Full Name of Individual (Last, First, Middle Initial) or ZARNEKE, RICHARD, , ,	Full Org	anization Name		Date of	Re	ecei	ipt				
	Mailing Address 2084 TERRACE DR				м м 04	/	L	15		2022		
	5	ate 1N	Zip Code 55112	A						I-27417 4		
	FEC ID number of contributing federal political committee.						y		9	4	0.00	
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) d		Me	ema	o Ite	em				
	Receipt For: Agg Primary General Other (specify)	regate Y	ear-to-Date ▼ 220.00									
s	UBTOTAL of Receipts This Page (optional)		•••••	. [9			14	0.00	
Т	OTAL This Period (last page this line number only)		••••••	. [-				-	

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

11b

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PAGE

11c

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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)

\vee				
Α.	Full Name of Individual (Last, First, Middle Ini ZAROFF, CAROLYN, , ,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 433 BRIDGEWAY			04 21 2022
	City	State	Zip Code	Transaction ID : SA11AI-27413365
	SAUSALITO	CA	94965	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
в.	Full Name of Individual (Last, First, Middle Ini ZAROFF, CAROLYN, , ,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 433 BRIDGEWAY			04 28 2022
	City	State	Zip Code	Transaction ID : SA11AI-27412637
	SAUSALITO	CA	94965	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		65.00
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ired	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)		Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			115.00

SCHEDULE B (FEC Form 3X)		parate schedule(s)	FOR LINE NUMBER: PAGE 3						
ITEMIZED DISBURSEMENTS	for each	n category of the	(check of X 21	· /					
	Detailed	d Summary Page	28		28c	29	30b		
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements may	not be sold or use	ed by any pe	rson for the	ourpose	of soliciti	ing contribu	tions	
NAME OF COMMITTEE (In Full)	ame and ad	uress or any politica	ai committee	to solicit cor	nibutions	S ITUTTI SL		lee.	
	LIANCE	PAC							
Full Name (Last, First, Middle Initial)									
A. ABC Company				Date of	Disburse	ement			
Mailing Address PO Box 2413				04	/ D (D /)4	y y y 2022	Y	
City Huntington	State NY	Zip Code 11743		FEC Ide	entificatio	n Numbe	ər		
Purpose of Disbursement Fundraising and Media Consulting			004	С					
Candidate Name			Category/			-	21B-72245 ement this	Period	
Office Sought	omost E-		Туре				13000.0	_	
Office Sought: House Disburs	sement For: Primary	General					13000.0		
President	Other (sp	ecify) ▼		Mer	no Item				
State: District: Full Name (Last, First, Middle Initial)									
B. Blank Rome LLP				Date of	Disburse	ement			
				MM		D /	Y Y Y Y	Y	
Mailing Address 1825 Eye Street NW				04)7	2022		
City	State DC	Zip Code		FEC Ide	entificatio	n Numbe	er		
Washington Purpose of Disbursement		20006		C					
Legal Fees			001		nsaction	ID : SB2	21B-72245		
Candidate Name			Category/ Type	Amount	of Each	Disburs	ement this	Period	
	sement For:		76-				5000.0	00	
Senate President	Primary Other (sp	General							
State: District:				Mer	no Item				
Full Name (Last, First, Middle Initial)				Data of	Dichurr	ment			
C. Blank Rome LLP				Date of	Disburse		YYYY	Y	
Mailing Address 1825 Eye Street NW				04		5	2022		
City	State DC	Zip Code		FEC Ide	entificatio	n Numbe	er		
Washington Purpose of Disbursement		20006		C					
Legal Fees Candidate Name			001 Category/	Tra			21B-7224! ement this	Period	
Office Sought: House Disburg	sement For:		Туре				2390.0	00	
Senate	Primary	General					1 1 4		
State: District:	Other (sp	ecify) 🔻		Mer	no Item				
				-					
SUBTOTAL of Disbursements This Page (optional)		····· •				20390.	00	
TOTAL This Period (last page this line number or	ıly)								

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	dule(c) FOR LINE NUMBER: PAGE 31					
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b	one) 22 23 26 27				
	Detailed Summary Page	28a	28b 28c 29 30b				
Any information copied from such Reports and Statem	nents may not be sold or used	by any perso	n for the purpose of soliciting contributions				
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political	committee to	Solicit contributions from such committee.				
UNITED WOMEN'S HEALTH ALLIA	ANCE PAC						
Full Name (Last, First, Middle Initial) A. COA Network Inc.			Date of Disbursement				
Mailing Address 991 Route 22 West Suite 200			04 25 2022				
5	State Zip Code NJ 08807		FEC Identification Number				
Purpose of Disbursement		_	С				
800 Telephone numbers		001	Transaction ID : SB21B-72246				
		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursem	nent For:	2 F - 2	169.65				
	Primary General						
State: District:	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
B. EagleBank			Date of Disbursement				
Mailing Address 7815 Woodmont ave			04 / D D / Y Y Y Y 2022				
	State Zip Code		FEC Identification Number				
Bethesda Purpose of Disbursement	MD 20814		C				
Bank analysis fee		001	Transaction ID : SB21B-72246				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursem			566.81				
	Primary General Other (specify)						
State: District:			Memo Item				
Full Name (Last, First, Middle Initial)			Dela ef Diskursenad				
C. Grasshopper			Date of Disbursement				
Mailing Address 320 Summer St			04 / D D / Y Y Y Y 2022				
5	State Zip Code		FEC Identification Number				
Purpose of Disbursement	MA 02210		С				
Telephone Service		001	Transaction ID : SB21B-7224				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursem	nent For:	туре	107.67				
	Primary General						
State: District:	Other (specify)		Memo Item				
			844.13				
SUBTOTAL of Disbursements This Page (optional)		····· •					
TOTAL This Period (last page this line number only).		····· ►	, ,				

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Office Sought: House Disbursement For: General President Other (specify) ✓ State: District: Other (specify) ✓ Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave State Zip Code Suite GM8 Other (specify) ▼ City State Zip Code SAN JUAN PR 00909 Purpose of Disbursement Telephone fundraising Other (specify) Candidate Name Disbursement For: Senate Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave State Zip Code State GM8 City State Zip Code State Juite GM8 City State Zip Code		r one) 22 23 26 27 28b 28c 29 30b on for the purpose of soliciting contributions
or for commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name (Last, First, Middle Initial) A Intuit Inc. Mailing Address 2700 Coast Ave City Mountain View City City State Disbursement Accounting Software Candidate Name City State: District: Full Name (Last, First, Middle Initial) B LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address City SAN JUAN City City City City City City City City		o solicit contributions from such committee.
UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name (Last, First, Middle Initial) A Intuit Inc. Mailing Address 2700 Coast Ave City State Mountain View Purpose of Disbursement Accounting Software Candidate Name Office Sought: House President Disbursement For: State: District: Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City City State Disbursement Telephone fundraising Disbursement For: Candidate Name Disbursement For: Office Sought: House District: Disbursement For: General Other (specify) President Other (specify) General Other (specify) General Other (specify) Gandidate Name Other (specify) Gandidate Name Other (specify) Gandidate Name Other (specify) S		Date of Disbursement
A. Intuit Inc. Mailing Address 2700 Coast Ave City State Zip Code Mountain View CA 94043 Purpose of Disbursement Accounting Software Candidate Name Image: Candidate Name Office Sought: House Disbursement For: General Office Sought: President Other (specify) ✓ State: District: Other (specify) ✓ Full Name (Last, First, Middle Initial) LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 09909 Purpose of Disbursement Telephone fundraising Candidate Name Office Sought: House Disbursement For: General Office Sought: District: Other (specify) General Full Name (Last, First, Middl		Date of Disbursement
City State Zip Code Mountain View CA 94043 Purpose of Disbursement Accounting Software Candidate Name Office Sought: House Disbursement For: President Disbursement For: General Other (specify) ✓ State: District: Full Name (Last, First, Middle Initial) 3. LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City City State Purpose of Disbursement PR Objogo9 President Office Sought: House Disbursement Telephone fundraising Disbursement For: Candidate Name Disbursement For: Office Sought: House Disbursement For: Senate President Other (specify) State: District: Primary Full Name (Last, First, Middle Initial) ELIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN <td></td> <td>M M / D D / Y Y Y Y</td>		M M / D D / Y Y Y Y
Mountain View CA 94043 Purpose of Disbursement Accounting Software Image: Candidate Name Image: Candidate Name Image: Candidate Name Office Sought: House Disbursement For: General Office Sought: President Disbursement For: General State: District: President Other (specify) ▼ Full Name (Last, First, Middle Initial) State Zip Code Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 09099 Purpose of Disbursement Telephone fundraising Candidate Name General Office Sought: House Disbursement For: General Other (specify) State Other (specify)		04 04 2022
Candidate Name Office Sought: House Disbursement For: Office Sought: President Other (specify) General State: District: Other (specify) ✓ Full Name (Last, First, Middle Initial) State Zip Code Mailing Address 1607 Ponce de Leon ave State Zip Code Suite GM8 PR 00909 0909 Purpose of Disbursement Telephone fundraising Candidate Name General Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Other (specify) State: District: General Full Name (Last, First, Middle Initial) Elistrict: IVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave State Zip Code State: District: Primary General General City State District: PR Other (specify) State District: PR Other (specify)		FEC Identification Number
Office Sought: House Disbursement For: General President Other (specify) ✓ State: District: Other (specify) ✓ Full Name (Last, First, Middle Initial) 3. LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave State Zip Code SAN JUAN PR 00909 Purpose of Disbursement Telephone fundraising Candidate Name General Office Sought: House Disbursement For: General President Other (specify) State: Other (specify) State: District: Primary General President State Other (specify) General State: District: President Other (specify) State: District: President	001 Category/	Transaction ID : SB21B-72246 Amount of Each Disbursement this Period
State: District: Full Name (Last, First, Middle Initial) 3. LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Disbursement Telephone fundraising Disbursement For: Candidate Name Primary General Office Sought: House Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code 00909	Туре	100.70
A. LIVE TRANSFERS AND DONOR CREATION LLC		Memo Item
Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Disbursement Telephone fundraising Image: Candidate Name Image: Candidate Name Image: Candidate Name Office Sought: House Disbursement For: Image: Candidate Name I		Date of Disbursement
SAN JUAN PR 00909 Purpose of Disbursement Telephone fundraising 00909 Candidate Name Candidate Name Office Sought: House Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN		04 04 2022
Senate Primary General Other (specify) Other (specify) Full Name (Last, First, Middle Initial) Elive TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave State Suite GM8 City City State State Zip Code Odynamic Primary	003 Category/	FEC Identification Number C Transaction ID : SB21B-72247 Amount of Each Disbursement this Period
City SAN JUAN	Туре	9633.26 Memo Item
Suite GM8 City State Zip Code SAN JUAN PR 00909		Date of Disbursement
SAN JUAN PR 00909		04 / 04 / Y Y Y Y 022
Purpose of Disbursement		FEC Identification Number
Telephone fundraising	003 Category/ Type	Transaction ID : SB21B-7224; Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:		T262.44 Invoice clearing from previou period (See Schedule D and
SUBTOTAL of Disbursements This Page (optional)		9733.96

SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 33 OF 59											
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)											
		Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b											
Any information copied from such Reports and State	ments may	not be sold or use													
or for commercial purposes, other than using the na															
NAME OF COMMITTEE (In Full)															
VINITED WOMEN'S HEALTH ALL	IANCE F	PAC													
Full Name (Last, First, Middle Initial) Date of Disbursement A. LIVE TRANSFERS AND DONOR CREATION LLC Date of Disbursement															
Mailing Address 1607 Ponce de Leon ave Suite GM8		04 06 2022													
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number											
Purpose of Disbursement				С											
Telephone fundraising			003	Transaction ID : SB21B-72248											
Candidate Name			Category/ Type	Amount of Each Disbursement this Period											
Office Sought: House Disburse	ement For:		- , , , , , , , , , , , , , , , , , , ,	7389.91											
Senate	Primary	General		Invoice for Schedule E											
State: District:	Other (spe	cify) 🔻		X Memo Item											
Full Name (Last, First, Middle Initial)															
B. LIVE TRANSFERS AND DONOR	CREAT	ON LLC		Date of Disbursement											
Mailing Address 1607 Ponce de Leon ave Suite GM8				04 07 2022											
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number											
Purpose of Disbursement		00909		С											
Telephone fundraising			003	Transaction ID : SB21B-72247											
Candidate Name			Category/	Amount of Each Disbursement this Period											
Office Sought: House Disburse	ement For:		Туре	17243.13											
Senate	Primary	General													
President	Other (spe	cify)		Memo Item											
State: District:															
Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR	CREATI	ONLIC		Date of Disbursement											
				M M / D D / Y Y Y Y											
Mailing Address 1607 Ponce de Leon ave Suite GM8				04 13 2022											
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number											
Purpose of Disbursement		00303		С											
Telephone fundraising Candidate Name	Telephone fundraising 003														
			Туре	17324.22											
Office Sought: House Disburse Senate	ement For: Primary	General		17324.22											
President		Memo Item													
State: District:															
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE (check only											
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Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR	IVE TRANSFERS AND DONOR CREATION LLC													
Mailing Address 1607 Ponce de Leon ave Suite GM8		1		04 / D D / Y Y Y Y 2022										
SAN JUAN	State PR	Zip Code 00909		FEC Identification Number										
Purpose of Disbursement Telephone fundraising			003	C Transaction ID : SB21B-72248 Amount of Each Disbursement this Period										
Candidate Name			Category/ Type											
Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General cify) ▼		7424.66 Invoice for Schedule E ★ Memo Item										
Full Name (Last, First, Middle Initial) LIVE TRANSFERS AND DONOR Mailing Address 1607 Ponce de Leon ave Suite GM8	CREATI	ON LLC		Date of Disbursement										
	State PR	Zip Code 00909	003 Category/ Type	FEC Identification Number C Transaction ID : SB21B-72247 Amount of Each Disbursement this Period										
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify)		17271.58 Memo Item										
Full Name (Last, First, Middle Initial)	CREATI		Date of Disbursement											
Mailing Address 1607 Ponce de Leon ave Suite GM8				04 20 2022										
City SAN JUAN Purpose of Disbursement Telephone fundraising	State PR	Zip Code 00909		FEC Identification Number										
Candidate Name			003 Category/ Type	Transaction ID : SB21B-72248 Amount of Each Disbursement this Perio										
Office Sought: House Disburser Senate President Image: Construct to the senate of the senat of the se	Senate Primary General President Other (specify) ▼													
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-	20				category of the Summary Page			21b 28a	22 28b		23 28c		2	6 9		27 30b			
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	UNITED W	OMEN'S HEAL	IH ALL	IANCE F	PAC														
Α.	LIVE TRAN	First, Middle Initial) ISFERS AND D		CREATI	ON LLC				Date of	f Dis		em		Y		Y	Ŷ		
	•	ailing Address 1607 Ponce de Leon ave Suite GM8										27			20)22	_		
	City SAN JUAN		State PR	Zip Code 00909				FEC Id	entifi	catio	n	Num	ber	_					
	Purpose of Disbu Telephone fundr				0	03		С							0054				
	Candidate Name				//					ID : SB21B-72251 Disbursement this Period									
	Office Sought:	House Senate President	Disburse	ement For: Primary Other (spe		15509.1 Invoice unpaid by clo									of book				
	State:	District:			city) 🔻				X Me	mo	ltem								
в.	Full Name (Last, North Ame) Mailing Address					Date of Disbursement													
	City Brookfield		State WI	Zip Code 53005				FEC Identification Number											
	Purpose of Disbursement Mailers and Caging							٦	C Transaction ID : SB21B-7										
	Candidate Name			Categ Typ				Amount of Each Disbursement this							Perio	d			
	Office Sought:	House Senate	Disburse	ement For: Primary	General				L.		<u>-</u>			5766.79					
	State:	President District:		Other (specify)					Memo Item										
C.	Full Name (Last, RallyPay	First, Middle Initial)							Date of	f Dis		em				Y	Y		
	Mailing Address 995 Market Street Floor 2								04	ĺ		30	ĺ	Ľ)22			
	City San Franciso			State CA		FEC Identification Number													
	Purpose of Disbu Combined 'off th Candidate Name		Cate		//	C Transaction ID : SB21B-7224 Amount of Each Disbursement this								Perio	d				
	Office Sought:	House Senate	ement For: Primary	Primary General						58.00									
	State:	District:		Other (spe	city) 🔻				Memo Item										
⊢		bursements This Page									7		-	<u>,</u>	-	5824	.79		

