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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For (Other Than An	Authorized	d Commi	ttee		Office Use	Only	
NAME OF COMMITTEE (in f		E OR PRINT ▼		ample: If typer the lines.		12FE4M	15		
UNITED WOME	EN'S HEAL	TH ALLIANC	E PAC	1 1 1				1 1 1	I
<u> </u>									
	17	75 EYE STREET N	W						
ADDRESS (number and ▼	street)								
Check if diffe than previous reported. (AC	ly . w	/ASHINGTON				DC	20006	-	
2. FEC IDENTIFICA	ATION NUMBE	ER ▼	CITY ▲		· · · · · · ·	STATE A	Z	IP CODE	A
C C00755694			3. IS THIS REPORT	×	NEW (N) OR	AM (A	MENDED)		
4. TYPE OF REP (Choose One)	ORT (k	n) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	- 1	May 20 (M5)		20 (M8) 20 (M9)	(Noi Yea	v 20 (M11) n-Election r Only) c 20 (M12)
(a) Quarterly Rep	orts:	H	Apr 20 (M4)	H	Jul 20 (M7)			Yea	n-Election r Only)
April 15 Quarterly	Report (Q1)		Apr 20 (W4)	ш	` ′		20 (M10)	-	1 31 (YE)
July 15	Report (Q2)	(c) 12-Day PRE-Election	on	Primary (1	2P)	General	(12G)	Rur	noff (12R)
October	15	Report for t	he:	Convention	1 (12C)	Special	(12S)		
January 3	Report (Q3) 31 Report (YE)	E	Election on	M = M	/ D D /	Y Y Y Y		in the State of	
July 31 M Report (N Year Only	Ion-election	(d) 30-Day POST-Elect		General (3	0G)	Runoff (30R)	Spe	ecial (30S)
Termination (TER)	on Report		Election on	M = M	/ D D /	Y Y Y		n the State of	
5. Covering Period	11		022	through	M M M	31	2022		
I certify that I have ex-		eport and to the be LISHKA, JOHN, , ,	est of my kno	wledge and	d belief it is tru	ue, correct an	d complete		
Type or Print Name of									
Signature of Treasurer	PLISHKA, .	JOHN, , ,		[Electronica	ully Filed] [Date 01	12		023
NOTE: Submission of fa	ulse, erroneous,	or incomplete infor	mation may su	ubject the p	erson signing t	his Report to t	he penalties	of 52 U.S	s.C. § 3010
Office Use								FORM v. 05/2016	3X

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 11 29 2022 12 31 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 77688.71 January 1, 2022 (b) Cash on Hand at 31782.71 Beginning of Reporting Period..... 149744.00 1757190.60 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1834879.31 181526.71 6(a) and 6(c) for Column B)..... 143701.07 1797053.67 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 37825.64 37825.64 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 2920.07 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

R	eport Covering the Period: From:		12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	5250.00	46079.00
	(ii) Unitemized	144494.00	1686111.60
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	149744.00	1732190.60
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	149744.00	1732190.60
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	25000.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	149744.00	1757190.60
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	149744.00	1757190.60

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)		Caroniaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	140554.07	1004700.70
Expenditures(c) Total Operating Expenditures	143551.07	1604790.78
(add 21(a)(i), (a)(ii), and (b))▶	143551.07	1604790.78
Transfers to Affiliated/Other Party Committees	0.00	25000.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	165417.89
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	103417.03
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	150.00	1845.00
(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))	150.00	1845.00
, , , , , , , , , , , , , , , , , , , ,	100.00	1040.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2	4 4	4 4
(a) Allocated Federal Election Activity	,	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	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	200
2.1.00 00(0)/, 00(0)/, 010 00(0)/,	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	143701.07	1797053.67
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	143701.07	1797053.67
•		1797033.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 149744.00 1732190.60 (from Line 11(d), page 3) 34. Total Contribution Refunds 150.00 1845.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 1730345.60 149594.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 143551.07 1604790.78 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 25000.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 143551.07 1579790.78 (subtract Line 37 from Line 36)

: 97 `A = G7 9 @ @ 5 B9 CIG`H9 LH`F9 @ 5 H98 `HC`5 `F9 DC FHž G7 < 98 I @ 9 `C F` ± H9 A ± 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 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:

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	13 14						16	6	17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Initial BECK, JOEL, , , Mailing Address 11924 COURTLEIGH DR APT 7 City LOS ANGELES FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Countributing federal political committee.	State Zip Code 90066 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 12 08 2022 Transaction ID : SA11AI-28605855 Amount of Each Receipt this Period 60.00 Memo Item
Full Name of Individual (Last, First, Middle Init BECKWITH, KATHERINE, , , Mailing Address 8918 NE 236TH CIR		Date of Receipt 12 15 2022
City	State Zip Code WA 98604	Transaction ID : SA11AI-28608999
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C Occupation (for Individual)	Amount of Each Receipt this Period 55.00 Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 345.00	
Full Name of Individual (Last, First, Middle Ini BLACK, ANTHONY, , , Mailing Address 1305 NORTHCLIFF AVE APT B13 City	tial) or Full Organization Name State Zip Code	Date of Receipt 12 19 2022 Transaction ID : SA11AI-28607029
FEC ID number of contributing federal political committee.	OK 73071	Amount of Each Receipt this Period 45.00
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 370.00	Memo Item
SUBTOTAL of Receipts This Page (optional)	>	160.00
TOTAL This Period (last page this line number	only)	

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	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middl BOSBY, ALVIN, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 3993 ENCLAVE LN		12 12 2022
City ROWLETT	State Zip Code 75089	Transaction ID : SA11AI-28609123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middl BREEN, CAROL, , , Mailing Address PO BOX 128	le Initial) or Full Organization Name	Date of Receipt
City JEMEZ SPRINGS	State Zip Code NM 87025	12 06 2022 Transaction ID : SA11Al-28609353 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	35.00 Memo Item
Retired	Retired	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 128		12 08 2022
City JEMEZ SPRINGS	State Zip Code NM 87025	Transaction ID : SA11AI-28608135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (optional	al)	215.00
TOTAL This Period (last page this line num	nber only)	

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	the name and address of any political committee						
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle BUHALY, JEAN, , , Mailing Address 35451 1ST AVE S	Initial) or Full Organization Name	Date of Receipt					
APT F226		12 06 2022					
City FEDERAL WAY	State Zip Code WA 98003	Transaction ID : SA11AI-28606015					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00						
Full Name of Individual (Last, First, Middle CLARK, MARGARET, , , Mailing Address 6824 HOPKINS RD	Initial) or Full Organization Name	Date of Receipt					
City MIDDLE RIVER	State Zip Code MD 21220	Transaction ID : SA11AI-28607047 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00						
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 6824 HOPKINS RD		12 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City MIDDLE RIVER	State Zip Code MD 21220	Transaction ID : SA11AI-28609057 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00						
SUBTOTAL of Receipts This Page (optional)		85.00					
TOTAL This Period (last page this line numb	per only)						

