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FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	SX	For Other	Than An Ai	uthorized	d Commi	ttee		Office U	lse Only	
1. NAME OF COMMITTEE	≣ (in full)	TYPE OR I	PRINT ▼		mple: If ty r the lines.		12FE	4M5		
UNITED W	OMEN'S H	EALTH A	ALLIANCE	PAC						1
		1 2024 1 6	T NIM CTF 404 4	102						
ADDRESS (numb	er and street)	2021 L S	T NW STE 101-	193						
than pre	f different eviously d. (ACC)	WASHIN	IGTON				DC	2003	6 - [	
2. <b>FEC IDENT</b>	IFICATION N	UMBER ▼		CITY 🛦			STATE A		ZIP CODI	E <b>A</b>
C C007	755694		3.	IS THIS REPORT		NEW (N) OR	x	AMENDED (A)		
4. TYPE OF (Choose One	_	(b) Mor Rep Due	ort On:	eb 20 (M2) 1ar 20 (M3)		May 20 (M5)		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) Non-Election (ear Only) Dec 20 (M12) Non-Election (ear Only)
	ril 15 arterly Report (0	O1) —	A	pr 20 (M4)	Ш	Jul 20 (M7)	_ ⊔	Oct 20 (M10)		Jan 31 (YE)
July	y 15 arterly Report (0	(C)	12-Day  PRE-Election  Report for the:	Ц	Primary (1:		_	neral (12G)	L P	Runoff (12R)
	tober 15 arterly Report (0	Q3)	rieport for the.	ш	Convention	1 (120)	ope	Ciai (120)		
	nuary 31 ar-End Report (\	YE)	Elec	ction on	M = M		Y	Y	in the State of	
Rej Yea	y 31 Mid-Year port (Non-election ar Only) (MY)		30-Day POST-Election Report for the:		General (3	0G)	Run	off (30R)	S	Special (30S)
Ten (TE	mination Report (R)		Elec	ction on	M	/ D D /	Y	Y	in the State of	
5. Covering Pe	riod 04			2	through	04	/ D 30		)22	
I certify that I hat Type or Print Na		MÁSTRO	nd to the best DIANNI, STEPHA		wledge and	d belief it is tr	ue, correc	t and comple	te.	
Signature of Trea	MAS asurer	TROIANNI, S	TEPHANIE, , ,		[Electronica	ully Filed]		M M / D		2022
NOTE: Submission	n of false, erron	eous, or inc	omplete informat	tion may sı	ubject the p	erson signing	this Report	t to the penalt	ies of 52 U	J.S.C. § 30109
Office Use Only									<b>FORN</b> Rev. 05/201	

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name UNITED WOMEN'S HEALTH ALLIANCE PAC 04 01 2022 04 30 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 77688.71 January 1. 2022 (b) Cash on Hand at 89423.05 Beginning of Reporting Period..... 139081.29 641751.06 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 719439.77 228504.34 6(a) and 6(c) for Column B)..... 126454.29 617389.72 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 102050.05 102050.05 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 25075.99 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### UNITED WOMEN'S HEALTH ALLIANCE PAC

R	eport Covering the Period: From: 04	01 2022 To	04 30 2022 COLUMN B
	I. Receipts	Total This Period	Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees		
	(i) Itemized (use Schedule A)	6037.00	17730.00
	(ii) Unitemized	133044.29	624021.06
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	139081.29	641751.06
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
10	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶  Transfers From Affiliated/Other	139081.29	641751.06
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
47	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		
٥.	12, 13, 14, 15, 16, 17, and 18(c))▶	139081.29	641751.06
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	139081.29	641751.06

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schodule H4)		Calculate Fatto		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(/)	4 4			
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating  Expenditures	96885.18	479219.79		
(c) Total Operating Expenditures	30000.10	TO LIGHT		
(add 21(a)(i), (a)(ii), and (b))▶	96885.18	479219.79		
. Transfers to Affiliated/Other Party		2.00		
Committees  Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	4 4	4 4 4		
(use Schedule E)Coordinated Party Expenditures	29479.11	137414.93		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	2.22		
(use scriedule i )	0.00	0.00		
Loan Repayments Made	0.00	0.00		
	4 4			
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	00.00	755.00		
man i olitical dominitiees	90.00	755.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	4 4	4 1 4 1 4		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	2000			
(add Lines 28(a), (b), and (c))▶	90.00	755.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(2	20))			
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) III aviali Obava				
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	126454.29	617389.72		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	126454.29	617389.72		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	139081.29	641751.06
44. Total Contribution Refunds (from Line 28(d))	90.00	755.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	138991.29	640996.06
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	96885.18	479219.79
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	96885.18	479219.79

#### : 97 A = G7 9 @ 5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Ž G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA
Transaction ID:

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

Form/Schedule: F3XA

Transaction ID:

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

F	FOR LINE NUMBER:							7	OF	60
(0	(check only one)									
	X	11a		11b		11c		12	2	
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Any information copied from such Reports and or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC			
Full Name of Individual (Last, First, Middle I ANDERSON, RICHARD, , , Mailing Address 6317 LOCH MOOR DR	nitial) or Full Orga	anization Name	Date of Receipt		
City	Stata	Zin Codo	04 11 2022		
City EDINA	State MN	Zip Code 55439	Transaction ID : SA11AI-27415801  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	I political committee.				
Name of Employer (for Individual)  Dr. Richard Anderson	Occupa Psychi	ation (for Individual) atrist	Memo Item		
Receipt For:  Primary General  Other (specify) ▼					
Full Name of Individual (Last, First, Middle I ASKEW, SUSAN, , , Mailing Address 7913 FARMINGWOOD LN	Date of Receipt				
City RALEIGH	State NC	Zip Code 27615	Transaction ID : SA11AI-27415791  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 300.00			
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 7913 FARMINGWOOD LN	Otes	The Oads	04 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City RALEIGH	State NC	Zip Code 27615	Transaction ID : SA11AI-27415723		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  55.00		
Name of Employer (for Individual) Retired	tired Retired				
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	360.00		
TOTAL This Period (last page this line numbe	er only)				