S	CHEDULE B (FEC Form 3X)		FC	DR	LIN	IE N	E NUMBER: PAGE 36 OF 59															
IT	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the	(cł	neci X	-	· _	one)								2	7					
		Detailed S	Summary Page			28	L	28		-	280		┝	29	\vdash)b					
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI.	ANCE P	AC																			
Full Name (Last, First, Middle Initial) A. RallyPay												nt										
	Mailing Address 995 Market Street Floor 2										04 / D D / Y Y Y Y 2022											
	City San Franciso		FEC	; Ide	entif	icati	ion	ı N	lumbe	er		_										
	San Franciso CA 94103 Purpose of Disbursement 003									Transaction ID : SB21B-72250												
	Candidate Name			Cate Ty	egor vpe			Amount of Each Disbursement this Period														
		nent For: Primary	General				58.00															
	State: District:	Other (spec	ify) ▼					Memo Item														
В.	Full Name (Last, First, Middle Initial) RallyPay							Date of Disbursement														
	Mailing Address 995 Market Street Floor 2							04 / D D / Y Y Y Y 2022														
	City San Franciso	State CA	Zip Code 94103					FEC Identification Number														
	Purpose of Disbursement Combined 'off the top' CC Transaction fees Apr	003 Category/ Type						C Transaction ID : SB21B-72249														
	Candidate Name							Amount of Each Disbursement this Period														
		nent For: Primary Other (spec	rimary General							342.72												
	State: District:		.,					ш	Mei	mo	Item	1										
C.	Full Name (Last, First, Middle Initial) RallyPay							Date	e of	Dis	sbur	ser	me	ent								
	Mailing Address 995 Market Street Floor 2							04 / D D / Y Y Y Y Y 2022														
		State CA	Zip Code 94103					FEC Identification Number														
	Purpose of Disbursement Combined 'off the top' CC Transaction fees Apr		[0	03			С	Tra	inse	722	45										
	Candidate Name Category/ Type Office Sought: House Senate Primary General							Transaction ID : SB21B-7224 Amount of Each Disbursement this Pe									is Pe					
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	CHEDULE B (FEC Form 3X)	Use sepa				IUMBER:								
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI													
Α.	Full Name (Last, First, Middle Initial) A. RallyPay							f Dis	burse				Y	Y
	Mailing Address 995 Market Street Floor 2						04	Í	30		L		022	
	San Franciso	State CA	Zip Code 94103				FEC Id	entifi	catior	n Nun	nbei	r	_	
	Purpose of Disbursement Combined 'off the top' CC Transaction fees Apr Candidate Name			<u></u>	03 egory/]	C Tra Amount		ction Each					eriod
	Office Sought: House Disburser Senate	ment For: Primary	General		ype				-		7		461.19	-
	State: District:	Other (spec	cify) ▼				Me	mo	ltem					
в.	Full Name (Last, First, Middle Initial)						Date of	f Dis	burse				Y	Y
	Mailing Address 995 Market Street Floor 2						04	/	3		Ľ		022	T
	San Franciso	State CA	Zip Code 94103				FEC Id	entifi	catior	n Nun	nbei	r	_	
	Purpose of Disbursement Combined 'off the top' CC Transaction fees Apr Candidate Name			Cate)03 egory/]	C Tra Amount		ction Each	-			-	eriod
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify)	<u> </u>	уре		Me	mo	ltem		- y		582.48	3
C.	Full Name (Last, First, Middle Initial)						Date of	f Dis	burse	_			Y	Y
	Mailing Address 995 Market Street Floor 2						04	ľ	30		L		022	
	City San Franciso Purpose of Disbursement Combined 'off the top' CC Transaction fees Apr	State CA	Zip Code 94103		003	1	FEC Id	entifi	catior	n Nun	nbei	r		
Candidate Name							Tra Amount		ction Each				t this P	
	Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼						Me	mo	ltem		-		716.20)
s	State: District: UBTOTAL of Disbursements This Page (optional)				1					_			1759.8	7
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		parate schedule(s)	FOR LINE (check only				
		category of the Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and St or for commercial purposes, other than using the							
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH AI		PAC					
Full Name (Last, First, Middle Initial) A. RallyPay							
Mailing Address 995 Market Street Floor 2				04 / D D / Y Y Y Y Y 0222			
City San Franciso	State CA	Zip Code 94103		FEC Identification Number			
Purpose of Disbursement Combined 'off the top' CC Transaction fees Apr Candidate Name			003	C Transaction ID : SB21B-72248			
	rsement For:		Category/ Type	Amount of Each Disbursement this Period			
Senate President	Primary Other (spe	General ecify) ▼		Memo Item			
State: District: Full Name (Last, First, Middle Initial) B. VolPster Communications				Date of Disbursement			
Mailing Address 11400 Decimal Dr #1003				04 / D D / Y Y Y Y 04 04 2022			
City Louisville	State KY	Zip Code 40299		FEC Identification Number			
Purpose of Disbursement Carrier Minutes Candidate Name			003 C Transaction ID : SB21B-72250				
Office Sought: House Disbu	rsement For:		Category/ Type	Amount of Each Disbursement this Period 3972.43			
State: District:	Primary Other (spe	General ecify)		Memo Item			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address				M = M / D = D / Y = Y = Y = Y 			
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement			C				
Candidate Name	Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbu							
State: District:	Other (spe	•		Memo Item			
SUBTOTAL of Disbursements This Page (option	al)		••••••	5553.32			
TOTAL This Period (last page this line number of	only)		····· ►	96806.91			

SCHEDULE D (FEC Form 3X)			[PAGE 39 OF 59
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
			for each	(check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI	ANCE PAC			
A. Full Name (Last, First, Middle Initial) of Del	otor or Creditor			ebt (Purpose):
Mastroianni, Stephanie, , ,			Advance to	r various legal, administrative
Mailing Address 2021 L St NW Ste 101-193				
City	State	Zip Code		
Washington	DC	20036		
Outstanding Balance Beginning This Period	·	·	Transacti	on ID : SD10-879043
2920.07				
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	
0.00				2920.07
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of D	ebt (Purpose):
LIVE TRANSFERS AND DON	OR CREAT	ION LLC	Telephone	fundraising
Mailing Address 1607 Ponce de Leon ave				
Mailing Address 1607 Ponce de Leon ave Suite GM8				
City	State	Zip Code		
SAN JUAN	PR	00909		
Outstanding Balance Beginning This Period	1		Transact	ion ID : SD10-879045
Outstanding Balance Beginning This Period 7262.44			Transact	ion ID:SD10-879045
	Pay	ment This Period		ion ID : SD10-879045
7262.44 Amount Incurred This Period	Pay		Outstandir	ng Balance at Close of This Period
7262.44	Pay	ment This Period	Outstandir	
7262.44 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period
7262.44 Amount Incurred This Period 22155.92			Outstandir	ng Balance at Close of This Period 22155.92
7262.44 Amount Incurred This Period 22155.92 C. Full Name (Last, First, Middle Initial) of Del			Outstandir	ng Balance at Close of This Period 22155.92
7262.44 Amount Incurred This Period 22155.92			Outstandir	ng Balance at Close of This Period 22155.92
7262.44 Amount Incurred This Period 22155.92 C. Full Name (Last, First, Middle Initial) of Del			Outstandir	ng Balance at Close of This Period 22155.92
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7262.44 Amount Incurred This Period 22155.92 C. Full Name (Last, First, Middle Initial) of Del Mailing Address City	otor or Creditor	7262	Outstandir	ng Balance at Close of This Period
7262.44 Amount Incurred This Period 22155.92 C. Full Name (Last, First, Middle Initial) of Del Mailing Address City Outstanding Balance Beginning This Period	otor or Creditor	Zip Code	Outstandir	ebt (Purpose):
7262.44 Amount Incurred This Period 22155.92 C. Full Name (Last, First, Middle Initial) of Del Mailing Address City	otor or Creditor	7262	Outstandir	ng Balance at Close of This Period
7262.44 Amount Incurred This Period 22155.92 C. Full Name (Last, First, Middle Initial) of Del Mailing Address City Outstanding Balance Beginning This Period	otor or Creditor	Zip Code	Outstandir	ebt (Purpose):
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ITEMIZED INDEPENDENT EXPENDITURES			PAGE 40 OF 59 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 on
Full Name of Payee		X Memo	Item Date of Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREA Invoice issued and paid after close of books.	TION LLC		04 27 Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	830.85
SAN JUAN	PR	00909	Transaction ID : SE-S888014 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President X Senate State: TX
Calendar Year-To-Date		17000 10	Disbursement For: 🗶 Primary 🗌 General
Per Election for Office Sought		17930.42	2026
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF Invoice issued and paid after close of books.	KEATION LL	.0	04 27 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	830.85
SAN JUAN	PR	00909	Transaction ID : SE-S888016 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Tupo 004	M = M / D = D / Y = Y = Y
		Type 004	
Name of Federal Candidate:		X Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President X Senate State: <u>NC</u>
Calendar Year-To-Date		17930.44	Disbursement For: X Primary General
Per Election for Office Sought	7 7		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	·		0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the 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 Fi	led] Date	e 04 27 2022
Signature			ليتتبا ليبا لنتا