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

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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC					
Full Name of Individual (Last, First, Middle CONWAY, MARY, , , Mailing Address PO BOX 195	Initial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 1 C BOX 193			12 06 2022				
City	State	Zip Code	Transaction ID: SA11AI-28606029				
STRAWN	TX	76475	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Retired							
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 230.00					
Full Name of Individual (Last, First, Middle COVIN, LEWIS, , , Mailing Address 5323 LEWIS COVIN RD	Initial) or Full Orga	nization Name	Date of Receipt				
0"		7: 0 1	12 15 2022				
City MACCLENNY	State	Zip Code 32063	Transaction ID : SA11AI-28608989				
FEC ID number of contributing federal political committee.	C	02000	Amount of Each Receipt this Period 35.00				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 440.00					
Full Name of Individual (Last, First, Middle COX, CAROL, , ,	Initial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 736 CEDAR FIELD CT			12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City CHESTERFIELD	State MO	Zip Code 63017	Transaction ID : SA11AI-28609423				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 55.00				
Name of Employer (for Individual) Best Efforts	Occupa Best Eff	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 230.00					
SUBTOTAL of Receipts This Page (optional).			140.00				
TOTAL This Period (last page this line number	er only)						

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	and Statements may not be sold or used by any pers ig the name and address of any political committee to								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	H ALLIANCE PAC								
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 5403 NOTTINGHAM PL		12 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City									
BARTLESVILLE	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	55.00							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
Retired	Retired	_							
Receipt For:	Aggregate Year-to-Date ▼]							
Primary General	00 0								
Other (specify) ▼	330.00								
Full Name of Individual (Last, First, Midd CULVER, JUDITH, , ,	lle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 5403 NOTTINGHAM PL		12 08 2022							
City	State Zip Code	Transaction ID : SA11AI-28605873							
BARTLESVILLE	OK 74006	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	60.00							
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼]							
Primary General Other (specify) ▼	330.00								
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 2004 E CLIPPER LN		12 26 2022							
City	State Zip Code	Transaction ID : SA11AI-28606579							
GILBERT	AZ 85234	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	20.00							
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼	1							
Primary General	00 0								
Other (specify)	245.00								
SUBTOTAL of Receipts This Page (options	al)	135.00							
TOTAL This Period (last page this line nur	mber only)								
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini DAVIS, FRANCES, , , Mailing Address 41664 BRANDENSTEIN DR	tial) or Full Organization Name	Date of Receipt
		12 02 2022
City ALDIE	State Zip Code VA 20105	Transaction ID : SA11AI-28609443
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 3501 BERMUDA CIR LOT 78		12 09 2022
City OVIEDO	State Zip Code FL 32765	Transaction ID : SA11AI-28609183 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 2002 FOX TRACE TRL		12 06 2022
City CUYAHOGA FALLS	State Zip Code OH 44223	Transaction ID : SA11AI-28609315 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 370.00	
SUBTOTAL of Receipts This Page (optional)	>	230.00
TOTAL This Period (last page this line number	only)	

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

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle In DIGIROLAMO, VINCENT, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2002 FOX TRACE TRL			12 08 2022
City	Transaction ID : SA11AI-28603545		
CUYAHOGA FALLS	ОН	44223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 370.00	
Full Name of Individual (Last, First, Middle In DILLON, GLENNA, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 11390 US HIGHWAY 19 APT 106 City	State	Zip Code	12 22 2022
PORT RICHEY	FL	34668	Transaction ID : SA11AI-28607451 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 585.00	
Full Name of Individual (Last, First, Middle In EASTERLING, VIRGINIA, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1121 ASKINS RD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HARTSVILLE	State	Zip Code 29550	Transaction ID : SA11AI-28609453 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)			245.00
TOTAL This Period (last page this line number	r onlv)		

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	ny information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC					
Α.	Full Name of Individual (Last, First, Middle Initi FOSTER, WILLIAM, , , Mailing Address 7508 RED OAK LN	al) or Full Org	anization Name	Date of Receipt				
				12 22 2022				
	City CHARLOTTE	State NC	Zip Code 28226	Transaction ID : SA11AI-28602525 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C ID number of contributing						
	Name of Employer (for Individual) Retired	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 205.00					
В.	Full Name of Individual (Last, First, Middle Initi GERZESKI, ROBERT, , ,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 2272 N KEARNEY DR	Stata	Zin Codo	12 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City SAGINAW	State MI	Zip Code 48603	Transaction ID : SA11AI-28608131 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	FEC ID number of contributing						
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 230.00					
С .	Full Name of Individual (Last, First, Middle Initi GILLESPIE, ANITA, , ,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 379 ECHO RIDGE LN APT C108	State	7:- Code	12 14 2022				
	City SOQUEL	CA	Zip Code 95073	Transaction ID : SA11AI-28605411 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		75.00				
	Name of Employer (for Individual) Retired	ation (for Individual) d	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 220.00					
H	SUBTOTAL of Receipts This Page (optional)			175.00				

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle Ir GREEN, MORRIS, , , Mailing Address 1 MORRISON CT	nitial) or Full Orgar	nization Name	Date of Receipt
			12 09 2022
City	State LA	Zip Code	Transaction ID : SA11AI-28606725
NEW ORLEANS	L^	70127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Best Efforts	Occupat Best Eff	tion (for Individual) forts	Memo Item
Receipt For: Primary General Other (specify) ▼	ar-to-Date ▼ 255.00		
Full Name of Individual (Last, First, Middle Ir HAJROVIC, ALMA, , , Mailing Address 10201 RUTHERFORD CT	nitial) or Full Orgar	nization Name	Date of Receipt
			12 07 2022
City	State	Zip Code	Transaction ID : SA11AI-28609277
OAKTON FEO. ID anatology (anatology in the state of	VA	22124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		55.00
Name of Employer (for Individual) The World Bank		tion (for Individual) dministrative Officer	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		240.00	
Full Name of Individual (Last, First, Middle Ir HALVA, SHARON, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 3150 LAKE JOHANNA BLVE APT 229			12 01 2022
City ARDEN HILLS	State MN	Zip Code 55112	Transaction ID : SA11AI-28601987
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	[C]		100.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)	7	320.00	
SUBTOTAL of Receipts This Page (optional)		>	190.00
TOTAL This Period (last page this line number	r only)		

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

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

Full Name of Individual (Last, First, Middle HARLOW, TERRY, , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address PO BOX 414			12 05 / Y Y Y Y Y Y
City	State VT	Zip Code	Transaction ID : SA11AI-28609385
WOODSTOCK	VI	05091	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Primary General Other (specify) ▼		490.00	
Full Name of Individual (Last, First, Middle HASSON, LINDA, , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 1804 E TULARE AVE			12 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI-28609377
VISALIA	CA	93292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle HOFFMAN, THOMAS, , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 1495 AENEAS VALLEY RI			12 28 2022
City TONASKET	State WA	Zip Code 98855	Transaction ID : SA11AI-28604631 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		180.00
Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item
Receipt For: Primary General			
Other (specify)		325.00	
SUBTOTAL of Receipts This Page (optional)		>	330.00