FOR LINE NUMBER:						PAGE		8	OF	60
(check only one)										
	X	11a		11b		11c		12	2	
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	Statements may not be sold or used by any pers ne name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In ASKEW, SUSAN, , ,  Mailing Address 7913 FARMINGWOOD LN	nitial) or Full Organization Name	Date of Receipt				
		04 21 2022				
City RALEIGH	State Zip Code NC 27615	Transaction ID : SA11AI-27415039				
	27010	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	80.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middle In BAYLISS, MARY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 206 CHAD PL		04 24 2022				
City	State Zip Code	Transaction ID : SA11AI-27414927				
OCEAN VIEW	DE 19970	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00					
Full Name of Individual (Last, First, Middle In BEAVER, DOROTHY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 215 MARSH LANDING DR APT 103		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City CARROLLTON	State Zip Code VA 23314	Transaction ID : SA11AI-27418215				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	250.00					
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	220.00				
TOTAL This Period (last page this line number	r only)					

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	y information copied from such Reports and Sta for commercial purposes, other than using the n				
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC		
Α.	Full Name of Individual (Last, First, Middle Initia BEVERSDORF, TOM, , ,	l) or Full O	rganization Name		Date of Receipt
	Mailing Address 8433 WATERTOWN DR				04 07 2022
	City INDIANAPOLIS	State	Zip Code 46216		Transaction ID : SA11AI-27416063
	FEC ID number of contributing federal political committee.	C	10210		Amount of Each Receipt this Period  55.00
	Name of Employer (for Individual) DFAS Receipt For:	Info	upation (for Individual) rmation & Technology		Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00		
В.	Full Name of Individual (Last, First, Middle Initia BLORE, JUDITH, , , Mailing Address 17428 TARZANA ST		Date of Receipt		
	City ENCINO	State CA	Zip Code 91316		Transaction ID : SA11AI-27417117  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			45.00
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ired		Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.00	0	
<del></del>	Full Name of Individual (Last, First, Middle Initia CAMPBELL, LINDA, , ,	l) or Full O	rganization Name		Date of Receipt
	Mailing Address 1425 19TH AVE SW  APT D8  City	State	Zip Code		04 07 2022 Transaction ID : SA11Al-27411105
	WILLMAR	MN	56201		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.				150.00
	Name of Employer (for Individual) Retired		Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00		
s	UBTOTAL of Receipts This Page (optional)			····· <b>&gt;</b>	250.00
Т	OTAL This Period (last page this line number or	nly)		····· <b>&gt;</b>	

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	nd Statements may not be sold or used by any pers the name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC					
Full Name of Individual (Last, First, Middle	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1425 19TH AVE SW  APT D8		04 07 2022				
City	State Zip Code	Transaction ID : SA11AI-27413565				
WILLMAR	MN 56201	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual)	Occupation (for Individual) Retired	Memo Item				
Retired Receipt For:		-				
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	450.00					
Full Name of Individual (Last, First, Middle CAMPBELL, LINDA, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1425 19TH AVE SW		M = M / D = D / Y = Y = Y				
APT D8 City	State Zip Code	04 07 2022				
City WILLMAR	MN 56201	Transaction ID : SA11AI-27414169  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	450.00					
Full Name of Individual (Last, First, Middle DESSASO, MANNICUE, , ,	Pinitial) or Full Organization Name	Date of Receipt				
Mailing Address 1173 LIBERTY ST		04 18 2022				
City	State Zip Code	Transaction ID : SA11AI-27418059				
SPRINGFIELD	MA 01104	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	70.00				
Name of Employer (for Individual) Retired						
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	00 0					
Other (specify)	250.00					
SUBTOTAL of Receipts This Page (optional	)	370.00				
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		ed by any person for the purpose of soliciting contributions al 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 DESSASO, MANNICUE, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1173 LIBERTY ST		04 22 2022			
City SPRINGFIELD	State Zip Code MA 01104	Transaction ID : SA11AI-27417869			
FEC ID number of contributing federal political committee.	C 01104	Amount of Each Receipt this Period  60.00			
Name of Employer (for Individual)  Retired  Receipt For:  Primary  General	Memo Item				
Other (specify) ▼  Full Name of Individual (Last, First, Middle	4	250.00			
Mailing Address 11390 US HIGHWAY 19  APT 106  City	State Zip Code	Date of Receipt  04 06 2022			
PORT RICHEY	FL 34668	Transaction ID : SA11AI-27416125  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) Retired	Occupation (for Individua Retired	I) Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	320.00			
Full Name of Individual (Last, First, Middle DILLON, GLENNA, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 11390 US HIGHWAY 19  APT 106	Otata Zin Coda	04 11 2022			
City PORT RICHEY	State Zip Code FL 34668	Transaction ID : SA11AI-27418363  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) Retired	Occupation (for Individua Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	320.00			
SUBTOTAL of Receipts This Page (optional).		260.00			
TOTAL This Period (last page this line numb	er only)				

		LINE	PAGE	_ 1	12	OF	60			
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Any information copied from such Reports and S or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC				
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt			
Mailing Address 87 LYMAN BARNES RD		04 14 2022			
City	State Zip Code	Transaction ID : SA11AI-27418121			
BRIMFIELD	MA 01010	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	100.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired	Retired	_			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	300.00				
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt			
Mailing Address 1008 HIDEBOUND RD		04 01 2022			
City	State Zip Code	Transaction ID : SA11AI-27417747			
BURNS	TN 37029	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů l				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00				
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt			
Mailing Address 970 SHIRLEY RD		04 11 2022			
City	State Zip Code	Transaction ID : SA11AI-27418365			
BIRMINGHAM	MI 48009	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	280.00				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	305.00			
TOTAL This Period (last page this line number	only)				