NME OF COMMITTEE (In Full) If Not Bits and States UNITED WOMEN'S HEALTH ALLIANCE PAC FC DENTRICATION NUMBER Y Check if _24-hour report	ITEMIZED INDEPENDENT EXPENDITURES					PAGE 41	OF 59 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIANCE PAC C Cordstand Check if24-hour report New report Amends report filed on Image: Conductive	NAME OF COMMITTEE (In Full)				FEC		
Check II _ 24-hour report _ New report Amends report II de on	UNITED WOMEN'S HEALTH ALLIAN	CE PAC					
Check III 24-hour report New report Amends report filed on Full Name of Payses SAN DDONOR CREATION LLC If Memo Item ILVE TRANSFERS AND DONOR CREATION LLC If Memo Item Oily Sale GMS 2022 SAN JUAN PR 00303 Purpose of Expenditure State 21p Code Telephone Fundmasing Category/ Type 04 10 + 10 + 10 + 10 + 10 + 10 + 10 + 10 +						C00755694	•
LIVE TRANSFERS AND DONOR CREATION LLC Image: constraints Mailing Address 1607 Ponce de Leon ave Salu JUAN PR Purpose of Expenditure Category/ Type Category/ Type 0.04 Name of Federal Candidate: Image: constraint of the set-S88078 LAWRENCE, BRENDA, LULENAR, . Oppose Category/ Per Election for Office Sought Image: constraint of the set-S88078 Category/ Per Election for Office Sought Image: constraint of the set-S88078 Category/ Per Election for Office Sought Image: constraint of the set-S88078 Category/ Per Election for Office Sought Image: constraint of the set-S88078 Category/ Per Election for Office Sought Image: constraint of the set S88078 Category/ City Satate Image: constraint of the set S88078 Purpose of Expenditure Telephone Fundratising Category/ Code Other (specify) F Name of Federal Candidate: Image: source straint Image: source straint Live TRANSFERS AND DONOR CREATION LLC Image: source straint Image: source straint Name of Federal Candidate: Image: source straint Image: source straint Image: source straint City Suite GM8 State	Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on	/ D D /	Y Y Y Y
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Mailing Address 1607 Ponce de Leon ave Suite GM8 Anount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ Telephone Fundraising Office Sought: House District: 14 LWRENCE, BRENDA, LULENAR, Oppose President Senate State: Milling Address Category/ Telephone Fundraising Category/ Type 004 President Name of Federal Candidate: Milling Address LWRENCE, BRENDA, LULENAR, Oppose Disbursement For: X Primary General Category Year-To-Date Transaction for Office Sought 17930.45 2022 Other (specify) * Full Name of Payee Livice Transaction for Office Sought 27 / 2022 Amount Livice Transaction for Office Sought State Z/p Code Amount State GM8 State Z/p Code State Amount State GM8 State Z/p Code Transaction ID: SE-S880020 Date of Dabursement for Unigation Purpose of Expenditure State X Support Office Sought Transaction ID: SE-S880020 Date of Dabursement for Unigation		TION LLC					
Suite GM8 Amount City State Zip Code SAN JUAN PR 00309 Purpose of Expenditure Transaction ID: SE-5880018 Telephone Fundraising Category/ Telephone Fundraising Office Sought: Name of Federal Candidate: Image: Category/ Telephone Fundraising Office Sought: Image: Category/ President Category Other Sanate State: MI Category Date of Public Distribution/Dissemination Image: Category Other Other Sanate State: MI UVE TRANSFERS AND DONOR CREATION LLC Image: Category Other Sanate State: Sanate Sanate State: Amount Other Sanate Sanate State: Amount Other Sanate State: AZZ Amount Sanate State: AZZ Amount Sanate State: AZZ Amount San	Mailing Address				04	21	2022
City State Zip Code 90909 Purpose of Expenditure Category/ Telephone 004 Tenschool ID: SE-S88018 Name of Federal Candidate: X Support Office Sought House District: 14 LAWRENCE, BRENDA, LULENAR, President Senate State: MI Calendar Year-To-Date President Senate State: MI Per Election for Office Sought 17930.45 Disbursement For: X Primary General 2022 Other (specify) > Full Name of Payee Disbursement For: X Primary General 2022 Other (specify) > Tenschool Distribution/Dissemination Invoice issued and paid after close of books. Mailing Address 1607 Ponce de Leon ave Suite GM8 State Zip Code Amount President Sale GM8 Category/ 004 Office Sought If the senate State: AZ Name of Federal Candidate: X Support Office Sought If the senate State: AZ Calendar Year-To-Date President Senate State: AZ Calendar Year-To-Date President Senate State: AZ Calendar Year-To-Date President Senate State: AZ Calendar Year-To-Date <					Amount		
Durbos of Expenditure Telephone Fundraising Categony/ Type 0.04 Date of Disbursement or Obligation Name of Federal Candidate: X Support Office Sought: X House District: 14 LAWRENCE, BRENDA, LULENAR, . Oppose Oppose Disbursement For: X Primary Ceneral 2022 Categony/ Per Election for Office Sought 17930.45 Disbursement For: X Primary Ceneral 2022 Disbursement For: X Primary Ceneral 2022 Other (specify) ▶ Full Name of Payee Disbursement or Oblics Disbursement For: X Primary Ceneral 2022 Mailing Address 1007 Ponce de Leon ave Suite GMB State Zip Code Amount X Suite GMB State Zip Code Salue of Disbursement or Obligation X Y Transaction ID: SF-5886020 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type 0.04 Y Transaction ID: SF-5886020 Date of Disbursement For: X Primary Ceneral 2022 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures Oppose Disbursement For: X Primary General 2022 Other (specify) ▶ (b) SUBTOTAL of Itemized Independent Expenditur		State	Zip Code				830.85
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LAWRENCE, BRENDA, LULENAR, , □ Oppose □ President □ Senate State: MI Calendar Year-To-Date Disbursement For: Y Primary □ General Per Election for Office Sought 17930.45 Disbursement For: Y Primary □ General LiVVE TRANSFERS AND DONOR CREATION LLC Invoice issued and paid after close of books. Date of Public Distribution/Dissemination Mailing Address 1807 Ponce de Leon ave Suite GMB San.44 Transaction ID : SE-S88020 City SAN JUAN PR 00909 Date of Disbursement or Obligation Purpose of Expenditure Transaction ID : SE-S88020 Date of Disbursement or Obligation Name of Federal Candidate: Image Support Office Sought House District: 08 LESKO, DEBBIE, , . □ Oppose Office Sought Image State: AZ Calendar Year-To-Date 17930.44 Disbursement For: Y Primary General Per Election for Office Sought 17930.44 Disbursement For: Y Primary General (a) SUBTOTAL of Unitemized Independent Expenditures 0.000 000 000 000 000 000 0000 00	Name of Federal Candidate:		Support	Offico	Sought:	Y House	District: 14
Calendar Year-To-Date Per Election for Office Sought 17930.45 Disbursement For: Y Primary General 2022 Other (specify) ▶ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice issued and paid after close of books. Image: Control of the state of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 Image: Control of the state of Public Distribution/Dissemination City San JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Od4 Od4 Image: Control of the state of Public Distribution of Obligation Name of Federal Candidate: LESKO, DEBBIE, Oppose Office Sought Image: Control of the state state: AZ Calendar Year-To-Date Per Election for Office Sought 17930.44 Disbursement For: Y Primary General 2022 Other (specify) ▶ (a) SUBTOTAL of Unitemized Independent Expenditures 0.00 Image: Control of the submoditures state: AZ 0.00 (b) SUBTOTAL of Unitemized Independent Expenditures 0.00 Image: Control of the submoditure state or submittee or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. Under penalty of perjury I certify that the independent expenditures or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. <td>LAWRENCE, BRENDA, LULENAR, ,</td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>N/I</td>	LAWRENCE, BRENDA, LULENAR, ,				0		N/I
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Invoice issued and paid after close of books. Image: close of books. Image: close of books. Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 State Zip Code Olympose of Expenditure PR 00909 Purpose of Expenditure Category/ 004 Telephone Fundraising Category/ 004 Name of Federal Candidate: Image: slow slow slow slow slow slow slow slow				Item	Date of Put	olic Distribution	n/Dissemination
Mailing Address 1607 Ponce de Leon ave Suite GMB Zip Code City State SAN JUAN PR Purpose of Expenditure Transaction ID : SE-S888020 Date of Disbursement or Obligation Name of Federal Candidate: X Support LESKO, DEBBIE, . , Oppose Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought 17930.44 Other (specify) >		EATION LL	.C				
Amount City State Zip Code Mount Purpose of Expenditure PR 00909 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 Image: State of Disbursement or Obligation Name of Federal Candidate: Image: Support Office Sought: Image: House District: 08 LESKO, DEBBIE, Image: Oppose Oppose Oppose President Senate State: AZ Calendar Year-To-Date Per Election for Office Sought 17930.44 Disbursement For: Image: Primary Image: Oppose Other (specify) Image: Oppose (a) SUBTOTAL of Itemized Independent Expenditures Image: Oppose Image: Oppose Other (specify) Image: Oppose (c) TOTAL Independent Expenditures Image: Oppose Image: Oppose Image: Oppose Image: Oppose Image: Oppose 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 or its agent. MASTROIANNI, STEPHANIE, [Electronically Filed] Date Opt 27 2022	Mailing Address				04	21	2022
City State Zip Code 830.84 PR 00909 Openation Date of Disbursement or Obligation Purpose of Expenditure Category/ Type 004 Transaction ID : SE-S888020 Date of Disbursement or Obligation Name of Federal Candidate: Image: Support Oppose President Senate LESKO, DEBBIE, Oppose President Senate State: AZ Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Per Election for Office Sought 17930.44 Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures 0.00 (b) SUBTOTAL of Unitemized Independent Expenditures 0.00 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 or its agent. MASTROIANNI, STEPHANIE, . , [Electronically Filed] Date Math / 27 2022					Amount		
Purpose of Expenditure Telephone Fundraising Category/ Type Od4 Date of Disbursement or Obligation Name of Federal Candidate: LESKO, DEBBIE, , , Image: Category/ Type Od4 Image: Category/ Type Od4 Calendar Year-To-Date Per Election for Office Sought Image: Category/ Type Oppose President Senate State: AZ Calendar Year-To-Date Per Election for Office Sought Image: Type Disbursement For: Image: President Primary General 2022 (a) SUBTOTAL of Itemized Independent Expenditures Image: Comparison of the president expenditures Image: Comparison of the president expenditures Image: Comparison of the president expenditures (c) TOTAL Independent Expenditures Image: Comparison of the president 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 or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date Od Image: Comparison of the president expenditures or the president expenditures or the president expenditure	City	State	Zip Code				830.84
Purpose of Expenditure Telephone Fundraising Category/ Type 004 Image: Category/ Type 004 Name of Federal Candidate: LESKO, DEBBIE, , , Image: Category/ Category/ Per Election for Office Sought Image: Category/ Per Election	SAN JUAN	PR	00909				
Type 004 Name of Federal Candidate: Image: Support Office Sought: House District: 08 LESKO, DEBBIE, , , Oppose President Senate State: AZ Calendar Year-To-Date Oppose Disbursement For: Image: Primary General Per Election for Office Sought 17930.44 Disbursement For: Image: Primary General (a) SUBTOTAL of Itemized Independent Expenditures Image: Primary 0.00 0.00 Image: Primary 0.00 (b) SUBTOTAL of Unitemized Independent Expenditures Image: Primary 0.00 Image: Primary 0.00 (c) TOTAL Independent Expenditures Image: Primary Image: Primary Image: Primary Image: Primary Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , [Electronically Filed] Date Image: Primary Image: Primary Image: Primary MASTROIANNI, STEPHANIE, , [Electronically Filed] Date			Category/				ç
LESKO, DEBBIE, , , Oppose President Senate State: AZ Calendar Year-To-Date Per Election for Office Sought 17930.44 Disbursement For: Primary General 2022 (a) SUBTOTAL of Itemized Independent Expenditures 0.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, ,, [Electronically Filed] Date Mathematical for 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 or its agent.			Type 004				
LESKO, DEBBIE, , , Oppose President Senate State: AZ Calendar Year-To-Date Disbursement For: Primary General 2022 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures > 0.00 (b) SUBTOTAL of Unitemized Independent Expenditures > 0.00 (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.	Name of Federal Candidate:		X Support	Office	Sought:	× House	District: 08
Image: Per Election for Office Sought 17930.44 2022 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures > 0.00 (b) SUBTOTAL of Unitemized Independent Expenditures > 0.00 (c) TOTAL Independent Expenditures > > Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, [Electronically Filed] Date Math / Dat 27 / 2022	LESKO, DEBBIE, , ,				President	Senate	State: <u>AZ</u>
(a) SUBTOTAL of Itemized Independent Expenditures > 0.00 (b) SUBTOTAL of Unitemized Independent Expenditures > 0.00 (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 or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date Mathematical of 27 2022	Calendar Year-To-Date		17000 44	Disbu	rsement For:	× Primar	y General
(b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 04 27 2022	Per Election for Office Sought	1 1 1	17930.44	2022	Other (specify) ►	
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures			•			0.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 04 27 2022	(b) SUBTOTAL of Unitemized Independent Expenditur	'es		• ►	,		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 04	(c) TOTAL Independent Expenditures			•			
[Electronically Filed] Date 04 27 2022	with, or at the request or suggestion of, any candida	te or authorized					
Bailo	MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led] Data				
	Signature						