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC					
Full Name of Individual (Last, First, Middle Initial HUBER, NANCY, , , Mailing Address 6372 W 750 N	tial) or Full Organization Name	Date of Receipt 12 29 2022				
City MCCORDSVILLE	State Zip Code IN 46055	Transaction ID : SA11AI-28604047 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Best Efforts Aggregate Year-to-Date ▼ 285.00	Memo Item				
Full Name of Individual (Last, First, Middle Initalian ISRAEL, LESLEY, , , Mailing Address 55 DAVIS LN	tial) or Full Organization Name	Date of Receipt 12 06 2022				
City EASTON FEC ID number of contributing federal political committee.	State Zip Code MD 21601	Transaction ID : SA11AI-28608243 Amount of Each Receipt this Period 75.00				
Name of Employer (for Individual) Retired Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 580.00	Memo Item				
Full Name of Individual (Last, First, Middle Initial ISRAEL, LESLEY, , , Mailing Address 55 DAVIS LN City EASTON	State Zip Code MD 21601	Date of Receipt 12 13 2022 Transaction ID : SA11AI-28607045 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	60.00 Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 580.00					
SUBTOTAL of Receipts This Page (optional)	······································	170.00				
TOTAL This Period (last page this line number	only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I JACKSON, GORDON, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 196 OLD RIVER RD APT 7FS		12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-28609421
LINCOLN	RI 02865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	30 0	
Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Middle I JACKSON, GORDON, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 22686 COLETA DR		12 13 2022
City	State Zip Code	Transaction ID : SA11AI-28609073
SALINAS	CA 93908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	215.00	
Full Name of Individual (Last, First, Middle I JACOBS, TODDY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1113 BRASS KETTLE RD		12 05 2022
City	State Zip Code	Transaction ID : SA11AI-28609383
RALEIGH	NC 27614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 5	
Other (specify)	370.00	
SUBTOTAL of Receipts This Page (optional)		280.00
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TOTAL This Period (last page this line number	er only)	45 45 45 46 4

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC					
Full Name of Individual (Last, First, Middle In JOHNSON, HAROLD, , , Mailing Address 2625 MAPLE AVE	nitial) or Full Orga	anization Name	Date of Receipt				
City	State	Zip Code	12 02 2022				
MORRO BAY	CA	93442	Transaction ID : SA11AI-28609475 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		25.00				
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 210.00					
Full Name of Individual (Last, First, Middle In KOCHISS, JOHN, , , Mailing Address 88 EAGER RD	Date of Receipt						
City NORTH FRANKLIN	State CT	Zip Code 06254	Transaction ID : SA11AI-28599663 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		35.00				
Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	eceipt For: Aggregate Year-to-Date ▼ Primary General						
Full Name of Individual (Last, First, Middle In KONESKA, KATHY, , ,	nitial) or Full Orga	anization Name	Date of Receipt				
Mailing Address 5029 IROQUOIS TRL			12 01 2022				
City REED CITY	State MI	Zip Code 49677	Transaction ID : SA11AI-28601009				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 35.00				
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 225.00					
SUBTOTAL of Receipts This Page (optional)		>	95.00				
TOTAL This Period (last page this line numbe	r only)						

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle I KONESKA, KATHY, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 5029 IROQUOIS TRL			12 01 2022
City	State	Zip Code	Transaction ID : SA11AI-28601973
REED CITY	MI	49677	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle I KONESKA, KATHY, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 5029 IROQUOIS TRL	12 08 2022		
City	State	Zip Code	Transaction ID : SA11Al-28602129
REED CITY	MI	49677	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	4	225.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 3411 COLONY DR			12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAN ANTONIO	State TX	Zip Code 78230	Transaction ID : SA11AI-28609249 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)		285.00	
SUBTOTAL of Receipts This Page (optional)			95.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full)		
VINITED WOMEN'S HEALTH A	LLIANGE PAG	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 3240 FAYCREST RD		12 23 2022
City	State Zip Code	Transaction ID : SA11AI-28608827
COLUMBUS	OH 43232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Best Efforts	HEALTH CARE PROVIDER	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	355.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 320 RIDGEDALE DR SE		12 09 2022
City	State Zip Code	Transaction ID : SA11AI-28609155
SILVER CREEK	GA 30173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 187 GEORGE STRAIT		12 16 2022
City	State Zip Code	Transaction ID : SA11AI-28608961
CANYON LAKE	TX 78133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	505.00	
SUBTOTAL of Receipts This Page (optional)		125.00
TOTAL This Period (last page this line number	only)	7 7 7

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	s and Statements may not be sold or used by any pers sing the name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEAL	TH ALLIANCE PAC	
Full Name of Individual (Last, First, Mid. MALAVAKIS, TERRY, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 210 SILVER MAPLE R		12 15 2022
City	State Zip Code	Transaction ID : SA11AI-28601553
GROVELAND	FL 34736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	202.22	
Other (specify) ▼	220.00	
Full Name of Individual (Last, First, Mid MCALONAN, NORMA, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 207 SPRING RD		12 22 2022
City	State Zip Code	Transaction ID : SA11AI-28599495
SPRUCE PINE	NC 28777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	305.00	
Full Name of Individual (Last, First, Mic. MCCORMICK, FRANCES, ,		Date of Receipt
Mailing Address 3 CORNELL CT		12 20 2022
City	State Zip Code	Transaction ID : SA11Al-28608917
DEARBORN	MI 48124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify)	430.00	
SUBTOTAL of Receipts This Page (option	onal)	375.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini MULLEN, MICHEAL, , , , Mailing Address 16520 ANTERO CIR City BROOMFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CO 80023 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 215.00	Date of Receipt 12 07 2022 Transaction ID: SA11AI-28608181 Amount of Each Receipt this Period 55.00 Memo Item
Full Name of Individual (Last, First, Middle Ini NARDONE, FRANCINE, , , , Mailing Address 7 WETMORE DR City BOONTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Ini	State Zip Code 07005 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 255.00	Date of Receipt 12 14 2022 Transaction ID: SA11Al-28607847 Amount of Each Receipt this Period 30.00 Memo Item
NARDONE, FRANCINE, , , Mailing Address 7 WETMORE DR City BOONTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code NJ 07005 C Occupation (for Individual) Retired Aggregate Year-to-Date 255.00	Date of Receipt 12
SUBTOTAL of Receipts This Page (optional)	<u> </u>	115.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In PETERSON, MIKYONG, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1121 N 150 W		12 15 2022
City LAYTON	State Zip Code UT 84041	Transaction ID : SA11AI-28602117
	04041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Best Efforts	Best Efforts	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle Ir PRYCE, SUSAN, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2441 S FIG CT		12 08 2022
City	State Zip Code	Transaction ID : SA11AI-28606761
LAKEWOOD	CO 80228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2441 S FIG CT		12 21 2022
City	State Zip Code	Transaction ID : SA11AI-28608895
LAKEWOOD	CO 80228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	235.00	
SUBTOTAL of Receipts This Page (optional)		145.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may no he name and addre	ot be sold or used by any pe ss of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	AC	
Full Name of Individual (Last, First, Middle PYLE, REX, , , Mailing Address 1224 SW 94TH ST	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 1224 SW 941H ST			12 15 2022
City		Zip Code	Transaction ID : SA11AI-28608997
OKLAHOMA CITY	ОК	73139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle RICHARDS, JANE, , ,	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 16 SALISBURY DR APT 7504 City	State	Zip Code	12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ASHEVILLE	NC	28803	Transaction ID: SA11AI-28609245 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 325.00	
Full Name of Individual (Last, First, Middle C. RITCHEY, ROBERT, , ,	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 2486 ROYAL MEADOW LN			12 12 2022
City GROVE CITY	State OH	Zip Code 43123	Transaction ID : SA11AI-28609101 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 290.00	
SUBTOTAL of Receipts This Page (optional)		>	115.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II A. ROBILLARD, CATHERINE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2 LEXINGTON ST		12 16 2022
City STONEHAM	State Zip Code MA 02180	Transaction ID : SA11AI-28608967
FEC ID number of contributing	02.00	Amount of Each Receipt this Period
fed rid number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name of Individual (Last, First, Middle III) ROSARIO, ELISA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3321 W LE MOYNE ST		12 23 2022
City	State Zip Code	Transaction ID : SA11AI-28608835
CHICAGO	IL 60651	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Water Mgmnt	Occupation (for Individual) Assistant to the Commissioner	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2741 N SALISBURY ST		11 29 2022
City WEST LAFAYETTE	State Zip Code IN 47906	Transaction ID : SA11AI-28606985 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	350.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numbe	r only)	