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or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 970 SHIRLEY RD		04 26 2022
City	State Zip Code	Transaction ID : SA11AI-27417791
BIRMINGHAM	MI 48009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	280.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 68		04 11 2022
City	State Zip Code	Transaction ID : SA11AI-27415803
ASHLAND	NH 03217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Data of Parairi
Mailing Address 501 HARRIET LN	, ,	Date of Receipt  04  18  2022
City	State Zip Code	04 18 2022 Transaction ID : SA11AI-27418997
HAVERTOWN	PA 19083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	280.00	
SUBTOTAL of Receipts This Page (optional)		435.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:						PAGE	_ ′	14	OF		60
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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  UNITED WOMEN'S HEALTH A	· · · · · · · · · · · · · · · · · · ·	
/ GIVITED WOWIEN 3 REALTH A	LLIAINOL FAO	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 501 HARRIET LN		04 21 2022
City	State Zip Code	Transaction ID : SA11AI-27417403
HAVERTOWN	PA 19083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	280.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 12 MURRAY HILL RD		04 05 2022
City	State Zip Code	Transaction ID : SA11AI-27417261
ROSLINDALE	MA 02131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  205.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 12 MURRAY HILL RD		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI-27416103
ROSLINDALE	MA 02131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	205.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	С			
Full Name of Individual (Last, First, Middle GREEN, JANICE, , ,  Mailing Address 12 MURRAY HILL RD	Initial) or Full Organiz	ation Name	Date of Receipt		
011	1011		04 06 2022		
City ROSLINDALE	State Z	ip Code 02131	Transaction ID : SA11AI-27418621		
FEC ID number of contributing federal political committee.	C	02101	Amount of Each Receipt this Period  25.00		
Name of Employer (for Individual) Retired Receipt For:	Memo Item				
Primary General Other (specify) ▼	o-Date ▼ 205.00				
Full Name of Individual (Last, First, Middle GREEN, JANICE, , ,  Mailing Address 12 MURRAY HILL RD	Initial) or Full Organiz	ation Name	Date of Receipt		
City	State Z	ip Code	04 08 2022		
ROSLINDALE		02131	Transaction ID : SA11AI-27417597  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	FEC ID number of contributing				
Name of Employer (for Individual) Retired	Occupation Retired	n (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	o-Date ▼ 205.00			
Full Name of Individual (Last, First, Middle Control	Initial) or Full Organiz	ation Name	Date of Receipt		
Mailing Address 5886 DE ZAVALA RD	10		04 04 2022		
City SAN ANTONIO		ip Code 78249	Transaction ID : SA11AI-27416359  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer (for Individual) Retired	Occupation Retired	n (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 430.00			
SUBTOTAL of Receipts This Page (optional).			170.00		
TOTAL This Period (last page this line number	er only)				

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANC	EΡ	PAC				
Α.	Full Name of Individual (Last, First, Middle Initial HAYFORD, BEVERLY, , ,	al) or Full	Orga	nization Name	Date of Receipt			
	Mailing Address 8029 SE LITTLE HARBOR DR APT G1				04 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City							
	HOBE SOUND	FL		33455	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С	Ξ		500.00			
	Name of Employer (for Individual) Retired		cupa	tion (for Individual)	Memo Item			
	Receipt For:				_			
	Primary General	Aggregate	e yea	ar-to-Date ▼				
	Other (specify) ▼			500.00				
В.	Full Name of Individual (Last, First, Middle Initial HORTON, KAREN, , ,	al) or Full (	Orga	nization Name	Date of Receipt			
	Mailing Address 4403 NW 50TH TER				04 11 2022			
	City	State		Zip Code	Transaction ID : SA11AI-27417093			
	KANSAS CITY	MO		64151	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			70.00			
	Name of Employer (for Individual) Retired		ccupa etired	tion (for Individual)	Memo Item			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 305.00				
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial HORTON, KAREN, , ,	al) or Full	Orga	nization Name	Date of Receipt			
	Mailing Address 4403 NW 50TH TER				04 22 2022			
	City	State		Zip Code	Transaction ID : SA11AI-27417891			
	KANSAS CITY	MO		64151	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	Ξ		35.00			
	Name of Employer (for Individual) Retired		cupa	tion (for Individual)	Memo Item			
	Receipt For:	Aggregate	o Vos	ar-to-Date ▼	_			
	Primary General	Aggregate	.0 100	ar to Bate +				
	Other (specify)		-	305.00				
H	SUBTOTAL of Receipts This Page (optional)			<u> </u>	605.00			
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC					
Full Name of Individual (Last, First, Middle II JONES, JESSE, , ,  Mailing Address 9213 SPRING ST	nitial) or Full Orga	anization Name	Date of Receipt				
City	State	Zip Code	04 19 2022 Transaction ID : SA11AI-27415213				
HIGHLAND	IN	46322	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		105.00				
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 220.00					
Full Name of Individual (Last, First, Middle II KARRISH, GEORGE, , ,  Mailing Address 1042 NEUMARK AVE	Date of Receipt						
City	Otat-	7:n Code	04 21 2022				
City PLEASANTVILLE	State NJ	Zip Code 08232	Transaction ID : SA11AI-27410353  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 345.00					
Full Name of Individual (Last, First, Middle In KEATING, CARLEEN, , ,	nitial) or Full Orga	anization Name	Date of Receipt				
Mailing Address 2477 JACKSON ST			04 20 / 2022				
City SAN FRANCISCO	State CA	Zip Code 94115	Transaction ID : SA11AI-27415133				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  205.00				
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 340.00					
SUBTOTAL of Receipts This Page (optional)		·····	360.00				
TOTAL This Period (last page this line number	r only)						

