



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**UNITED WOMEN'S HEALTH ALLIANCE PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		77688.71
(b) Cash on Hand at Beginning of Reporting Period.....	31782.71	
(c) Total Receipts (from Line 19) .....	149744.00	1757190.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	181526.71	1834879.31
7. Total Disbursements (from Line 31).....	143701.07	1797053.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37825.64	37825.64
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	2920.07	

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)

Page 3

Write or Type Committee Name

**UNITED WOMEN'S HEALTH ALLIANCE PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	149744.00	1732190.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	25000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	149744.00	1757190.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	149744.00	1757190.60

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	143551.07	1604790.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	143551.07	1604790.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	25000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	165417.89
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	143701.07	1797053.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	143701.07	1797053.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `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. Secondly, if employer/occupation information was still not provided within the above steps, a follow up letter is sent via US mail along with a separate pre-addressed return envelope sent to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution to send back. 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor within 30 days of receipt of the contribution during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement. If all of these steps have been exhausted and the employer and occupation information still has not been obtained from the donor, 'best efforts' will be entered into these fields to communicate to the FEC that all above steps were taken. If we are able to obtain missing employer/occupation information, we will amend our report to include the updated information.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. BECK, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11924 COURTLEIGH DR  
 APT 7  
 City LOS ANGELES State CA Zip Code 90066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 08 / 2022  
**Transaction ID : SA11AI-28605855**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. BECKWITH, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8918 NE 236TH CIR  
 City BATTLE GROUND State WA Zip Code 98604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : SA11AI-28608999**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. BLACK, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 NORTHCLIFF AVE  
 APT B13  
 City NORMAN State OK Zip Code 73071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 12 / 19 / 2022  
**Transaction ID : SA11AI-28607029**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BOSBY, ALVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3993 ENCLAVE LN  
 City ROWLETT State TX Zip Code 75089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2022  
**Transaction ID : SA11AI-28609123**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. BREEN, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 128  
 City JEMEZ SPRINGS State NM Zip Code 87025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2022  
**Transaction ID : SA11AI-28609353**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**C. BREEN, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 128  
 City JEMEZ SPRINGS State NM Zip Code 87025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2022  
**Transaction ID : SA11AI-28608135**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BUHALY, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35451 1ST AVE S  
 APT F226

City FEDERAL WAY State WA Zip Code 98003

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 12 / 06 / 2022  
**Transaction ID : SA11AI-28606015**

Amount of Each Receipt this Period  
 30.00

Memo Item

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

Mailing Address 6824 HOPKINS RD

City MIDDLE RIVER State MD Zip Code 21220

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 12 / 13 / 2022  
**Transaction ID : SA11AI-28607047**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

Mailing Address 6824 HOPKINS RD

City MIDDLE RIVER State MD Zip Code 21220

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 12 / 13 / 2022  
**Transaction ID : SA11AI-28609057**

Amount of Each Receipt this Period  
 30.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. CONWAY, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 195  
 City STRAWN State TX Zip Code 76475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2022  
**Transaction ID : SA11AI-28606029**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. COVIN, LEWIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5323 LEWIS COVIN RD  
 City MACCLENNY State FL Zip Code 32063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI-28608989**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**C. COX, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 736 CEDAR FIELD CT  
 City CHESTERFIELD State MO Zip Code 63017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2022  
**Transaction ID : SA11AI-28609423**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

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

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. CULVER, JUDITH, , ,</b>		Date of Receipt
Mailing Address 5403 NOTTINGHAM PL		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2022"/>
City BARTLESVILLE	State OK	Zip Code 74006
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-28607077</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	Amount of Each Receipt this Period <input type="text" value="55.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CULVER, JUDITH, , ,</b>		Date of Receipt
Mailing Address 5403 NOTTINGHAM PL		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2022"/>
City BARTLESVILLE	State OK	Zip Code 74006
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-28605873</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. DANIELS, SARA, , ,</b>		Date of Receipt
Mailing Address 2004 E CLIPPER LN		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2022"/>
City GILBERT	State AZ	Zip Code 85234
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-28606579</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="135.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

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

Mailing Address 41664 BRANDENSTEIN DR

City ALDIE	State VA	Zip Code 20105
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 02 / 2022  
**Transaction ID : SA11AI-28609443**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 3501 BERMUDA CIR  
LOT 78