federal political committee.

Retired

C.

Receipt For:

Primary

Name of Employer (for Individual)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

		LINE	PAGE	2	27	OF	49			
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

Memo Item

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name RYAN, MARY, , , Date of Receipt Mailing Address 2741 N SALISBURY ST 2022 City State Zip Code Transaction ID: SA11AI-28608851 WEST LAFAYETTE IN 47906 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SCHAUFFERT, KATHLEEN, , Date of Receipt Mailing Address 519 WINSTON CT 2022 City State Zip Code Transaction ID: SA11AI-28602707 **BENICIA** CA 94510 Amount of Each Receipt this Period FEC ID number of contributing 35.00

Other (specify) ▼	4	230.00	
Full Name of Individual (Last, First, Middle Ini SIMON, TOBY, , , Mailing Address 58 EDGEMERE RD	itial) or Full Org	ganization Name	Date of Receipt 11 30 2022
City LIVINGSTON	State NJ	Zip Code 07039	Transaction ID : SA11AI-28606873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) d	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional)			165.00

Occupation (for Individual)

Retired

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

Aggregate Year-to-Date ▼

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	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi SIMON, TOBY, , ,	al) or Full Or	rganization Name	Date of Receipt
	Mailing Address 58 EDGEMERE RD			12 29 2022
	City	State	Zip Code	Transaction ID : SA11AI-28608667
	LIVINGSTON	NJ	07039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		55.00
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) red	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	
В.	Full Name of Individual (Last, First, Middle Initi SKOWRONSKI, EDITH, , ,	al) or Full Or	rganization Name	Date of Receipt
	Mailing Address 6301 FOREST MILL TER	State	Zip Code	12 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID : SA11AI-28608281		
	LAUREL	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	75.00		
	Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red	Memo Item
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi	al) or Full Or	rganization Name	Date of Receipt
	Mailing Address 244 N MACY ST RM 233			12 15 2022
	City NORTH FOND DU LAC	State WI	Zip Code 54935	Transaction ID : SA11AI-28604253
			34933	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		55.00
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate 1	Year-to-Date ▼	1
	Primary General Other (specify)	33 33	535.00	
S	SUBTOTAL of Receipts This Page (optional)		<u> </u>	185.00
T	OTAL This Period (last page this line number of	nly)		1

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Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In SMITH, MARY, , , Mailing Address 244 N MACY ST RM 233	nitial) or Full Organization Name	Date of Receipt				
City	12 19 2022					
City NORTH FOND DU LAC	State Zip Code WI 54935	Transaction ID : SA11AI-28606633 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	FEC ID number of contributing					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00]				
Full Name of Individual (Last, First, Middle II STEPHAN, WILLIAM, , , Mailing Address 421 VINE ST	nitial) or Full Organization Name	Date of Receipt				
0.1	State Zip Code	12 30 2022				
City MADISON	Transaction ID : SA11AI-28608655					
FEC ID number of contributing federal political committee.	IN 47250	Amount of Each Receipt this Period 200.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00]				
Full Name of Individual (Last, First, Middle Inc. TERRELL, KATHERENE, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 408 NW 145TH TER		12 05 2022				
City EDMOND	State Zip Code 73013	Transaction ID : SA11AI-28606163 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General	Aggregate Year-to-Date ▼	,				
Other (specify)	225.00	1				
SUBTOTAL of Receipts This Page (optional))	285.00				
TOTAL This Period (last page this line number	r only)					

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r le name and addr	not be sold or used by any pe ess of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC				
Full Name of Individual (Last, First, Middle In TERRELL, KATHERENE, , , Mailing Address 408 NW 145TH TER	nitial) or Full Orga	nization Name	Date of Receipt			
	12 28 2022					
City EDMOND	State OK	Zip Code 73013	Transaction ID : SA11AI-28608739 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ID number of contributing					
Name of Employer (for Individual) Retired Receipt For:	Occupa Retired		Memo Item			
Primary General Other (specify) ▼	rigging in the	225.00				
Full Name of Individual (Last, First, Middle In THIBIDEAU, RICHARD, , , Mailing Address 7902 S HOLLAND RD	nitial) or Full Orga	nization Name	Date of Receipt			
Otto	01-1-	7:- 0-1-	12 26 2022			
City SHERIDAN						
FEC ID number of contributing federal political committee.	C	10001	Amount of Each Receipt this Period 35.00			
Name of Employer (for Individual) Self Employed	Occupa FARME	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00				
Full Name of Individual (Last, First, Middle In THOMAS, JUDITH, , ,	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 176 CRESTED CREEK AVE			12 01 2022			
City HENDERSON	State NV	Zip Code 89011	Transaction ID : SA11AI-28601909 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		75.00			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 270.00				
SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	145.00			
TOTAL This Period (last page this line number	 r onlv)					