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init KNISKERN, ALICE, , ,  Mailing Address 2990 GROVE ST	tial) or Full Organization Name	Date of Receipt
City	State Zip Code WI 53511	04 14 2022 Transaction ID : SA11AI-27416999
BELOIT  FEC ID number of contributing federal political committee.	WI   53511   C	Amount of Each Receipt this Period 150.00
Name of Employer (for Individual)  Retired  Receipt For:  Primary  General  Other (specify) ▼	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  260.00	Memo Item
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 315 S CENTER ST  City  AMERICAN FORK  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Simplii  Receipt For:	State Zip Code UT 84003  C  Occupation (for Individual) Director Of Strategic Partnerships  Aggregate Year-to-Date   V	Transaction ID : SA11Al-27417027  Amount of Each Receipt this Period  117.00  Memo Item
Primary General Other (specify) ▼	Aggregate Tear-to-Date ¥	
Full Name of Individual (Last, First, Middle Initial LABELLE, ROBERT, , ,  Mailing Address 182 W 126TH AVE  City CROWN POINT  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State Zip Code IN 46307  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  310.00	Date of Receipt  M M M M 19 2022  Transaction ID: SA11AI-27417467  Amount of Each Receipt this Period  60.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	327.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In LABELLE, ROBERT, , ,  Mailing Address 182 W 126TH AVE	nitial) or Full Orga	nization Name	Date of Receipt
City	Ctot-	Zin Codo	04 22 2022
City CROWN POINT	State	Zip Code 46307	Transaction ID : SA11AI-27417877
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Retired Receipt For:	Occupa Retired Aggregate Yea		Memo Item
Primary General Other (specify) ▼	1.55.39410 101	310.00	
Full Name of Individual (Last, First, Middle In LAMBERT, JOHN, , ,  Mailing Address 301 WHITE OAK DR	nitial) or Full Orga	nization Name	Date of Receipt
Ott	10: :	7:- 0-4-	04 06 2022
City SANTA ROSA	State	Zip Code 95409	Transaction ID : SA11AI-27419313
FEC ID number of contributing federal political committee.	C	33403	Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 235.00	
Full Name of Individual (Last, First, Middle In LYNCH, LOUISE, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2529 ZINFANDEL DR	01-1-	17'n O. I.	04 28 2022
City RANCHO CORDOVA	State CA	Zip Code 95670	Transaction ID : SA11AI-27414557  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		110.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional)		•	265.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle I MCAVENIA, PEGGY, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 9922 W EDWARD DR			04 12 2022
City	State	Zip Code	Transaction ID : SA11AI-27417063
SUN CITY	AZ	85351	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle I  MCNAIRY, BOBBIE, , ,  Mailing Address 2 GALESVILLE CT	nitial) or Full Orga	nization Name	Date of Receipt
			04 27 2022
City	State	Zip Code	Transaction ID : SA11AI-27414685
GAITHERSBURG	MD	20878	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	105.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary  General	Aggregate Yea	ar-to-Date ▼	
Other (specify) ▼		210.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1526 FAIRMOUNT ST			04 18 2022
City WICHITA	State KS	Zip Code 67208	Transaction ID : SA11AI-27415321  Amount of Each Receipt this Period
FEC ID number of contributing	C		150.00
federal political committee.			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary  General	Aggregate Yea	ar-to-Date ▼	
Other (specify)	4	260.00	
SUBTOTAL of Receipts This Page (optional)	'	<b>&gt;</b>	315.00
TOTAL This Period (last page this line numbe	er only)		

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or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE PAC	
Full Name of Individual (Last, First, Middle Initi	al) or Full Organization Name	Date of Receipt
Mailing Address 22 STELLA DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-27418857
NORTH PROVIDENCE	RI 02911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	205.00	
Full Name of Individual (Last, First, Middle Initi  MOSCO, MAUREEN, , ,	Date of Receipt	
Mailing Address 22		M = M / D = D / Y = Y = Y
STELLA DR	State Zin Codo	04 28 2022
City	State Zip Code RI 02911	Transaction ID : SA11AI-27413091
NORTH PROVIDENCE	RI   02911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	205.00	
Full Name of Individual (Last, First, Middle Initi	al) or Full Organization Name	Date of Receipt
Mailing Address 122 N MAIN ST		04 14 2022
City	State Zip Code	Transaction ID : SA11AI-27411039
ELBURN	IL 60119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Reynauld's Euro Imports Inc	Owner	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)		255.00
TOTAL This Period (last page this line number o	nly)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle RICE, CAROL, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 9 CHESTER ST		04 11 2022					
City	State Zip Code	Transaction ID : SA11AI-27417565					
WORCESTER	MA 01605	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  235.00						
Full Name of Individual (Last, First, Middle RUST, JOSEPH, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1614 GOLF COURSE RD  APT 245							
GRAND RAPIDS	MN 55744	Transaction ID : SA11AI-27418535  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00						
Full Name of Individual (Last, First, Middle SCUDERI, MARGARET, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 208 FALL HARVEST		04 10 / Y Y Y Y Y Y					
City CENTERVILLE	State Zip Code 31028	Transaction ID : SA11AI-27418439  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	60.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  225.00						
SUBTOTAL of Receipts This Page (optional)		105.00					
TOTAL This Period (last page this line numb	er only)						