ITEMIZED INDEPENDENT EXPENDITURES	6		PAGE 42 OF 59
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAI	NCE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CRE	ATION LLC	🗶 Memo	Item Date of Public Distribution/Dissemination
Invoice issued and paid after close of books.			04 27 2022
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8			
City	State	Zip Code	830.84
SAN JUAN	PR	00909	Transaction ID : SE-S888022 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	
Name of Federal Candidate:		X Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	17930.43	Disbursement For: ★ Primary General 2026 Other (specify) ►
Full Name of Payee		🗶 Memo	
LIVE TRANSFERS AND DONOR C Invoice issued and paid after close of books.	REATION LI	_C	04 / ^D ^D ^D ^D ^Q
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	830.84
SAN JUAN	PR	00909	Transaction ID : SE-S888024 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
BLUNT, ROY, , ,		Oppose	President X Senate State: MO
Calendar Year-To-Date			Disbursement For: X Primary General
Per Election for Office Sought	- 7 7	17930.42	2022 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S		0.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		
(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	date or authorized		
MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	iled] Date	e 04 27 2022
Signature			

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 43	OF 59 24 OF FORM 3	~
NAME OF COMMITTEE (In Full)				EEC I		ION NUMBER	
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC						
				C	C00755694		
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed c	n M M	/ D D /	Y Y Y Y	
Full Name of Payee		🗶 Memo	Item	Date of Publ	ic Distributior	/Dissemination	
LIVE TRANŚFERS AND DONOR CREA Invoice issued and paid after close of books.	TION LLC			M M 04	/ D D /	Y Y Y Y 2022	Y
Mailing Address 1607 Ponce de Leon ave				04		LOLL	-
Suite GM8				Amount			_
City	State	Zip Code				830.85	
SAN JUAN	PR	00909			ID: SE-S888 ursement or		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	M M	/ D D /	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		17930.43	Disbur 2022	sement For:	♥ Primar	y Gener	al
Full Name of Payee		X Memo	Item			/Dissemination	
LIVE TRANSFERS AND DONOR CF Invoice issued and paid after close of books.	REATION LL	_C		M M	/ D D /	Ý Ý Ý 2022	Y
Mailing Address 1607 Ponce de Leon ave				04	21	2022	
Suite GM8				Amount			
City	State	Zip Code				830.85	٦
SAN JUAN	PR	00909		Transaction	ID:SE-S88		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M	/ D D /	ŶŶŶŶ	Y
Name of Federal Candidate:		X Support	Office	Sought:	House	District: 00	
VAN HOLLEN, CHRIS, , ,		Oppose		President	× Senate	State: MD	
Calendar Year-To-Date Per Election for Office Sought		17930.43	Disbur 2022	sement For:		y Gener	al
						0.00	_
(a) SUBTOTAL of Itemized Independent Expenditures			•			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	7			
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						
	[Electronically Fi	led] Date	e 04	M / D D	/ 20	22 22	
Signature							

ITEMIZED INDEPENDENT EXPENDITURES			PAGE	44 OF 59
NAME OF COMMITTEE (In Full)				NE 24 OF FORM 3X CATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			
			C C0075	5094
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on	/ Y Y Y Y
Full Name of Payee		Memo	tem Date of Public Distrib	ution/Dissemination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC		03 / D 30	D / Y Y Y Y 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		907.81
SAN JUAN	PR	00909	Transaction ID : SE- Date of Disbursemen	
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004	04 / D	
Name of Federal Candidate:		X Support	Office Sought: Hous	e District: 00
CORNYN, JOHN, , Sen,		Oppose	President X Sena	ту
Calendar Year-To-Date				imary General
Per Election for Office Sought		14322.49	2026 Other (specify) ►	
Full Name of Payee			tem Date of Public Distrib	ution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	03 / D 30	D / Y Y Y Y 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		907.81
SAN JUAN	PR	00909	Transaction ID : SE Date of Disbursemen	
Purpose of Expenditure Telephone Fundraising		Category/ 004	04 / D	
		Type 004		
Name of Federal Candidate:		X Support	Office Sought: House	
TILLIS, THOM, R., Sen,		Oppose	President X Sena	te State: NC
Calendar Year-To-Date		14322.50		imary General
Per Election for Office Sought	7 7		2026 Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	1815.62
(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 candid party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	led] Date	M M / D D / Y 03 30	2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 59
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			EC IDENTIFICATION NUMBER ▼
			L	С С00755694
Check if 24-hour report 48-hour report	New rep	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 of	Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			0	
Suite GM8			Amount	
City	State	Zip Code		907.81
SAN JUAN	PR	00909		tion ID : SE-S840034 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	M / D D / Y Y Y
Name of Federal Candidate:		X Support	Office Sought:	K House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presiden	t Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		14322.52	Disbursement	For: X Primary General er (specify) ►
Full Name of Payee		Memo		Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL		м	M / D D / Y Y Y
Mailing Address 1607 Ponce de Leon ave			0	3 30 2022
Suite GM8			Amount	
City	State	Zip Code		907.81
SAN JUAN	PR	00909		ction ID : SE-S840036 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	4 / 06 / Y Y Y Y 2022
Name of Federal Candidate:				K House District: 08
LESKO, DEBBIE, , ,		SupportOppose	Office Sought:	
			Disbursement	
Calendar Year-To-Date Per Election for Office Sought	7 7	14322.51	2022	er (specify) ►
(a) CURTOTAL of Itomized Independent Europolitures				1915 00
(a) SUBTOTAL of Itemized Independent Expenditures				1815.62
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7
(c) TOTAL Independent Expenditures			•	л. I. J. J. I. Л. I.
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date		30 / Y Y Y Y Y 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 59
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X 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	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		🗌 Memo	Item Date	e of Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC			M M / D D / Y Y Y Y 03 30 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amo	punt
City	State	Zip Code		907.80
SAN JUAN	PR	00909		nsaction ID : SE-S840038 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004		M M / D D / Y Y Y Y 06 / 2022
Name of Federal Candidate:		X Support	Office Sou	ght: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Presi	
Calendar Year-To-Date			Disburseme	ent For: X Primary General
Per Election for Office Sought	7 7	14322.50	2026	Other (specify) ►
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C		03 / ^D D / ^Y Y Y Y 03 2022
Mailing Address 1607 Ponce de Leon ave				03 30 2022
Suite GM8			Amo	punt
City	State	Zip Code		907.80
SAN JUAN	PR	00909		nsaction ID : SE-S840040 e of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y
Telephone Fundraising		Type 004		04 06 2022
Name of Federal Candidate:		X Support	Office Sou	ght: House District: 00
BLUNT, ROY, , ,		Oppose	Presi	ident X Senate State: MO
Calendar Year-To-Date		14222.50	Disburseme	ent For: X Primary General
Per Election for Office Sought	7 7	14322.50	2022	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3		·	1815.60
(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 candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	03	30 / Y Y Y Y 30 / 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES	;			PAGE 47 OF 59
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	NCE PAC		r	EC IDENTIFICATION NUMBER ▼
				С С00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y B Y B Y B Y
Full Name of Payee	ATION LLC	Memo		Public Distribution/Dissemination
Mar Weining And America				3 ^M / ^D 30 ^D / ^Y 2022
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8	State	Zip Code		907.80
SAN JUAN	PR	00909	Transa	ction ID : SE-S840042
Purpose of Expenditure				Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		04 / 06 / Y Y Y Y 2022
Name of Federal Candidate:		× Support	Office Sought:	House District: 00
MURRAY, PATTY, , ,		Oppose	Presider	nt 🗶 Senate State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought		14322.50	Disbursement	For: x Primary General her (specify) ►
Full Name of Payee		Memo		Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL		M	M / D D / Y Y Y Y
Mailing Address				30 2022
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code		907.80
SAN JUAN	PR	00909		ction ID : SE-S840044 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	-	Category/ Type 004	M	06 2022
Name of Federal Candidate:				House District: 00
VAN HOLLEN, CHRIS, , ,		SupportOppose	Office Sought:	
			Disbursement	
Calendar Year-To-Date Per Election for Office Sought		14322.50	2022	ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	5			1815.60
(b) SUBTOTAL of Uniternized Independent Expenditu	ires			
(c) TOTAL Independent Expenditures				
				49
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	led] Date	M M / / 03	30 / Y Y Y Y 30 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				9
NAME OF COMMITTEE (In Full)				-
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER	K V
			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	Y
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination	on
LIVE TRANŚFERS AND DONOR CREA	TION LLC		04 06 / Y Y Y	Y
Mailing Address 1607 Ponce de Leon ave				_
Suite GM8			Amount	_
City	State	Zip Code	923.73	3
SAN JUAN	PR	00909	Transaction ID : SE-S887966 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004	M M / D D / Y Y Y	Y
Name of Federal Candidate:		X Support	Office Sought: House District: 0	0
CORNYN, JOHN, , Sen,				X
Colordan Van To Data		F.F		eral
Calendar Year-To-Date Per Election for Office Sought		15246.22	2026 Other (specify) ▶	
Full Name of Payee			Item Date of Public Distribution/Dissemination	on
LIVE TRANSFERS AND DONOR CF		.0	04 06 2022	Y
Mailing Address 1607 Ponce de Leon ave				_
Suite GM8			Amount	_
City	State	Zip Code	923.74	
SAN JUAN	PR	00909	Transaction ID : SE-S887968 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising	-	Category/	M M / D D / Y Y Y	Y
		Type 004	04 13 2022	_
Name of Federal Candidate:		X Support	Office Sought: House District: 0	0
TILLIS, THOM, R., Sen,		Oppose	President X Senate State: N	C
Calendar Year-To-Date		15010.01	Disbursement For: 🗶 Primary 🗌 Gen	eral
Per Election for Office Sought	7 7	15246.24	2026 Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures			1847.47	
(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 candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fi	led] Date	e 04 06 2022	
Signature				