49 FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name THOMPSON, HOWARD, , , Date of Receipt Mailing Address 1413 VILLAGE DR APT 9 2022 City Zip Code State Transaction ID: SA11AI-28609549 ARLINGTON HEIGHTS IL 60004 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** TURMEL, MARJORIE, , , Date of Receipt Mailing Address 513 GEORGE WASHINGTON HWY N 80 2022 City State Zip Code Transaction ID: SA11AI-28606731 **CHESAPEAKE** VA 23323 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. TURMEL, MARJORIE, , , Date of Receipt Mailing Address 513 GEORGE WASHINGTON HWY N 09 2022 City Zip Code State Transaction ID: SA11AI-28605713 VA**CHESAPEAKE** 23323 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER:				PAGE	3	32	OF	49		
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Any information copied from such Reports and or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC			
Full Name of Individual (Last, First, Middle II VALORE, EVELYN, , ,	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 125 FONDREN CIR	12 14 2022				
City	State	Zip Code	Transaction ID : SA11AI-28605403		
SHREVEPORT	LA	71103	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		35.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 235.00			
Full Name of Individual (Last, First, Middle I VOGELE, INGEBORG, , ,	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 7450 SPRING VILLAGE DR APT 523 City	State	7in Codo	12 16 2022		
SPRINGFIELD					
FEC ID number of contributing federal political committee.	С		30.00		
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 225.00			
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 734 BRISTOL VILLAGE DR APT 104 City	State	Zip Code	12 09 2022		
MIDLOTHIAN	VA	23114	Transaction ID : SA11AI-28608033 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 420.00			
SUBTOTAL of Receipts This Page (optional)		>	115.00		
TOTAL This Period (last page this line numbe	r only)				

FOR LINE NUMBER:				PAGE	. 3	33	OF		49		
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Any information copied from such Reports and S or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC						
Full Name of Individual (Last, First, Middle Init WERNER, JAN, , , Mailing Address 2004 W HILL TRL	ial) or Full Organization Name	Date of Receipt					
City	12 06 2022 Transaction ID : SA11Al-28609365						
FINDLAY							
FEC ID number of contributing federal political committee.	С	150.00					
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00						
Full Name of Individual (Last, First, Middle Init WILLIAMSON, MARY, , , Mailing Address 110 MCDOW ST	ial) or Full Organization Name	Date of Receipt					
City VICTORIA FEC ID number of contributing	State Zip Code TX 77901						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	80.00 Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00						
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt					
Mailing Address 28031 LORRAINE AVE		12 22 2022					
City WARREN	State Zip Code MI 48093	Transaction ID : SA11AI-28599067 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	30.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 230.00						
SUBTOTAL of Receipts This Page (optional)		260.00					
TOTAL This Period (last page this line number of	only)						

FOR LINE NUMBER:					PAGE	3	34	OF		49		
(check only one)												
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any perress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC			
Full Name of Individual (Last, First, Middle I WYSS, SHEILA, , , Mailing Address 27400 MASON SCHOOL R		anization Name	Date of Receipt		
	12 05 2022				
City	State	Zip Code	Transaction ID : SA11AI-28609405		
LEES SUMMIT	MO	64064	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		40.00		
Name of Employer (for Individual) Best Efforts	Occupa Best E	ation (for Individual) fforts	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 225.00			
Full Name of Individual (Last, First, Middle I WYSS, SHEILA, , , Mailing Address 27400 MASON SCHOOL RI		anization Name	Date of Receipt		
City	State	Zip Code	12 06 2022 Transaction ID : SA11Al-28606785		
LEES SUMMIT					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 75.00		
Name of Employer (for Individual) Best Efforts	Occupa Best E	ation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 225.00			
Full Name of Individual (Last, First, Middle I YOUNG, DAVID, , ,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 815 CHATEAU DR			12 29 2022		
City HILLSBOROUGH	State	Zip Code 94010	Transaction ID : SA11AI-28602247		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 300.00		
Name of Employer (for Individual) Best Efforts	Occupa Best Ef	ation (for Individual) forts	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional)		>	415.00		
TOTAL This Period (last page this line number	er only)		5250.00		

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 35 OF 49					
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check only	(check only one)				
· · · · · · · · · · · · · · · · · · ·		category of the Summary Page	X 21b					
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NAME OF COMMITTEE (In Full)								
UNITED WOMEN'S HEALTH ALL	IANCE I	PAC						
<u>/</u>								
Full Name (Last, First, Middle Initial)		Date of Diehuwaara						
A. ABC Company				Date of Disbursement				
Mailing Address PO Box 2413				12 09 2022				
Maining Addition 1 & Box 2110								
City	State	Zip Code		FEC Identification Number				
Huntington Purpose of Disbursement	NY	11743						
Fundraising and Media Consulting			004	C				
Candidate Name				Transaction ID: SB21B-82167 Amount of Each Disbursement this Period				
			Category/ Type	Amount of Each Disbursement this Penou				
Office Sought: House Disburse	ement For:	ı		3000.00				
Senate	Primary	General						
President State: District:	Other (spe	ecify) 🔻		Memo Item				
Full Name (Last, First, Middle Initial)				_				
B. ABC Company				Date of Disbursement				
71BO Company				M M / D D / Y Y Y Y				
Mailing Address PO Box 2413				12 23 2022				
 	-	1						
City Huntington	State NY	Zip Code 11743		FEC Identification Number				
Purpose of Disbursement	141	11743		C				
Fundraising and Media Consulting			004	Transaction ID : SB21B-82169				
Candidate Name			Category/	Amount of Each Disbursement this Period				
			Type	2500.00				
Office Sought: House Disburse Senate	ement For: Primary	Ganaral		2500.00				
President	Other (spe	General						
State: District:	Outlot (ope	,,		Memo Item				
Full Name (Last, First, Middle Initial)								
C. COA Network Inc.				Date of Disbursement				
				M M / D D / Y Y Y Y				
Mailing Address 991 Route 22 West Suite 200				12 23 2022				
City	State	Zip Code		FFC Identification Number				
Bridgewater Township	NJ	08807		FEC Identification Number				
Purpose of Disbursement 800 Telephone numbers				C				
Candidate Name			001	Transaction ID : SB21B-82170				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:		Type	151.65				
Senate	Primary	General						
President	Other (spe	ecify) 🔻		Memo Item				
State: District:				<u> </u>				
				5651 65				
SUBTOTAL of Disbursements This Page (optional).			·····•	5651.65				
TOTAL This Period (last page this line number only	<i>(</i>)		_					