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC						
Full Name of Individual (Last, First, Middle I SCUDERI, MARGARET, , ,	nitial) or Full Orgai	nization Name	Date of Receipt					
Mailing Address 208 FALL HARVEST			04 13 2022					
City CENTERVILLE								
	GA	31028	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	55.00							
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 225.00						
Full Name of Individual (Last, First, Middle I SHELTON, MARVIN, , ,	nitial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 1399 AVOCA PI APT 13	Chaha	Zin Code	04 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City SHERIDAN	State WY	Zip Code 82801	Transaction ID : SA11AI-27415597  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	EC ID number of contributing							
Name of Employer (for Individual) WALMART	Occupa Best Ef	tion (for Individual) forts	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 270,00						
Full Name of Individual (Last, First, Middle I SORENSEN, KARSTEN, , ,	nitial) or Full Orga	nization Name	Date of Receipt					
Mailing Address 3 WHISPERING PNES			04 08 2022					
City FREEPORT	State ME	Zip Code 04032	Transaction ID : SA11AI-27415893  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		55.00					
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 420.00						
SUBTOTAL of Receipts This Page (optional)		·····	265.00					
TOTAL This Period (last page this line numbe	r only)							

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In SORENSEN, KARSTEN, , ,		Date of Receipt
Mailing Address 3 WHISPERING PNES		04 08 2022
City FREEPORT	State Zip Code ME 04032	Transaction ID : SA11AI-27418445
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  100.00	
Name of Employer (for Individual)	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name of Individual (Last, First, Middle In SORENSEN, KARSTEN, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3 WHISPERING PNES		04 11 2022
City FREEPORT	State Zip Code ME 04032	Transaction ID : SA11Al-27415787  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	105.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name of Individual (Last, First, Middle In SORENSEN, KARSTEN, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3 WHISPERING PNES		04 14 2022
City FREEPORT	State Zip Code ME 04032	Transaction ID : SA11AI-27415495  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optional)	•	260.00
TOTAL This Period (last page this line number	only)	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi SOSA, ANITA, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 2510 DARWIN DR			04
	City	State	Zip Code	Transaction ID : SA11AI-27418739
	SAN ANTONIO	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 275.00	
В.	Full Name of Individual (Last, First, Middle Initi-TRAVISANO, RICHARD, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 675 MIDDLEBRIDGE RD APT 309			04 08 2022
	City	State	Zip Code	Transaction ID : SA11AI-27418453
	WAKEFIELD	02879	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate \	∕ear-to-Date ▼	
	Primary General Other (specify) ▼		, 225.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi TRAVISANO, RICHARD, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 675 MIDDLEBRIDGE RD APT 309			04 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WAKEFIELD	State RI	Zip Code 02879	Transaction ID : SA11AI-27417775
		10	02079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate \	/ear-to-Date ▼	
	Primary General Other (specify)		225.00	
H	SUBTOTAL of Receipts This Page (optional)			135.00
[ T	<b>OTAL</b> This Period (last page this line number o	nly)		

FOR LINE NUMBER:						PAGE	2	26	OF	60	
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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middle VIDAURI, JOAN, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 6500 ROLLING WAY		04 11 2022
City CARMICHAEL	State Zip Code CA 95608	Transaction ID : SA11AI-27415781  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle VOELKEL, BARB, , ,  Mailing Address 4172 SANDGATE CT	e Initial) or Full Organization Name	Date of Receipt
City CINCINNATI FEC ID number of contributing	State Zip Code OH 45241	04 28 2022  Transaction ID : SA11AI-27412587  Amount of Each Receipt this Period  50.00
Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
Full Name of Individual (Last, First, Middle VOELKEL, BARB, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 4172 SANDGATE CT  City	State Zip Code OH 45241	04 28 2022 Transaction ID : SA11AI-27412929
CINCINNATI  FEC ID number of contributing federal political committee.	OH   45241	Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼  240.00	
SUBTOTAL of Receipts This Page (optional	ıl)	200.00
TOTAL This Period (last page this line num	nber only)	

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WALKER, HENRY, , , Date of Receipt Mailing Address 3235 FLINTLOCK DR 14 2022 City State Zip Code Transaction ID: SA11AI-27418123 **COLUMBUS** GA 31907 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **Best Efforts** Best Efforts Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WILEY, DAVID, , , Date of Receipt Mailing Address 109 CLARENDON AVE 04 13 2022 City State Zip Code Transaction ID: SA11AI-27418205 **NASHVILLE** ΤN 37205 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General C.

Other (specify) ▼		255.00	
Full Name of Individual (Last, First, Middle In WILLIAMS, JANICE, , ,  Mailing Address 4001 SHELL POINT RD	nitial) or Full Org	anization Name	Date of Receipt
City BEAUFORT	State SC	Zip Code 29906	Transaction ID : SA11AI-27418969  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual) Retired Receipt For: Primary General	Retired	ation (for Individual) d ear-to-Date ▼	Memo Item
Other (specify)  SUBTOTAL of Receipts This Page (optional)		45	255.00

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini WOOD, GORDON, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 1919 S FABRIQUE DR		04 07 2022
City WICHITA	State Zip Code KS 67218	Transaction ID : SA11AI-27416059  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	45.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  255.00	
Full Name of Individual (Last, First, Middle Ini  ZARNEKE, RICHARD, , ,  Mailing Address 2084 TERRACE DR	tial) or Full Organization Name	Date of Receipt
City	04 15 2022 Transaction ID : SA11Al-27417487	
FEC ID number of contributing federal political committee.	MN 55112	Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 433 BRIDGEWAY		04 21 2022
City SAUSALITO	State Zip Code CA 94965	Transaction ID : SA11AI-27413365  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional)		135.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle ZAROFF, CAROLYN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 433 BRIDGEWAY		04 28 2022
City SAUSALITO	State Zip Code CA 94965	Transaction ID : SA11AI-27412637  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name of Individual (Last, First, Middle  Mailing Address	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
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City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).	•	65.00
TOTAL This Period (last page this line number	er only)	6037.00