ITEMIZED INDEPENDENT EXPENDITURES	5		PAGE 49 OF 59
NAME OF COMMITTEE (In Full)			
UNITED WOMEN'S HEALTH ALLIAN	NCE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC		04 06 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	923.74
SAN JUAN	PR	00909	Transaction ID : SE-S887970 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	<u> </u>	Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: V House District: 14
LAWRENCE, BRENDA, LULENAR, ,		SupportOppose	Office Sought: K House District: 14 President Senate State: MI
			Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought		15246.26	2022 Other (specify) ►
Full Name of Payee			Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL		04 06 / Y Y Y Y 04 06 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	923.74
SAN JUAN	PR	00909	Transaction ID : SE-S887972 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
Telephone Fundraising		Type 004	04 13 2022
Name of Federal Candidate:		X Support	Office Sought: X House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date			Disbursement For: X Primary General
Per Election for Office Sought		15246.25	2022 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		1847.48
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		
(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 Fi	led]	e 04 06 2022
Signature		Date	9 04 06 2022

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 50	OF 59
NAME OF COMMITTEE (In Full)				
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATIO	
			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on	Y Y Y Y Y
Full Name of Payee		Memo	tem Date of Public Distribution/D	issemination
LIVE TRANŚFERS AND DONOR CREA	TION LLC		04 06 /	Y Y Y Y 2022
Mailing Address 1607 Ponce de Leon ave				2022
Suite GM8			Amount	
City	State	Zip Code		923.74
SAN JUAN	PR	00909	Transaction ID : SE-S88797 Date of Disbursement or Ob	
Purpose of Expenditure Telephone Fundraising	<u> </u>	Category/ Type 004		2022
Name of Federal Candidate:		X Support	Office Sought: House D	istrict:00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate	State: <u>NH</u>
			Disbursement For: X Primary	General
Calendar Year-To-Date Per Election for Office Sought		15246.24	2026 Other (specify) ►	General
			tem Date of Public Distribution/D	issemination
LIVE TRANSFERS AND DONOR CF	KEATION LL	.C	M M / D D / 04 06	Y Y Y Y 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		923.74
SAN JUAN	PR	00909	Transaction ID : SE-S8879 Date of Disbursement or Ob	-
Purpose of Expenditure		Category/	M M / D D /	Y Y Y Y
Telephone Fundraising		Type 004	04 13	2022
Name of Federal Candidate:		X Support	Office Sought: House D	istrict: 00
BLUNT, ROY, , ,		Oppose	President X Senate	State: <u>MO</u>
Calendar Year-To-Date		4594994	Disbursement For: X Primary	General
Per Election for Office Sought	7 7	15246.24	2022 Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures			►	1847.48
(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 candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fi	led] Date	04 06 / YEYEN	Y
Signature				

	PAGE 51 OF 59
	FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIANCE PAC	
C	C00755694
Check if 24-hour report 48-hour report New report Amends report filed on /	D D / Y Y Y Y
	Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC	D D / Y Y Y Y 06 2022
Mailing Address 1607 Ponce de Leon ave	
Suite GM8 Amount	
City State Zip Code	923.74
SAN JUAN PR 00909 Transaction ID Date of Disburs	5: SE-S887978 sement or Obligation
Purpose of Expenditure Telephone Fundraising Category/ Type 004	D D / Y Y Y Y 13 / 2022
Name of Federal Candidate:	House District: 00
MURRAY, PATTY, , , Oppose President X	
	X Primary General
Per Election for Office Sought 15246.24 2022 Other (spe	ecify) ►
	Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC	D D / Y Y Y Y 06 2022
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	
City State Zip Code	923.74
	D: SE-S887980 sement or Obligation
Purpose of Expenditure Category/ 004	D D / Y Y Y Y 13 / 2022
Type 004 04	13 2022
Name of Federal Candidate: X Support Office Sought:	House District:00
VAN HOLLEN, CHRIS, , , Oppose President	Senate State: MD
15246.24	x Primary General
Per Election for Office Sought	ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1847.48
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the report party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 04 06	/ Y Y Y Y 2022
Signature	

ITEMIZED INDEPENDENT EXPENDITURES	8		PAGE 52 OF 59		
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼		
UNITED WOMEN'S HEALTH ALLIA	NCE PAC				
			C C00755694		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on		
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination		
LIVE TRANŚFERS AND DONOR CRE	ATION LLC		04 13 / Y Y Y Y 04 13 2022		
Mailing Address 1607 Ponce de Leon ave					
Suite GM8			Amount		
City	State	Zip Code	928.09		
SAN JUAN	PR	00909	Transaction ID : SE-S887982 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 X Senate State: TX		
Calendar Year-To-Date		40474.04	Disbursement For: X Primary General		
Per Election for Office Sought	7 7	16174.31	2026 ☐ Other (specify) ►		
Full Name of Payee			Item Date of Public Distribution/Dissemination		
LIVE TRANSFERS AND DONOR C	REATION LL		04 13 Y Y Y Y 04 13 2022		
Mailing Address 1607 Ponce de Leon ave					
Suite GM8			Amount		
City	State	Zip Code	928.09		
SAN JUAN	PR	00909	Transaction ID : SE-S887984 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising	·	Category/ Type 004	M M / D D / Y Y Y		
		Type 004			
Name of Federal Candidate:		X Support	Office Sought: House District: 00		
TILLIS, THOM, R., Sen,		Oppose	President X Senate State: NC		
Calendar Year-To-Date		16174.33	Disbursement For: 🗴 Primary General		
Per Election for Office Sought		10174.00	2026 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditure	98		1856.18		
(b) SUBTOTAL of Unitemized Independent Expendit	ures				
(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 it	date or authorized				
MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	led]	e 04 13 2022		
Signature		Date	e 04 13 2022		

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 59
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			
				C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y P Y P Y P Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo		Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				13 2022
Suite GM8			Amount	
City	State	Zip Code		928.08
SAN JUAN	PR	00909		ction ID : SE-S887986 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	04 / D D / Y Y Y 20 / 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: <u>14</u>
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presider	nt Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		16174.34	Disbursement 2022 Oth	For: X Primary General her (specify) ►
Full Name of Payee		Memo	Item Date of	Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C)4 13 2022
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8			Amouni	
City SAN JUAN	State	Zip Code 00909		928.08 action ID : SE-S887988
Purpose of Expenditure				Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		04 / ^D 20 / ^Y 2022
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		16174.33	Disbursement	
				ner (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3			1856.16
(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 candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	M M / / / / / / / / / / / / / / / / / /	13 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 54 OF 59
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		
			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC		04 / D D / Y Y Y Y Y 04 13 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	928.08
SAN JUAN	PR	00909	Transaction ID : SE-S887990 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
SHAHEEN, JEANNE, , ,			President X Senate State: NH
Calendar Year-To-Date			Disbursement For: X Primary General
Per Election for Office Sought		16174.32	2026 Other (specify) ▶
Full Name of Payee			Item Date of Public Distribution/Dissemination
		.0	04 13 Y Y Y Y 04 13 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	928.08
SAN JUAN	PR	00909	Transaction ID : SE-S887992 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ 004	M M / D D / Y Y Y Y
		Type 004	
Name of Federal Candidate:		X Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President X Senate State: MO
Calendar Year-To-Date		46474.22	Disbursement For: X Primary General
Per Election for Office Sought	7 7	16174.32	2022 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		1856.16
(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 candida party committee) any political party committee or its	ate or authorized		
	[Electronically Fi	led] Date	e 04 13 2022
Signature			