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 OF 49						
ITEMIZED DISBURSEMENTS		parate schedule(s)		check only one)					
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Any information copied from such Reports and Stat or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
UNITED WOMEN'S HEALTH ALI	LIANCE	PAC							
Full Name (Last, First, Middle Initial)									
^{A.} EagleBank				Date of Disbursement					
Mailing Address 7815 Woodmont ave				12 12 2022					
City	State	Zip Code		FEC Identification Number					
Bethesda Purpose of Disbursement	MD	20814							
Bank analysis fee			001	C					
Candidate Name				Transaction ID : SB21B-82167 Amount of Each Disbursement this Period					
			Category/ Type	Amount of Each dispulsement this Period					
	ement For:			498.79					
Senate President	Primary Other (end	General							
State: District:	Other (spe	ecny) 🔻		Memo Item					
Full Name (Last, First, Middle Initial)									
B. Google Gsuite				Date of Disbursement					
				M = M / D = D / Y = Y = Y					
Mailing Address 1600 Amphitheatre Pkwy				12 02 2022					
City Mountain View	State CA	Zip Code 94043		FEC Identification Number					
Purpose of Disbursement	<u> </u>	94043		C					
Email Services			001	Transaction ID : SB21B-82165					
Candidate Name			Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburs	ement For:		Туре	52.14					
Office Sought: House Disburs Senate	Primary	General							
President	Other (spe			П., .,					
State: District:				Memo Item					
Full Name (Last, First, Middle Initial)									
C. Grasshopper				Date of Disbursement					
Mailing Address 320 Summer St				12 19 2022					
Cit.	Otat-	Zin O - d							
City Boston	State MA	Zip Code 02210		FEC Identification Number					
Purpose of Disbursement				C					
Telephone Service			001	Transaction ID : SB21B-82168					
Candidate Name			Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburs	ement For:		Туре	109.71					
Senate	Primary	General		T T T T T T T T T T T T T T T T T T T					
President	Other (spe	ecify) 🔻		Memo Item					
State: District:				ш					
SURTOTAL of Dishurasments This Dage (actions)				660.64					
SUBTOTAL of Disbursements This Page (optional)			·····						
TOTAL This Period (last page this line number on	ly)			1					

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SCHEDULE B (FEC Form 3X)	lise sensi	rate schedule(s)	1 -	LINE NUMBER: PAGE 37 OF 49								
ITEMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b								
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam												
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA												
Full Name (Last, First, Middle Initial) A. Intuit Inc.				Date of Disbursement								
Mailing Address 2700 Coast Ave				12 05 2022								
Mountain View	state CA	Zip Code 94043		FEC Identification Number								
Purpose of Disbursement Accounting Software Candidate Name			001 Category/	Transaction ID : SB21B-82166 Amount of Each Disbursement this Period								
	nent For: Primary Other (speci	General	Type	106.00								
State: District:	Other (speci	iiy) ▼		Memo Item								
Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR (CREATION	ON LLC		Date of Disbursement								
Mailing Address 1607 Ponce de Leon ave Suite GM8		Zip Code		12 02 2022								
City SAN JUAN		FEC Identification Number										
Purpose of Disbursement Telephone fundraising Candidate Name			003	Transaction ID : SB21B-82165								
000			Category/ Type	Amount of Each Disbursement this Period								
	nent For: Primary Other (speci	General		17176.24 Memo Item								
Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR (CREATION	ON LLC		Date of Disbursement								
Mailing Address 1607 Ponce de Leon ave Suite GM8				12 02 2022								
,	tate PR	Zip Code 00909		FEC Identification Number								
Telephone fundraising Candidate Name	003 Category/ Type	Transaction ID: SB21B-8216! Amount of Each Disbursement this Period										
	nent For: Primary Other (spec	General ify) ▼	71	7361.25								
State: District:				Wollo Roll								
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				24643.49								