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 O						
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NAME OF COMMITTEE (In Full)									
$ \; angle$ UNITED WOMEN'S HEALTH ALL	IANCE	PAC							
Full Name (Last, First, Middle Initial)									
A. ABC Company				Date o	of Disburse				
Mailing Address PO Box 2413				04	/ O	4 2022			
City	State	Zip Code		FEC I	dentification	n Number			
Huntington	NY	11743			dentinication	Trumber			
Purpose of Disbursement Fundraising and Media Consulting			004						
Candidate Name						ID : SB21B-72245			
			Category/ Type	Amour	it of Each	Disbursement this Period			
Office Sought: House Disburse	ement For:			7 L.	1 40 1	13000.00			
Senate	Primary	General			,	,			
State: District:	Other (spe	ecity) 🔻		Me	emo Item				
Full Name (Last, First, Middle Initial)									
B. Blank Rome LLP				Date of	of Disburse	ement			
				M = N	/ D	D / Y Y Y Y Y			
Mailing Address 1825 Eye Street NW				04	0	2022			
City Washington	State DC	Zip Code 20006		FEC Id	dentification	n Number			
Purpose of Disbursement	DC	20006		C					
Legal Fees			001		ansaction	ID : SB21B-72245			
Candidate Name			Category/			Disbursement this Period			
Office Sought: House Disburse	mont For:		Type			5000.00			
Senate	ement For: Primary	General			-	3000.00			
President	Other (spe				ama Itam				
State: District:	1			IVI	emo Item				
Full Name (Last, First, Middle Initial)				Data	f Diala				
C. Blank Rome LLP					of Disburse				
Mailing Address 1825 Eye Street NW				04		5 2022			
City	State	Zip Code		FEC. I	dentification	n Number			
Washington	DC	20006			a critino atioi	1 Harrison			
Purpose of Disbursement Legal Fees			001			UD ODOUB TOOM			
Candidate Name			Category/			ID: SB21B-7224! Disbursement this Period			
			Type						
	ement For:	Camaral				2390.00			
Senate President	Primary Other (spe	General							
State: District:	_ C.1.51 (Opt			Me Me	emo Item				
SUBTOTAL of Disbursements This Page (optional)				. L.	1-75-1	20390.00			
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			Summary Page	X	21b 28a	22 28b	23	L	26 29		27 30b	
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$\setminus$	NAME OF COMMITTEE (In Full)											
	UNITED WOMEN'S HEALTH ALLI	ANCE P	PAC									
$\overline{}$	Full Name (Last, First, Middle Initial)					5	5					
Α.	COA Network Inc.					Date of	Disbu	rsem	ent 			
	Mailing Address 991 Route 22 West					04	/ [	25	/		2022	Y
	Suite 200											
	,	State	Zip Code			FEC Ide	entifica	tion I	Numb	er		
	Bridgewater Township Purpose of Disbursement	NJ	08807				-	-	-	-	7	
	800 Telephone numbers			001		C		-				
	Candidate Name			Categor	v/	Amount	nsaction of Each		_		-	eriod
				Type	<i>y.</i>			-				-
	Office Sought: House Disburser										169.6	5
	Senate President	Primary Other (spec	General									
	State: District:	Other (opec	√ Viny) <b>V</b>			Me	mo Iter	m				
	Full Name (Last, First, Middle Initial)											
В.	EagleBank					Date of	Disbu	rsem	ent			
						M = M	/ [	) I D	/		Y   Y	Y
	Mailing Address 7815 Woodmont ave		T			04		12		2	2022	
	City Sethesda	State MD	Zip Code 20814			FEC Ide	entifica	tion I	Numb	er		
	Purpose of Disbursement		20014		_	С						
	Bank analysis fee			001	ш		nsactio	on ID	· SB:	21B-	72246	
	Candidate Name			Categor	y/				_		nt this P	eriod
	Office Sought: House Disburser	nent For:		Туре							566.8	1
	Senate Disburser	Primary	General				-	-	7		000.0	
	President	Other (spec	cify)			Mo	mo Iter	m				
	State: District:					IVIE	illo itei	"				
	Full Name (Last, First, Middle Initial)						5					
C.	Grasshopper					Date of						
	Mailing Address 320 Summer St					04	/	18	'		2022	Y
	,	State	Zip Code			FEC Id	entifica	tion I	Numb	er		
	Boston Purpose of Disbursement	MA	02210			С			-			
	Telephone Service			001			nsacti	on II	) · SR	21R.	72246	
	Candidate Name			Categor	y/						nt this P	eriod
	Office Cought: Haves			Туре				-	-		107.6	7
	Office Sought: House Disburser Senate	nent For: Primary	General				-	-	-		107.0	
	President	Other (spec				N4 -	ma Ita	<b>m</b>				
_	State: District:					IVIE	mo Iter	m				
	·						-	-		_		
8	SUBTOTAL of Disbursements This Page (optional)				•			_			844.1	3
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 26 27
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or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
DUNITED WOMEN'S HEALTH ALLI	ANCE PAC		
Full Name (Last, First, Middle Initial)			
A. Intuit Inc.			Date of Disbursement
Mailing Address 2700 Coast Ave			04 04 2022
,	State Zip Code		FEC Identification Number
Mountain View Purpose of Disbursement	CA 94043		
Accounting Software		001	C
Candidate Name		Category/	Transaction ID: SB21B-72246 Amount of Each Disbursement this Period
		Type	
Office Sought: House Disbursen			100.70
	Primary General Other (specify) ▼		П
State: District:	(opcony) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
B. LIVE TRANSFERS AND DONOR (	CREATION LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave			04 04 _ 2022 _
Suite GM8			
,	State Zip Code PR 00909		FEC Identification Number
SAN JUAN Purpose of Disbursement	PR 00909		С
Telephone fundraising		003	Transaction ID : SB21B-72247
Candidate Name	"	Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:	Туре	9633.26
	Primary General		3003.20
	Other (specify)		Mama Itam
State: District:			Memo Item
Full Name (Last, First, Middle Initial)			B (B)
C. LIVE TRANSFERS AND DONOR (	CREATION LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave			04 04 2022
Suite GM8	State 7:- Cada		
City SAN JUAN	State Zip Code PR 00909		FEC Identification Number
Purpose of Disbursement			С
Telephone fundraising		003	Transaction ID : SB21B-72247
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:	туре	7262.44
	Primary General		Invoice clearing from previou
President	Other (specify) ▼		Memo Item period (See Schedule D and
State: District:			ш
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DONOR (	CREATI	ON LLC		Date of Disbursement			
on ave		1		04 06 2022			
S	State PR	Zip Code 00909		FEC Identification Number			
			003	Transaction ID : SB21B-72248			
	Primary	General	Type	Amount of Each Disbursement this Period  7389.91  Invoice for Schedule E  Memo Item			
DONOR (	CREATI	ON LLC		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
1	State PR	Zip Code 00909		FEC Identification Number			
			003 Category/ Type	Transaction ID : SB21B-72247 Amount of Each Disbursement this Period			
	Primary	General General		17243.13  Memo Item			
•	CREATI	ON LLC		Date of Disbursement			
on ave				04 13 2022			
S	State PR	Zip Code 00909		FEC Identification Number			
			003 Category/	Transaction ID : SB21B-72247 Amount of Each Disbursement this Period			
			Type				
	Disbursen  Disbursen  Disbursen  Disbursen  Disbursen  Disbursen	Disbursement For: Primary Other (special)	Use separate schedule(s) for each category of the Detailed Summary Page  Doorts and Statements may not be sold or use in using the name and address of any political state.  ALTH ALLIANCE PAC  Disbursement For:  Primary General Other (specify)  Disbursement For:  Primary General Other (specify)	Use separate schedule(s) for each category of the Detailed Summary Page    Variable   Va			