City OVIEDO	State FL	Zip Code 32765
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
12 / 09 / 2022  
**Transaction ID : SA11AI-28609183**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 2002 FOX TRACE TRL

City CUYAHOGA FALLS	State OH	Zip Code 44223
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
12 / 06 / 2022  
**Transaction ID : SA11AI-28609315**

Amount of Each Receipt this Period  
55.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. DIGIROLAMO, VINCENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2002 FOX TRACE TRL  
 City CUYAHOGA FALLS State OH Zip Code 44223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 12 / 08 / 2022  
**Transaction ID : SA11AI-28603545**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. DILLON, GLENNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11390 US HIGHWAY 19 APT 106  
 City PORT RICHEY State FL Zip Code 34668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 12 / 22 / 2022  
**Transaction ID : SA11AI-28607451**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. EASTERLING, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1121 ASKINS RD  
 City HARTSVILLE State SC Zip Code 29550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : SA11AI-28609453**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 14 OF 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FOSTER, WILLIAM, , ,**

Mailing Address 7508 RED OAK LN

City CHARLOTTE   State NC   Zip Code 28226

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2022

**Transaction ID : SA11AI-28602525**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 2272 N KEARNEY DR

City SAGINAW   State MI   Zip Code 48603

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2022

**Transaction ID : SA11AI-28608131**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 379 ECHO RIDGE LN  
APT C108

City SOQUEL   State CA   Zip Code 95073

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

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

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2022

**Transaction ID : SA11AI-28605411**

Amount of Each Receipt this Period  
75.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

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

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

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

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

**A. GREEN, MORRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 MORRISON CT  
 City NEW ORLEANS State LA Zip Code 70127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 09 / 2022  
**Transaction ID : SA11AI-28606725**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. HAJROVIC, ALMA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10201 RUTHERFORD CT  
 City OAKTON State VA Zip Code 22124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The World Bank Occupation (for Individual) Chief Administrative Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 07 / 2022  
**Transaction ID : SA11AI-28609277**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. HALVA, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3150 LAKE JOHANNA BLVD APT 229  
 City ARDEN HILLS State MN Zip Code 55112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 01 / 2022  
**Transaction ID : SA11AI-28601987**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

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

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

**A. HARLOW, TERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 414  
 City WOODSTOCK State VT Zip Code 05091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 12 / 05 / 2022  
**Transaction ID : SA11AI-28609385**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. HASSON, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1804 E TULARE AVE  
 City VISALIA State CA Zip Code 93292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 05 / 2022  
**Transaction ID : SA11AI-28609377**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. HOFFMAN, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1495 AENEAS VALLEY RD  
 City TONASKET State WA Zip Code 98855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 28 / 2022  
**Transaction ID : SA11AI-28604631**  
 Amount of Each Receipt this Period 180.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

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

**A. HUBER, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6372 W 750 N  
 City MCCORDSVILLE State IN Zip Code 46055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 29 / 2022  
**Transaction ID : SA11AI-28604047**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. ISRAEL, LESLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 DAVIS LN  
 City EASTON State MD Zip Code 21601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 12 / 06 / 2022  
**Transaction ID : SA11AI-28608243**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. ISRAEL, LESLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 DAVIS LN  
 City EASTON State MD Zip Code 21601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 12 / 13 / 2022  
**Transaction ID : SA11AI-28607045**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**JACKSON, GORDON, , ,**

Mailing Address 196 OLD RIVER RD  
APT 7FS

City LINCOLN State RI Zip Code 02865

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 05 / 2022  
**Transaction ID : SA11AI-28609421**

Amount of Each Receipt this Period  
55.00

Memo Item

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

Mailing Address 22686 COLETA DR

City SALINAS State CA Zip Code 93908

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
12 / 13 / 2022  
**Transaction ID : SA11AI-28609073**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1113 BRASS KETTLE RD