SCHEDULE B (FEC Form 3X)			FOR	LINE	IE NUMBER: PAGE 38 OF 49							
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	I ` —	ck only								
		Summary Page	x	21b 28a	22 28b	23 28c	26	27 30b				
Any information copied from such Reports and Statem	onte may n	not be sold or use	nd by an									
or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
igraper UNITED WOMEN'S HEALTH ALLI.	ANCE P	AC										
Full Name (Last, First, Middle Initial)												
A. LIVE TRANSFERS AND DONOR (CREATION	ON LLC			Date of	f Disburse		Y Y Y Y				
Mailing Address 1607 Ponce de Leon ave Suite GM8		ı			12	C	9	2022				
,	State PR	Zip Code 00909			FEC Id	entificatio	n Number					
Purpose of Disbursement	110	00909			С			-				
Telephone fundraising			003			neostion	ID : SB21B-	92467				
Candidate Name			Category/ Amount of Each Disbursement this Per									
Office Sought: House Disbursen	ent For		Туре	•				17039.78				
	Primary	General				7	7	1 40 1				
	Other (spec	eify) ▼			Me	mo Item						
State: District:					_							
Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR (CREATI	ON LLC			Date of	f Disburse						
Mailing Address 1607 Ponce de Leon ave Suite GM8					12			2022				
,	State PR	Zip Code 00909			FEC Id	entificatio	n Number					
Purpose of Disbursement		00000		_	С							
Telephone fundraising			003			nsaction	ID : SB21B-	82167				
Candidate Name			Catego Type		Amoun	t of Each	Disburseme	nt this Period				
Office Sought: House Disbursen	nent For:		Турс	·				7302.76				
	Primary	General				7	4	4.				
President State: District:	Other (spec	eify)			Me	mo Item						
Full Name (Last, First, Middle Initial)												
C. LIVE TRANSFERS AND DONOR (CREATION	ON LLC			Date of	f Disburse		Y • Y • Y				
Mailing Address 1607 Ponce de Leon ave Suite GM8					12	2	0	2022				
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SAN JUAN Purpose of Disbursement	PK	00909			С			-				
Telephone fundraising			003			ansaction	ID : SB21B	-8216				
Candidate Name			Catego Type		Amoun	t of Each	Disburseme	nt this Period				
Office Sought: House Disbursen	nent For:		- , , , ,					16487.45				
	Primary	General				,						
State: President District:	Other (spec	city) ▼			Me	mo Item						
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SUBTOTAL of Disbursements This Page (optional)								40829.99				
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SCHEDULE B (FEC Form 3X)			FOF	RLINE	E NUMBER: PAGE 39 OF 4							
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	I ` —	ck only				0.7				
		Summary Page		21b 28a	22 28b	23 28c	26	27 30b				
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A. LIVE TRANSFERS AND DONOR (CREATI	ON LLC			Date o	f Disburse		YYY				
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SAN JUAN Purpose of Disbursement	PR	00909										
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Candidate Name			Categ	ory/	1		ID: SB21I	B-82169 nent this Period				
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Office Sought: House Disbursen					L.			7066.05				
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B. LIVE TRANSFERS AND DONOR (CREATI	ON LLC			Date o	f Disburse	ement					
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Mailing Address 1607 Ponce de Leon ave Suite GM8					12	2	3	2022				
City SAN JUAN	State PR	Zip Code 00909			FEC Id	entificatio	n Number					
Purpose of Disbursement		00000		_	С							
Telephone fundraising			003	3		nsaction	ID : SB21	B-82170				
Candidate Name			Categ		Amoun	t of Each	Disbursem	ent this Period				
Office Sought: House Disbursen	ent For		Тур	e 				15211.18				
	Primary	General				_	7					
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C. LIVE TRANSFERS AND DONOR (CREATI	ON LLC				f Disburse		YYY				
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Suite GM8												
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Telephone fundraising			003	5		nsaction	ID : SB21	B-8217(
Candidate Name			Categ		1		_	ent this Period				
Office Sought: House Disbursen	nont Eor		Тур	e				6519.08				
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SCHEDULE B (FEC Form 3X)			FOF	FOR LINE NUMBER: PAGE 40 OF								
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	I ` —	ck onl	<i>,</i>							
		Summary Page		21b 28a	22 28b	23 28c	26	27 30b				
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NAME OF COMMITTEE (In Full)												
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A. LIVE TRANSFERS AND DONOR	CREATI	ON LLC			M = M		D / Y					
Mailing Address 1607 Ponce de Leon ave Suite GM8		T- 0 -			12		29	2022				
City SAN JUAN	State PR	Zip Code 00909			FEC Id	entificatio	n Number					
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Candidate Name			Categ		Amount of Each Disbursement this Period							
Office Sought: House Disburser			Тур	е				21815.12				
Office Sought: House Disburser Senate	Primary	General				-		21010.12				
President	Other (spe				Me Me	emo Item						
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Full Name (Last, First, Middle Initial)												
B. North American Marketing Solution	ns Inc				Date o	f Disburs	ement					
Mailing Address 3245 N 126th St					12		02 / Y	2022				
City Brookfield	State WI	Zip Code 53005			FEC Id	entificatio	n Number					
Purpose of Disbursement	VVI	53005			С							
Mailers and Caging			00:	3		nsaction	1D : SB21	R-82166				
Candidate Name			Categ		1			ment this Period				
Office Sought: House Disburser	mont For:		Тур	е				3820.43				
Senate Sought.	Primary	General				-		0020.40				
President	Other (spe	cify)			Me Me	emo Item						
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C. North American Marketing Solution	is inc					f Disburs		" Y " Y " Y				
Mailing Address 3245 N 126th St					12		09 / Y	2022				
City	State	Zip Code			FEC. Id	entification	n Number					
Brookfield	WI	53005				J. Miloutic	101111001					
Purpose of Disbursement Mailers and Caging			003	3	C	ansactio	n ID : SB21	IB-82167				
Candidate Name			Categ		Amoun	t of Each	Disburser	ment this Period				
Office Sought: House Disburser	ment For:		тур		-			4423.52				
Senate	Primary	General				-		4				
President	Other (spe	cify) ▼			Me	mo Item						
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SCHEDULE B (FEC Form 3X)			FOR L	INE NUMBER: PAGE 41 OF 49						
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	eck only one) X 21b 22 23 26 27							
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NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEALTH ALL	IANCE	PAC								
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A. North American Marketing Solution	ns Inc			_	M = M	Disburse	D / Y	1 Y 1 Y 1 Y		
Mailing Address 3245 N 126th St					12	1:	5	2022		
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Purpose of Disbursement	***	33003			`					
Mailers and Caging			003		_		ID - CD04	D 00400		
Candidate Name			Transaction ID : SB21B-82168 Category/ Amount of Each Disbursement this Pe							
			Type		-					
	ment For:					7		3924.56		
Senate	Primary	General								
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B. North American Marketing Solutio	ns Inc			D	ate of	Disburse	ment			
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Mailing Address 3245 N 126th St				L	12	2	3	2022		
City	State	Zip Code		F	EC Ide	ntificatior	n Number			
Brookfield Purpose of Disbursement	WI	53005			\ \ \ \ \					
Mailers and Caging			003		_					
Candidate Name			Category	, A			ID: SB21I Disbursen	B-82170 nent this Period		
			Type				2.000.00			
	ment For:					7-1		3876.15		
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President State: District:	Other (spe	эспу)			Men	no Item				
Full Name (Last, First, Middle Initial)										
C. Opus Virtual Offices					ate of	Disburse		YYYY		
Mailing Address 1825 NW Corporate Blvd Suite 110					12	0		2022		
City	State	Zip Code		F	FC Ide	ntification	Number			
Boca Raton	FL	33431								
Purpose of Disbursement Virtual Office			001			saction	ID : SB21	B-8216(
Candidate Name			Category/ Type Amount of Each Disbursement this							
	ment For:					-	-	99.00		
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SCHEDULE B (FEC Form 3X)			FOR LIN	R LINE NUMBER: PAGE 42 OF 4						
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check o	<i></i>						
		Summary Page	X 21		23 28c	26 27 29 30b				
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NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEALTH ALL	JANCE	PAC								
Full Name (Last, First, Middle Initial)										
A. PACSmart Filing Services				M = M	f Disburse	D / Y Y Y Y				
Mailing Address 1013 Centre Rd. Suite 403-A		T		12	2	0 2022				
City Wilmington	State DE	Zip Code 19805		FEC Id	entification	n Number				
Purpose of Disbursement				C						
FEC Compliance Reporting			001		ansaction	ID : SB21B-82169				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburse	ement For:			7 L.	- 45 - 1	1100.00				
Senate	Primary	General			,	,				
State: District:	Other (spe	ecny) \blacktriangledown		Me	mo Item					
Full Name (Last, First, Middle Initial)										
B. RallyPay				Date o	f Disburse	ment				
Mailing Address 995 Market Street Floor 2				11	3	0 2022				
City San Franciso	State CA	Zip Code 94103		FEC Id	entification	n Number				
Purpose of Disbursement		7 01100		С						
Combined "off the top" CC Transaction fees Nov			003		nsaction	ID : SB21B-82269				
Candidate Name			Category/ Type	Amoun	t of Each	Disbursement this Period				
Office Sought: House Disburse	ement For:		1,700	- []		5.60				
Senate	Primary	General								
President State: District:	Other (spe	ecity)		Me	mo Item					
Full Name (Last, First, Middle Initial)										
C. RallyPay				Date o	f Disburse					
Mailing Address 995 Market Street Floor 2				11	3					
City	State	Zip Code		FEC Id	entification	n Number				
San Franciso Purpose of Disbursement	CA	94103								
Combined "off the top" CC Transaction fees Nov			003	C Tra	ansaction	ID : SB21B-8227(
Candidate Name			Category/ Type	Amoun	t of Each	Disbursement this Period				
	ement For:			٦ L	-	7.00				
Senate President	Primary Other (en	General								
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SCHEDULE B (FEC Form 3X)	Use sena	arate schedule(s)		NE NUMBER: PAGE 43 OF 4								
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b								
Any information copied from such Reports and Stat or for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALI												
Full Name (Last, First, Middle Initial) A. RallyPay				Date of Disbursement								
Mailing Address 995 Market Street Floor 2				11 30 / 2022								
City San Franciso	State CA	Zip Code 94103		FEC Identification Number								
Purpose of Disbursement Combined "off the top" CC Transaction fees Nov Candidate Name			003	Transaction ID : SB21B-82270								
	ement For:		Category/ Type	Amount of Each Disbursement this Period 93.53								
Senate President	Primary Other (spec	General cify) ▼		Memo Item								
State: District: Full Name (Last, First, Middle Initial)				Ц								
B. RallyPay				Date of Disbursement								
Mailing Address 995 Market Street Floor 2		11 30 2022										
City San Franciso Purpose of Disbursement		FEC Identification Number										
Combined "off the top" CC Transaction fees Nov Candidate Name			003 Category/	Transaction ID : SB21B-82270 Amount of Each Disbursement this Period								
Office Sought: House Senate President State: Disburs	ement For: Primary Other (spec	General cify)	Type	103.65 Memo Item								
Full Name (Last, First, Middle Initial) C. RallyPay				Date of Disbursement								
Mailing Address 995 Market Street Floor 2				11 30 7 2022								
City San Franciso Purpose of Disbursement	State CA	Zip Code 94103		FEC Identification Number								
Combined "off the top" CC Transaction fees Nov Candidate Name			003 Category/ Type	Transaction ID: SB21B-82268 Amount of Each Disbursement this Period								
Office Sought: House Disburs Senate President	ement For: Primary Other (spec	General cify) ▼	-,	124.10								
State: District:				iviemo item								
				Memo Item 321.28								