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 55 OF 59
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIANCE PAC	C00755694
C	00755694
Check if 24-hour report 48-hour report New report Amends report filed on	/ D D / Y Y Y Y
Full Name of Payee Date of Publ LIVE TRANSFERS AND DONOR CREATION LLC	ic Distribution/Dissemination
04	/ D D / Y Y Y Y 13 2022
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	020.00
City State Zip Code Transaction	928.08 ID : SE-S887994
Date of Disb	ursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ 004004	/ D D / Y Y Y Y 20 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 16174.32 Disbursement For: 2022 Other (s	
Full Name of Payee Date of Publ	ic Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC	
Mailing Address	13 2022
Suite GM8	
City State Zip Code	928.08
FR UU9U9	ID : SE-S887996 ursement or Obligation
Purpose of Expenditure Category/ 004	/ D D / Y Y Y Y 20 / 2022
Type 004 04	20 2022
Name of Federal Candidate: Image: Support Office Sought:	House District: 00
VAN HOLLEN, CHRIS, , , Oppose President	Senate State: MD
Calendar Year-To-Date Disbursement For: 2022	X Primary General
Other (s	specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	1856.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopera with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 04 13	/ Y Y Y Y Y 2022
Signature	

ITEMIZED INDEPENDENT EXPENDITURES	5				PAGE 56	-
NAME OF COMMITTEE (In Full)				FEC		24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	NCE PAC					
				С	C00755694	1
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M	/ D D /	Y Y Y Y
Full Name of Payee		Memo	Item Da	ate of Pub	lic Distributior	n/Dissemination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC			M	/ D D	
Mailing Address 1607 Ponce de Leon ave				04	20	2022
Suite GM8			Ar	mount		
City	State	Zip Code	— I			925.26
SAN JUAN	PR	00909			n ID : SE-S887	
Purpose of Expenditure			Da		oursement or	3
Telephone Fundraising		Category/ Type 004		04	27	2022 Y
Name of Federal Candidate:		× Support	Office So	ought:	House	District:00
CORNYN, JOHN, , Sen,		Oppose	Pre	esident	X Senate	State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought		17099.57	Disburse 2026 —	ment For:	x Primai	ry General
	, , ,			_ 、	specify) ►	
Full Name of Payee	REATION LL	.C	Item Da			n/Dissemination
				^M 04 ^M	/ ^D 20	2022
Mailing Address 1607 Ponce de Leon ave			A	nount		
Suite GM8	1 -					
City	State	Zip Code	. Ļ	rancastio	n ID : SE-S88	925.26
SAN JUAN	PR	00909			bursement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 M	/ D D D D D D D D D D D D D D D D D D D	Y Y Y Y Y 2022
Name of Federal Candidate:		X Support	Office So	ought:	House	District: 00
TILLIS, THOM, R., Sen,		Oppose	Pre	esident	× Senate	State: NC
Calendar Year-To-Date		17000 50	Disburse	ment For:	x Primai	ry General
Per Election for Office Sought		17099.59	2026	Other (specify) 🕨	
(a) SUBTOTAL of Itemized Independent Expenditures	5					1850.52
(b) SUBTOTAL of Uniternized Independent Expenditu	ires					
(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 04	/ D 20		22
Signature						

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 57	OF 59 4 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATIO	
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			
			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	filed on/ D D /	Y Y Y Y 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			0420 Amount	2022
Suite GM8	State	Zip Code		925.26
SAN JUAN	PR	00909	Transaction ID : SE-S8880 Date of Disbursement or C	002
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	04 / D D /	Y Y Y Y Y 2022
Name of Federal Candidate:		X Support	Office Sought: X House	District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate	State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		17099.60	Disbursement For: X Primary	General
Full Name of Payee		Memo		Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL	.C	M M / D /	Y Y Y Y
Mailing Address			0420	2022
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code		925.27
SAN JUAN	PR	00909	Transaction ID : SE-S888 Date of Disbursement or C	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	04 / D D /	Y Y Y Y 2022
Name of Federal Candidate:		X Support	Office Sought: X House	District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought		17099.60	Disbursement For: X Primary	General
	1 1		Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures			Image: A state of the state	1850.53
(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	te or authorized			
	Electronically Fil	ed] Date	04 20 / Y Y 202	2
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 58 OF	59
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF	
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		C C00755694	
			C C C C C C C C C C	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on	Y Y
Full Name of Payee		Memo	tem Date of Public Distribution/Dissen	nination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC			2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		925.27
SAN JUAN	PR	00909	Transaction ID : SE-S888006 Date of Disbursement or Obligati	on
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004	M M / D D / Y	2022
Name of Federal Candidate:		X Support	Office Sought: House District	. 00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate State	
Calendar Year-To-Date			Disbursement For: X Primary	General
Per Election for Office Sought	7 7	17099.59	2026 Other (specify) ►	
Full Name of Payee			tem Date of Public Distribution/Dissen	nination
LIVE TRANSFERS AND DONOR CF	REATION LL	_C		2022 Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		925.26
SAN JUAN	PR	00909	Transaction ID : SE-S888008 Date of Disbursement or Obligati	on
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004	M M / D D / Y	2022
		Type 004		2022
Name of Federal Candidate:		x Support	Office Sought: House District	t: <u>00</u>
BLUNT, ROY, , ,		Oppose	President X Senate State	;MO
Calendar Year-To-Date		17099.58	Disbursement For: X Primary 2022	General
Per Election for Office Sought	7 7		Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	5		▶ 185	60.53
(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 candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fi	led] Date	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]
Signature				-