City RALEIGH State NC Zip Code 27614

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
12 / 05 / 2022  
**Transaction ID : SA11AI-28609383**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHNSON, HAROLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2625 MAPLE AVE  
 City MORRO BAY State CA Zip Code 93442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : SA11AI-28609475**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. KOCHISS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 88 EAGER RD  
 City NORTH FRANKLIN State CT Zip Code 06254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : SA11AI-28599663**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. KONESKA, KATHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5029 IROQUOIS TRL  
 City REED CITY State MI Zip Code 49677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 01 / 2022  
**Transaction ID : SA11AI-28601009**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KONESKA, KATHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5029 IROQUOIS TRL  
 City REED CITY State MI Zip Code 49677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 01 / 2022  
**Transaction ID : SA11AI-28601973**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. KONESKA, KATHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5029 IROQUOIS TRL  
 City REED CITY State MI Zip Code 49677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 08 / 2022  
**Transaction ID : SA11AI-28602129**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. KOTZUR, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3411 COLONY DR  
 City SAN ANTONIO State TX Zip Code 78230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 07 / 2022  
**Transaction ID : SA11AI-28609249**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LACEY, SHIRLEY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3240 FAYCREST RD

City COLUMBUS	State OH	Zip Code 43232
------------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) HEALTH CARE PROVIDER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  
12 / 23 / 2022  
**Transaction ID : SA11AI-28608827**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 320 RIDGEDALE DR SE

City SILVER CREEK	State GA	Zip Code 30173
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 09 / 2022  
**Transaction ID : SA11AI-28609155**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 187 GEORGE STRAIT

City CANYON LAKE	State TX	Zip Code 78133
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
505.00

Date of Receipt  
12 / 16 / 2022  
**Transaction ID : SA11AI-28608961**

Amount of Each Receipt this Period  
55.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MALAVAKIS, TERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 SILVER MAPLE RD

City GROVELAND	State FL	Zip Code 34736
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2022

**Transaction ID : SA11AI-28601553**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 207 SPRING RD

City SPRUCE PINE	State NC	Zip Code 28777
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2022

**Transaction ID : SA11AI-28599495**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3 CORNELL CT

City DEARBORN	State MI	Zip Code 48124
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
430.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2022

**Transaction ID : SA11AI-28608917**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. MULLEN, MICHEAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16520 ANTERO CIR  
 City BROOMFIELD State CO Zip Code 80023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2022  
**Transaction ID : SA11AI-28608181**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

**B. NARDONE, FRANCINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 WETMORE DR  
 City BOONTON State NJ Zip Code 07005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2022  
**Transaction ID : SA11AI-28607847**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. NARDONE, FRANCINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 WETMORE DR  
 City BOONTON State NJ Zip Code 07005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2022  
**Transaction ID : SA11AI-28604881**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. PETERSON, MIKYONG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1121 N 150 W

City LAYTON	State UT	Zip Code 84041
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022

**Transaction ID : SA11AI-28602117**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. PRYCE, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2441 S FIG CT

City LAKEWOOD	State CO	Zip Code 80228
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2022

**Transaction ID : SA11AI-28606761**

Amount of Each Receipt this Period  
65.00

Memo Item

**C. PRYCE, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2441 S FIG CT

City LAKEWOOD	State CO	Zip Code 80228
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2022

**Transaction ID : SA11AI-28608895**

Amount of Each Receipt this Period  
30.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. PYLE, REX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1224 SW 94TH ST  
 City OKLAHOMA CITY State OK Zip Code 73139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : SA11AI-28608997**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. RICHARDS, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 SALISBURY DR APT 7504  
 City ASHEVILLE State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 07 / 2022  
**Transaction ID : SA11AI-28609245**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. RITCHEY, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2486 ROYAL MEADOW LN  
 City GROVE CITY State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 12 / 2022  
**Transaction ID : SA11AI-28609101**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ROBILLARD, CATHERINE, , ,**

Mailing Address **2 LEXINGTON ST**

City <b>STONEHAM</b>	State <b>MA</b>	Zip Code <b>02180</b>
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**12 / 16 / 2022**

**Transaction ID : SA11AI-28608967**

Amount of Each Receipt this Period  
**35.00**

Memo Item

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

Mailing Address **3321 W LE MOYNE ST**

City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60651</b>
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Water Mgmnt</b>	Occupation (for Individual) <b>Assistant to the Commissioner</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**205.00**

Date of Receipt  
**12 / 23 / 2022**

**Transaction ID : SA11AI-28608835**

Amount of Each Receipt this Period  
**40.00**

Memo Item

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

Mailing Address **2741 N SALISBURY ST**

City <b>WEST LAFAYETTE</b>	State <b>IN</b>	Zip Code <b>47906</b>
-------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**11 / 29 / 2022**

**Transaction ID : SA11AI-28606985**

Amount of Each Receipt this Period  
**75.00**

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RYAN, MARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2741 N SALISBURY ST