SCHE	DULE B (FEC Form 3X)			FOR	FOR LINE NUMBER: PAGE 44 OF 49							
ITEMI	ZED DISBURSEMENTS		arate schedule(s) category of the	ck only one)								
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	Floor 2		T									
City	Franciso	State CA	Zip Code 94103			FEC Id	entificatio	n Number				
	ose of Disbursement	<u> </u>	94103		_	С						
	bined "off the top" Credit Card Chargebacks			003				ID - CD04	00000			
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	ng Address 995 Market Street Floor 2					12		31	2022			
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Con	nbined "off the top" Credit Card Chargebacks			003			neaction	ID : SB21	3-82260			
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Office	Sought: House Disburse	mont For		Туре					58.00			
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	President	Other (spe				Пм						
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c. Ra	lyPay						f Disburse					
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	blined "off the top" CC Transaction fees Dec			003			ansaction	ID : SB21	B-8227(
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011100	Senate	Primary	General				-	7	4.1			
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Zip Code 94103	21b 28a used by any pers	Date of Disbursement Date of Disbursement PEC Identification Number C Transaction ID: SB21B-82269 Amount of Each Disbursement this Period					
Zip Code 94103	003 Category/	Date of Disbursement Mark					
Zip Code 94103	003 Category/	Date of Disbursement 12 31 2022 FEC Identification Number C Transaction ID: SB21B-82269 Amount of Each Disbursement this Period					
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Senate Primary General President Other (specify) ▼ State:							
		Date of Disbursement					
Mailing Address 995 Market Street Floor 2							
City State Zip Code San Franciso CA 94103 Purpose of Disbursement							
	O03 Category/ Category/ Transaction ID : SB21B-82271 Amount of Each Disbursement this						
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y General (specify)		Memo Item					
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SCHEDULE B (FEC Form 3X)	l la s	make asked to the	FOR L	INE N	IUMBER:				PAGE	46 (OF 49	
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check	٠.	one)							
		Summary Page		21b 28a	22 28b		23 28c		26 29	27 30b		
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A. RallyPay					Date of	Disb						
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San Franciso Purpose of Disbursement	CA	94103										
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Candidate Name			Category	//						-82270 Int this F	Period	
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Candidate Name			Category	//						nt this F	Period	
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SCHEDULE B (FEC Form 3X)	·		FOR L	FOR LINE NUMBER: PAGE 47 OF								
ITEMIZED DISBURSEMENTS		category of the	only one)									
		Summary Page		21b 22		23	26	27				
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Any information copied from such Reports and State or for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full)												
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A. UPS Store				Date	of Dis	burse		YYY				
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Ste 101		T										
City Washington	State DC	Zip Code 20036		FEC	Identif	ication	Number					
Purpose of Disbursement		20000		C								
Postage/Shipping			001		Transaction ID : SB21B-82166							
Candidate Name			Category		Amount of Each Disbursement this Period							
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C. UPS Store				Date	of Dis	bursei						
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Ste 101												
City	State DC	Zip Code		FEC	Identif	ication	Number					
Washington Purpose of Disbursement	DC	20036		C								
Postage/Shipping			001		Tranca	ction	ID : SB21	R-82160				
Candidate Name			Category				_	nent this Period				
Office Sought: House Disburse	ment For:		Туре					24.38				
Senate Disburse	Primary	General				7						
President	Other (spe	ecify) 🔻			Memo	ltom						
State: District:					vici110	itelli						
						-	-	70.44				
SUBTOTAL of Disbursements This Page (optional).				<u> </u>		,		73.14				
TOTAL This Period (last page this line number only	<i>(</i>)											

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 48 OF 4									
ITEMIZED DISBURSEMENTS		I for each category of the I ` —				(check only one) X 21b 22 23 26 27						
		Summary Page		21b 28a	22 28b	23 28c	26	30b				
Any information copied from such Reports and State	ments may	not be sold or use	ed hv anv									
or for commercial purposes, other than using the nar												
NAME OF COMMITTEE (In Full)												
DIVITED WOMEN'S HEALTH ALL	IANCE F	PAC										
Full Name (Last, First, Middle Initial)												
A. UPS Store					Date of	Disburs	ement					
Mailing Address 2021 L St NW					M M M	/ D	27 Y	2022				
Ste 101					-,-							
,	State DC	Zip Code 20036			FEC Id	entificatio	n Number					
Washington Purpose of Disbursement	DC	20036			С							
Postage/Shipping			001			nsaction	ID · SB24	R-82170				
Candidate Name			Categor	y/	Transaction ID: SB21B-82170 Amount of Each Disbursement this Period							
Office Sought: House Disburse	ment For:		Туре					24.38	٦			
Senate Dispurse	Primary	General				7	7	- 130	_			
President	Other (spe	ecify) 🔻			Me	mo Item						
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Full Name (Last, First, Middle Initial) B.					Date of	Disburs	ement					
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Mailing Address				┚┖	_ L							
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	ment For:	Consest				_			_			
Senate President	Primary Other (spe	General cify)	П., .									
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Oih.	Otato	Zin Oada										
City	State	Zip Code			FEC Id	entificatio	n Number					
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Sandidate Name		Categor Type	y/	Amoun	of Each	Disburser	nent this Period	ı T				
Office Sought: House Disburse	ment For:		71: 2	$\overline{}$			45	45				
Senate President	Primary	General							_			
State: District:	Other (spe	city) 🔻			Me	mo Item						
					_				$\overline{}$			
SUBTOTAL of Disbursements This Page (optional)				•		-		24.38				
TOTAL This Period (last page this line number only	١			_				143551.07	٦			

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

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

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×	10

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49

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advance for various legal, administrative Mastroianni, Stephanie, , , Mailing Address 2021 L St NW Ste 101-193 State Zip Code Washington DC 20036 Transaction ID: SD10-1240039 Outstanding Balance Beginning This Period 2920.07 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2920.07 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period

Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
		1414	
C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of Debt (Purpose):
Mailing Address			_
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	od Payment This Period		Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)	- 1		2920.07