INME OF COMMITTEE (In Full) IFOR LIKE 40F FORM 3X UNITED WOMEN'S HEALTH ALLIANCE PAC IFOR LIKE 40F FORM 3X Check if	ITEMIZED INDEPENDENT EXPENDITURE	S		PAGE 59 OF 59
UNITED WOMEN'S HEALTH ALLIANCE PAC C 0073564 Check if _ 24-hour report New report Amends report field on ***********************************	NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
Check II 24-hour report New report Amends report filed on Full Name of Payee Image: Check II Memo Item Date of Public Distribution/Dissemination ILVE TRANSFERS AND DONOR CREATION LLC Image: Check II Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave State Amount San JUAN PR 00000 Date of Disbutsement or Obligation Purpose of Expenditure Category/ 04 27 2022 Name of Foderal Candidate: WRRAY, PATTY Oppose Disbutsement or Obligation Querodar Year-To-Date Perestent Y Sunate State: MA Category/ Odf 0000 Date of Public Distribution/Dissemination UVE TRANSFERS AND DONOR CREATION LLC Oppose Disbutsement or Obligation Odf 20 2022 Mailing Address 1607 Ponce de Leon ave State: MA Odd 20 200 200 Amount City State PR 00000 Date of Public Distribution/Dissemination 0df 20 202 Amount City State GMB State GMB State: MD		NCE PAC		
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LIVE TRANSFERS AND DONOR CREATION LLC Induiting Address 1607 Ponce de Leon ave Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 22p Code 22a 26 Purpose of Expenditure Category/ Type 004 22a 22 Name of Federal Candidate: Image: Category/ Type 004 20 2022 Name of Federal Candidate: Image: Category/ Type 004 20 2022 Name of Federal Candidate: Image: Category/ Type 004 20 2022 Name of Federal Candidate: Image: Category/ Type 004 20 2022 Name of Payee Image: Category/ Type 004 20 2022 Mailing Address 1607 Ponce de Leon ave Suite GM8 21p Code 22a 2022 Mailing Address 1607 Ponce de Leon ave Suite GM8 22p Code 22a 2022 Name of Federal Candidate: Image: Category/ Telephone Fundraling Category/ Category/ Telephone Fundraling 22a 202 Amount Purpose of Expenditure For Category/ Telephone Fundraling 22a 202 Amount 22a 202 Name of Federal Candidate: Image: Category/ Telephone F	Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Mailing Address 1607 Ponce de Leon ave Suite GM8 Amount City SAN JUAN PR 00009 Purpose of Expenditure Telephone Fundraising Category/ Type Out 04 27 2022 Name of Federal Candidate: X Support Office Sought House District: 00 MURRAY, PATTY, Oppose President Y Senate State: WA Calendar Year: To-Date President Y Senate State: WA Date of Public District: 00 Oppose District: WA Full Name of Payee Immon Item Date of Public Distribution/Dissemination UVE LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Y Once de Leon ave State: WA Sure GM8 202 Other (specify) Date of Dubursement For: Y 2022 Amount Purpose of Expenditure Category/ Transaction ID: SE-SB8012 Date of Dubursement For: Y 2022 Amount VAN HOLLEN, CHRIS, Oppose Office Sought If 064 / 20 / 2022 Other (specify) / 2022 Name of Federal Candidate: Y Support Office Sought	Full Name of Payee LIVE TRANSFERS AND DONOR CRE	EATION LLC	Memo	M M / D D / Y Y Y
City State Zip Code 925.28 SAN JUAN PR 00909 Tate of Disbursement or Obligation Purpose of Expenditure Category/ 004 7.7.7.2022 Name of Federal Candidate: Image: Support Office Sought House District: 00 MURRAY, PATTY, Image: Support Office Sought House District: 00 MURRAY, PATTY, Image: Support Office Sought Image: Support Office Sought Image: Support Calendar Year-To-Date President X Senate State: WA Per Election for Office Sought Image: Support Office Sought Disbursement For: X Primary General LIVE TRANSFERS AND DONOR CREATION LLC Memo Item Date of Public Distribution/Dissemination Image: Support Office Sought Image: Support Image: Su	Mailing Address 1607 Ponce de Leon ave			
SAN JUAN PR 00909 Transaction ID: SE-S88010 Purpose of Expenditure Category/ Type 004 04 27 2022 Name of Federal Candidate: X Support Office Sought House District: 00 MURRAY, PATTY, ., Oppose Office Sought Y Primary General Calendar Year-To-Date Disbursement For: X Primary General Per Election for Office Sought 17093-58 2022 Other (specify) Elify Full Name of Payee IVE TRANSFERS AND DONOR CREATION LLC Memo Item Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 202 Amount SAN JUAN PR 00909 Transaction ID: SE-S88012 Date of Disbursement or Obligation Purpose of Expenditure Category/ Telephone Fundraising Category/ Type 004 27 2022 Name of Federal Candidate: X Support Office Sought House District: 00 VAN HOLLEN, CHRIS, Oppose Disbursement For: Primary General 2022				
Purpose of Expenditure Telephone Fundraising Category/ Type 004 04 27 2022 Name of Federal Candidate: Image: Support Office Sought: House District: 00 MURRAY, PATTY, Oppose President Image: Senate State: WA Category/ Type Office Sought: House District: 00 Office Sought: House District: 00 MURRAY, PATTY, Oppose Distursement For: Image: President Image: Senate State: WA Per Election for Office Sought 17099.55 Distursement For: Primary General Mailing Address 1607 Ponce de Leon ave Suite GMS State Zip Code Amount Purpose of Expenditure Category/ Telephone Fundraising Category/ Transaction ID: SE-5886012 2022 Name of Federal Candidate: Image: Suite Sought House District: 00 VAN HOLLEN, CHRIS, Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Image: Suite: 00 Image: Suite: 00 (a) SUBTOTAL of Itemized Independent Expenditures Dis				
Telephone Fundraising Category 004 04 04 27 2022 Name of Federal Candidate: X Support Office Sought: House District: 00 MURRAY, PATTY, , , Oppose President X Senate State: WA Calendar Year-To-Date 17099.58 Disbursement For: X Primary General LIVE TRANSFERS AND DONOR CREATION LLC Memo Item Date of Public Distribution/Dissemination 04 202 Amount Gold 925.26 Tansaction ID : \$E.\$888012 Date of Public Distribution/Dissemination UVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 202 Other (specify) Date of Public Distribution/Dissemination Purpose of Expenditure X Support 04 20 2022 Name of Federal Candidate: X Support Office Sought: House District: 00 VAN HOLLEN, CHRIS, ., Oppose Oppose Disbursement For: X Primary General (a) SUBTOTAL of Unitemized Independent Expenditures	SAN JUAN	PR	00909	
MURRAY, PATTY, Oppose Online Studynin, includes Dishift, includes Variable Variab				
MURRAY, PATTY, □ Oppose □ President Image: Senate State: WA Calendar Year-To-Date Per Election for Office Sought 17099.58 Disbursement For: Image: President Primary General 2022 Other (specify) ▶	Name of Federal Candidate:		X Support	Office Sought: House District: 00
Per Election for Office Sought 17099.58 2022 Other (specify) ▶ Full Name of Payee IN Memo Item Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 202 Amount City SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 207 2022 Name of Federal Candidate: Image: Support Office Sought Image: Support Office Sought Image: Support VAN HOLLEN, CHRIS, Oppose Disbursement or Obligation Image: Support Office Sought Image: Support Calendar Year-To-Date Pre Election for Office Sought 17099.58 Disbursement For: Image: Primary image: Support (a) SUBTOTAL of Itemized Independent Expenditures Image: Support Image: Support Image: Support Image: Support (b) SUBTOTAL of Unitemized Independent Expenditures Image: Support Image: Support Image: Support Image: Support 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 ent	MURRAY, PATTY, , ,			
LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address Suite GM8 City Saite GM8 Purpose of Expenditure Telephone Fundraising Purpose of Expenditure Telephone Fundraising Name of Federal Candidate: VAN HOLLEN, CHRIS, , , Category/ OAH Per Election for Office Sought 17099.58 Obsubstromation Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.			17099.58	2022
LIVE TRANSFERS AND DONOR CREATION LLC Image: constraint of the second secon	Full Name of Pavee		Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave Suite GMB Zip Code City State SAN JUAN PR Outpose of Expenditure Transaction ID: SE-S888012 Date of Disbursement or Obligation VAN HOLLEN, CHRIS, , , Calendar Year-To-Date Per Election for Office Sought 17099.58 Other (specify) > (a) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures 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 or its agent.		CREATION LL		M M / D D / Y Y Y Y
Suite GM8 Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Telephone Fundraising Category/ 004 Name of Federal Candidate: Yan HOLLEN, CHRIS, , , Oppose VAN HOLLEN, CHRIS, , , Oppose President Senate Calendar Year-To-Date Per Election for Office Sought Item for: Yenimary Per Election for Office Sought 17099.58 Disbursement For: Yenimary (a) SUBTOTAL of Itemized Independent Expenditures 1850.52 (b) SUBTOTAL of Unitemized Independent Expenditures 29479.11	Mailing Address 1607 Ponce de Leon ave			
City State Zip Code 925.26 SAN JUAN PR 00909 Output Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type 004 Transaction ID : SE-S888012 Date of Disbursement or Obligation Name of Federal Candidate: Image: Support Office Sought: House District: 00 VAN HOLLEN, CHRIS, . , Oppose President Senate State: MD Calendar Year-To-Date Per Election for Office Sought 17099.58 Other (specify) Image: Senate State: MD (a) SUBTOTAL of Itemized Independent Expenditures Image: Senate Image: Senate Image: Senate 29479.11 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 or its agent. MASTROIANNI, STEPHANIE, . , [Electronically Filed] Date Mm / 20 202				Amount
Price Outgoin Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type 004 04 27 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 17099.58 Disbursement For: Y Primary General (a) SUBTOTAL of Itemized Independent Expenditures Image: Comparison of the independent Expenditures Image: Comparison of the independent Expenditures Image: Comparison of the independent Expenditures (c) TOTAL Independent Expenditures Image: Comparison of 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 or its agent. MASTROIANNI, STEPHANIE, ., [Electronically Filed] Date 04 20 2022		State	Zip Code	925.26
Purpose of Expenditure Telephone Fundraising Category/ Type 004 04 027 2022 Name of Federal Candidate: X Support Office Sought: House District: 00 VAN HOLLEN, CHRIS, , , Calendar Year-To-Date Per Election for Office Sought Year-To-Date President X Senate State: MD (a) SUBTOTAL of Itemized Independent Expenditures Image: Calendar Expenditures Image: Calendar Expenditures Image: Calendar Expenditures Image: Calendar Expenditures (c) TOTAL Independent Expenditures Image: Calendar Expenditures Image: Calendar Expenditures Image: Calendar Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date Image: Mage: Mage	SAN JUAN	PR	00909	
VAN HOLLEN, CHRIS, , , Calendar Year-To-Date Per Election for Office Sought 17099.58 Disbursement For: Primary General 2022 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				M M / D D / Y Y Y Y
VAN HOLLEN, CHRIS, , , Oppose President Senate State: MD Calendar Year-To-Date Per Election for Office Sought 17099.58 Disbursement For: Y Primary General 2022 (a) SUBTOTAL of Itemized Independent Expenditures > 1850.52 (b) SUBTOTAL of Unitemized Independent Expenditures > 29479.11 (c) TOTAL Independent Expenditures > 29479.11 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.	Name of Federal Candidate:		Support	Office Sought: House District: 00
Image: Per Election for Office Sought 17099.58 2022 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures > 1850.52 (b) SUBTOTAL of Unitemized Independent Expenditures > 2022 2022 (c) TOTAL Independent Expenditures > 29479.11 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, [Electronically Filed] Date Mathematical of 20 2022 2022	VAN HOLLEN, CHRIS, , ,			
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures <li< td=""><td></td><td></td><td>17099 58</td><td></td></li<>			17099 58	
(b) SUBTOTAL of Unitemized Independent Expenditures. (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 04 04 20	Per Election for Office Sought	7 7	11003.00	2022 Other (specify) ►
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditur	'es		1850.52
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 04 20 2022	(b) SUBTOTAL of Unitemized Independent Expend	itures		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 04	(c) TOTAL Independent Expenditures			29479.11
[Electronically Filed] Date 04 20 2022	with, or at the request or suggestion of, any cand	idate or authorized		
	MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	led] Date	
	Signature			