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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 34 OF 60
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	NAME OF COMMITTEE (In Full)				
$ \rangle$	UNITED WOMEN'S HEALTH ALLI	ANCE P	PAC		
	Full Name (Last, First, Middle Initial)				
Α.	LIVE TRANSFERS AND DONOR	CREATI	ON LLC		Date of Disbursement
	Mailing Address 1607 Ponce de Leon ave Suite GM8		T		04 13 2022
	City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number
	Purpose of Disbursement		00000		C
	Telephone fundraising			003	Transaction ID : SB21B-72248
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser				7424.66
	Senate President	Primary Other (spec	General		Invoice for Schedule E
	State: District:	Other (open	,,,,, <b>∀</b>		<b>X</b> Memo Item
	Full Name (Last, First, Middle Initial)				
В.	LIVE TRANSFERS AND DONOR	CREATI	ON LLC		Date of Disbursement
	Mailing Address 1607 Ponce de Leon ave				04 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Suite GM8				04 20 2022
	,	State PR	Zip Code		FEC Identification Number
	SAN JUAN Purpose of Disbursement	PK	00909		С
	Telephone fundraising			003	Transaction ID : SB21B-72247
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Office Sought: House Disburser	ment For:		Туре	17271.58
	Senate	Primary	General		4 4
	President	Other (spec	cify)		Memo Item
_	State: District:				<u> </u>
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O.	LIVE TRANSFERS AND DONOR	CREATI	ON LLC		M M / D D / Y Y Y Y
	Mailing Address 1607 Ponce de Leon ave Suite GM8				04 20 2022
	,	State	Zip Code		FEC Identification Number
	SAN JUAN Purpose of Disbursement	PR	00909		C
	Telephone fundraising			003	Transaction ID : SB21B-72248
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Office Sought: House Disburser	ment For:		Туре	7402.10
	Senate Disburser	Primary	General		Invoice for Schedule E
	President	Other (spec			Memo Item
	State: District:				- Mono Rom
					17271 59
Ls	UBTOTAL of Disbursements This Page (optional)			·····•	17271.58
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	NAME OF COMMITTEE (In Full)	Use separate schedule(s) for each category of the Detailed Summary Page												
$ \rangle$	UNITED WOMEN'S HEALTH ALL	IANCE F	PAC											
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A	Full Name (Last, First, Middle Initial)  LIVE TRANSFERS AND DONOR	CDEATI	$\cap$ NIIIC				Date o	of Di	sburse	eme	ent			
	LIVE TRANSFERS AND DUNUR	ONEATI	ON LLC				M	J.			1 /	Υ	YY	Y
	Mailing Address 1607 Ponce de Leon ave						04				]			
	Suite GM8	<u> </u>	T :											
	City SAN JUAN		1 '				FEC I	denti	ficatio	n N	Numb	oer		
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	Telephone fundraising			0	003			ane	action	חו	. 61	321 D.	72254	
	Candidate Name			Cate	egory	y/					_			eriod
	Office County							-	-			1	5500 4	
	Office Sought: House Disburse Senate	1	General						7		7	1	JJU9. I	,
	President	,								Inv	oice	unpai	d by clo	se of boo
	State: District:	( <b>opo</b>	- <i>31</i> <del>-</del> -				X M	emo	Item					
	Full Name (Last, First, Middle Initial)													
В.	North American Marketing Solutio	ns Inc					Date of	of Di	pose of soliciting corputions from such consultions from such consultions.  Sursement  P P P / Y 20  fication ID: SB21B-72  Each Disbursement  Item  Sursement  P P P P P P P P P P P P P P P P P P P					
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	Mailing Address 3245 N 126th St						04 15 20  FEC Identification Number	2022						
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	Canada Hamo					y/	Amour	nt of	Each	Di	sbur	semer	nt this F	'eriod
	Office Sought: House Disburse	ment For:		* 3	,,,,	$\overline{}$							5766.7	9
	Senate	Primary	General					_	-				. 4	
	President	Other (spe	cify)				M	emo	Item					
_	State: District:									rsement  27 2022  tion Number  on ID: SB21B-72251 ch Disbursement this F  15509.1  Invoice unpaid by clo m  rsement  on ID: SB21B-72248 ch Disbursement this F  5766.7  m  rsement  on ID: SB21B-72248 ch Disbursement this F  87.0  m				
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U.	RallyPay							_			, ,	V = 1	V   V	V
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SCHEDULE	B (FEC Form 3X)			FOR	LINE	NE NUMBER: PAGE 36 O			
ITEMIZED DI	ISBURSEMENTS		parate schedule(s)  n category of the	(01.00		y one)			
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	t, First, Middle Initial)					Data o	f Disburse	mont	
A. RallyPay						Date 0	/ D		YYYY
Mailing Address	995 Market Street					04		0 / 1	2022
	Floor 2	T							
City		State CA	Zip Code 94103			FEC Id	entificatio	n Number	
San Franciso Purpose of Disk	pursement	LCA	94103						