City WEST LAFAYETTE	State IN	Zip Code 47906
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2022

**Transaction ID : SA11AI-28608851**

Amount of Each Receipt this Period  
80.00

Memo Item

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

Mailing Address 519 WINSTON CT

City BENICIA	State CA	Zip Code 94510
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2022

**Transaction ID : SA11AI-28602707**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 58 EDGEMERE RD

City LIVINGSTON	State NJ	Zip Code 07039
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2022

**Transaction ID : SA11AI-28606873**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SIMON, TOBY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 EDGEMERE RD  
 City LIVINGSTON State NJ Zip Code 07039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 29 / 2022  
**Transaction ID : SA11AI-28608667**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. SKOWRONSKI, EDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6301 FOREST MILL TER  
 City LAUREL State MD Zip Code 20707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 06 / 2022  
**Transaction ID : SA11AI-28608281**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. SMITH, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 N MACY ST RM 233  
 City NORTH FOND DU LAC State WI Zip Code 54935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : SA11AI-28604253**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SMITH, MARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 244 N MACY ST RM 233

City NORTH FOND DU LAC	State WI	Zip Code 54935
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
12 / 19 / 2022  
**Transaction ID : SA11AI-28606633**

Amount of Each Receipt this Period  
55.00

Memo Item

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

Mailing Address 421 VINE ST

City MADISON	State IN	Zip Code 47250
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
12 / 30 / 2022  
**Transaction ID : SA11AI-28608655**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 408 NW 145TH TER

City EDMOND	State OK	Zip Code 73013
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
12 / 05 / 2022  
**Transaction ID : SA11AI-28606163**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TERRELL, KATHERENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 NW 145TH TER  
 City EDMOND State OK Zip Code 73013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 28 / 2022  
**Transaction ID : SA11AI-28608739**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. THIBIDEAU, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7902 S HOLLAND RD  
 City SHERIDAN State MI Zip Code 48884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 26 / 2022  
**Transaction ID : SA11AI-28607341**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. THOMAS, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 176 CRESTED CREEK AVE  
 City HENDERSON State NV Zip Code 89011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 01 / 2022  
**Transaction ID : SA11AI-28601909**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMPSON, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 VILLAGE DR  
 APT 9  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 30 / 2022  
**Transaction ID : SA11AI-28609549**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. TURMEL, MARJORIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 513 GEORGE WASHINGTON HWY N  
 City CHESAPEAKE State VA Zip Code 23323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 12 / 08 / 2022  
**Transaction ID : SA11AI-28606731**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. TURMEL, MARJORIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 513 GEORGE WASHINGTON HWY N  
 City CHESAPEAKE State VA Zip Code 23323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 12 / 09 / 2022  
**Transaction ID : SA11AI-28605713**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VALORE, EVELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 FONDREN CIR  
 City SHREVEPORT State LA Zip Code 71103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 14 / 2022  
**Transaction ID : SA11AI-28605403**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. VOGELE, INGEORG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7450 SPRING VILLAGE DR APT 523  
 City SPRINGFIELD State VA Zip Code 22150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : SA11AI-28608959**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. WALKER, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 734 BRISTOL VILLAGE DR APT 104  
 City MIDLOTHIAN State VA Zip Code 23114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 09 / 2022  
**Transaction ID : SA11AI-28608033**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WERNER, JAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2004 W HILL TRL  
 City FINDLAY State OH Zip Code 45840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 06 / 2022  
**Transaction ID : SA11AI-28609365**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. WILLIAMSON, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 MCDOW ST  
 City VICTORIA State TX Zip Code 77901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : SA11AI-28608981**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. WINFREE, LELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28031 LORRAINE AVE  
 City WARREN State MI Zip Code 48093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 22 / 2022  
**Transaction ID : SA11AI-28599067**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. WYSS, SHEILA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27400 MASON SCHOOL RD

City LEES SUMMIT	State MO	Zip Code 64064
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2022

**Transaction ID : SA11AI-28609405**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 27400 MASON SCHOOL RD

City LEES SUMMIT	State MO	Zip Code 64064
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2022

**Transaction ID : SA11AI-28606785**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 815 CHATEAU DR

City HILLSBOROUGH	State CA	Zip Code 94010
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2022

**Transaction ID : SA11AI-28602247**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	415.00
<b>TOTAL</b> This Period (last page this line number only).....	5250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ABC Company</b>		Date of Disbursement MM / DD / YYYY 12 / 09 / 2022	
Mailing Address PO Box 2413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-82167</b>	
City Huntington	State NY	Zip Code 11743	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement Fundraising and Media Consulting		Category/Type 004	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ABC Company</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2022	
Mailing Address PO Box 2413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-82169</b>	
City Huntington	State NY	Zip Code 11743	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Fundraising and Media Consulting		Category/Type 004	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. COA Network Inc.</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2022	
Mailing Address 991 Route 22 West Suite 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-82171</b>	
City Bridgewater Township	State NJ	Zip Code 08807	Amount of Each Disbursement this Period 151.65
Purpose of Disbursement 800 Telephone numbers		Category/Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5651.65
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. EagleBank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2022

Mailing Address 7815 Woodmont ave

FEC Identification Number

C [REDACTED]

City Bethesda State MD Zip Code 20814

**Transaction ID : SB21B-82167**  
Amount of Each Disbursement this Period

Purpose of Disbursement Bank analysis fee Category/Type 001

[REDACTED] 498.79

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

**B. Google Gsuite**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2022

Mailing Address 1600 Amphitheatre Pkwy

FEC Identification Number

C [REDACTED]

City Mountain View State CA Zip Code 94043

**Transaction ID : SB21B-82165**  
Amount of Each Disbursement this Period

Purpose of Disbursement Email Services Category/Type 001

[REDACTED] 52.14

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. Grasshopper**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	19	/	2022

Mailing Address 320 Summer St

FEC Identification Number

C [REDACTED]

City Boston State MA Zip Code 02210

**Transaction ID : SB21B-82168**  
Amount of Each Disbursement this Period

Purpose of Disbursement Telephone Service Category/Type 001

[REDACTED] 109.71

Candidate Name

Memo Item

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

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

[REDACTED] 660.64

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting Software

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2022			

FEC Identification Number  
  
**Transaction ID : SB21B-82166**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. LIVE TRANSFERS AND DONOR CREATION LLC**

Mailing Address 1607 Ponce de Leon ave Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2022			

FEC Identification Number  
  
**Transaction ID : SB21B-82166**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. LIVE TRANSFERS AND DONOR CREATION LLC**

Mailing Address 1607 Ponce de Leon ave Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2022			

FEC Identification Number  
  
**Transaction ID : SB21B-82166**  
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 09 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-82167</b>	
City SAN JUAN	State PR	Zip Code 00909	Amount of Each Disbursement this Period 17039.78	
Purpose of Disbursement Telephone fundraising		Category/ Type 003	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 09 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-82167</b>	
City SAN JUAN	State PR	Zip Code 00909	Amount of Each Disbursement this Period 7302.76	
Purpose of Disbursement Telephone fundraising		Category/ Type 003	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 20 / 2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-82167</b>	
City SAN JUAN	State PR	Zip Code 00909	Amount of Each Disbursement this Period 16487.45	
Purpose of Disbursement Telephone fundraising		Category/ Type 003	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

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

40829.99

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LIVE TRANSFERS AND DONOR CREATION LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-82169</b>
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 7066.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. LIVE TRANSFERS AND DONOR CREATION LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-82170</b>
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 15211.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. LIVE TRANSFERS AND DONOR CREATION LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-82171</b>
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 6519.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	28796.31
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	29	/	2022

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-82171**  
Amount of Each Disbursement this Period  
[ ] 21815.12

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising  
Candidate Name  
Category/Type **003**

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2022

Mailing Address 3245 N 126th St

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-82166**  
Amount of Each Disbursement this Period  
[ ] 3820.43

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Mailers and Caging  
Candidate Name  
Category/Type **003**

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2022

Mailing Address 3245 N 126th St

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-82167**  
Amount of Each Disbursement this Period  
[ ] 4423.52

City Brookfield State WI Zip Code 53005

Purpose of Disbursement Mailers and Caging  
Candidate Name  
Category/Type **003**

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

Memo Item

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

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

30059.07
[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. North American Marketing Solutions Inc</b>			Date of Disbursement MM / DD / YYYY 12 / 15 / 2022	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED]	
City Brookfield	State WI	Zip Code 53005	Transaction ID : <b>SB21B-82168</b>	
Purpose of Disbursement Mailing and Caging		Category/ Type 003	Amount of Each Disbursement this Period 3924.56	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. North American Marketing Solutions Inc</b>			Date of Disbursement MM / DD / YYYY 12 / 23 / 2022	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED]	
City Brookfield	State WI	Zip Code 53005	Transaction ID : <b>SB21B-82170</b>	
Purpose of Disbursement Mailing and Caging		Category/ Type 003	Amount of Each Disbursement this Period 3876.15	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Opus Virtual Offices</b>			Date of Disbursement MM / DD / YYYY 12 / 05 / 2022	
Mailing Address 1825 NW Corporate Blvd Suite 110			FEC Identification Number C [REDACTED]	
City Boca Raton	State FL	Zip Code 33431	Transaction ID : <b>SB21B-82166</b>	
Purpose of Disbursement Virtual Office		Category/ Type 001	Amount of Each Disbursement this Period 99.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7899.71
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

**A. PACSmart Filing Services**

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Rd.  
Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement  
FEC Compliance Reporting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 20 / 2022

FEC Identification Number: C

Transaction ID : SB21B-82169

Amount of Each Disbursement this Period: 1100.00

Memo Item

**B. RallyPay**

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Nov

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 30 / 2022

FEC Identification Number: C

Transaction ID : SB21B-82269

Amount of Each Disbursement this Period: 5.60

Memo Item

**C. RallyPay**

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Nov

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 30 / 2022

FEC Identification Number: C

Transaction ID : SB21B-82271

Amount of Each Disbursement this Period: 7.00

Memo Item

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

1112.60

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Nov

003

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2022

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-82270

Amount of Each Disbursement this Period

[Redacted] 93.53

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Nov

003

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2022

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-82270

Amount of Each Disbursement this Period

[Redacted] 103.65

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Nov

003

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2022

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-82261

Amount of Each Disbursement this Period

[Redacted] 124.10

Memo Item

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

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

[Redacted] 321.28

[Redacted]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. RallyPay

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" Credit Card Chargebacks

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2022

FEC Identification Number

C
Transaction ID : SB21B-82268
Amount of Each Disbursement this Period
29.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. RallyPay

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" Credit Card Chargebacks

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2022

FEC Identification Number

C
Transaction ID : SB21B-82269
Amount of Each Disbursement this Period
58.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. RallyPay

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Dec

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2022

FEC Identification Number

C
Transaction ID : SB21B-82271
Amount of Each Disbursement this Period
88.80

Memo Item

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

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

175.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" Credit Card Chargebacks

003

Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2022

FEC Identification Number

C  
Transaction ID : SB21B-82269  
Amount of Each Disbursement this Period  
116.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Dec

003

Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2022

FEC Identification Number

C  
Transaction ID : SB21B-82271  
Amount of Each Disbursement this Period  
175.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Dec

003

Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2022

FEC Identification Number

C  
Transaction ID : SB21B-82268  
Amount of Each Disbursement this Period  
772.68

Memo Item

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

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

1063.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Dec

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-82270**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Dec

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-82269**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. UPS Store**

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Postage/Shipping

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 29 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-81911**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. UPS Store**

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2022

FEC Identification Number  
**C**  
Transaction ID : **SB21B-82166**  
Amount of Each Disbursement this Period  
24.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. UPS Store**

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2022

FEC Identification Number  
**C**  
Transaction ID : **SB21B-82168**  
Amount of Each Disbursement this Period  
24.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. UPS Store**

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2022

FEC Identification Number  
**C**  
Transaction ID : **SB21B-82166**  
Amount of Each Disbursement this Period  
24.38

Memo Item

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

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

73.14

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. UPS Store**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2022

Mailing Address 2021 L St NW  
Ste 101

FEC Identification Number

C [ ]

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping

001  
Category/Type

Transaction ID : SB21B-82170  
Amount of Each Disbursement this Period

24.38

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C [ ]

City State Zip Code

Purpose of Disbursement

[ ]  
Category/Type

Amount of Each Disbursement this Period

[ ]

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C [ ]

City State Zip Code

Purpose of Disbursement

[ ]  
Category/Type

Amount of Each Disbursement this Period

[ ]

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

24.38

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

143551.07



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 49 OF 49
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mastroianni, Stephanie, , ,</b>			Nature of Debt (Purpose): Advance for various legal, administrative
Mailing Address 2021 L St NW Ste 101-193			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="2920.07"/>		Transaction ID : SD10-1240039	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="2920.07"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="2920.07"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="2920.07"/>