•	the top" Credit Card Chargebacks			003		C		ID ODO4	D 75046
Candidate Name	е			Catego	rv/	1		ID: SB21 Disbursen	B-75316 nent this Period
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Office Sought:		ement For:					-	-	116.00
	Senate President	Other (sp	General						
State:	District:	_ Other (sp	ecity) 🔻			Me Me	mo Item		
Full Name (Last	t, First, Middle Initial)								
B. RallyPay						Date o	f Disburse		
	995 Market Street Floor 2								2022
City San Franciso		State CA	Zip Code 94103			FEC Id	entificatio	n Number	
Purpose of Disk	pursement	J OA	94103		_	С			
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C. RallyPay						Date of	f Disburse		
Mailing Address	995 Market Street					04	/ D	D / Y	2022
	Floor 2								
City		State	Zip Code			FEC Id	entificatio	n Number	
San Franciso Purpose of Disk	nursement	CA	94103						
	the top" Credit Card Chargebacks			003		C	nsaction	ID : SB21	B-75317
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SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)	FOR LINE NUMBER: PAGE 37			
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI						
Full Name (Last, First, Middle Initial)  A. RallyPay				Date of Disbursement		
Mailing Address 995 Market Street Floor 2				04 30 2022		
San Franciso	State CA	Zip Code 94103		FEC Identification Number		
Purpose of Disbursement Combined "off the top" Credit Card Chargebacks Candidate Name			003	Transaction ID : SB21B-75316		
Office Sought: House Disburser	ment For:		Category/ Type	Amount of Each Disbursement this Period  174.00		
Senate President	Primary Other (spec	General cify) ▼		Memo Item		
State: District:  Full Name (Last, First, Middle Initial)						
B. RallyPay				Date of Disbursement		
Mailing Address 995 Market Street Floor 2				04 30 2022		
San Franciso	State CA	Zip Code 94103		FEC Identification Number		
Purpose of Disbursement Combined "off the top" CC Transaction fees Apr Candidate Name			003 Category/	Transaction ID : SB21B-75317 Amount of Each Disbursement this Period		
Office Sought: House Disburser	mont For:		Type	342.72		
Senate President	Primary Other (spec	General		Memo Item		
State: District:  Full Name (Last, First, Middle Initial)  C. RallyPay				Date of Disbursement		
Mailing Address 995 Market Street Floor 2				04 30 / Y Y Y Y Y Y Y		
City San Franciso	State CA	Zip Code 94103		FEC Identification Number		
Purpose of Disbursement Combined "off the top" CC Transaction fees Apr Candidate Name			003 Category/ Type	Transaction ID: SB21B-75317 Amount of Each Disbursement this Period		
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	NAME OF COMMITTEE (In Full)										_		_			
$ \rangle$	UNITED WOMEN'S HEALTH ALLI	ANCE P	AC													
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		Primary	General					_	7		Ť	-7				
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C.	Full Name (Last, First, Middle Initial)  RallyPay						Date	of E	isbur	sen	nen	t				
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	Mailing Address 995 Market Street Floor 2						C	4	L	30	_	L	2	022	_	
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	San Franciso	CA	94103				TLC	luei	illicati	OH	INU	IIIDEI	_	-		
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SCHEDULE B (FEC Form 3X)						E 39 C	F 60			
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NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEALTH AL	LIANCE	PAC								
Full Name (Last, First, Middle Initial)					D-t-	f Diala				
A. VolPster Communications  Mailing Address 11400 Paginal Pr #1003					Date o	f Disbur	seme 04		2022	Y
Mailing Address 11400 Decimal DI #1003	Mailing Address 11400 Decimal Dr #1003						04		2022	
City	State	Zip Code			FEC Id	lentificat	ion N	umber		
Louisville Purpose of Disbursement	KY	40299					-		-	
Carrier Minutes			003		С					
Candidate Name				,		ansactio		-		امسامما
			Categor Type	y/	Amoun	t of Eac	n Dis	bursem	ent this P	erioa
Office Sought: House Disburs	sement For:								3972.43	3
Senate	Primary	General				,		,		
State: President State:	Other (sp	ecify) $\blacktriangledown$			Me	emo Iten	1			
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Mailing Address										
City	State	Zip Code			FEC Id	lentificat	ion N	umber		
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Candidate Name			Categor Type	y/	Amoun	t of Eac	h Dis	bursem	ent this P	eriod
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Senate	Primary	General				7	_		1 4	_
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TOTAL This Period (last page this line number on	lv)						_		96846.0	1

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

**Excluding Loans** 

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

PAGE FOR LINE NUMBER: (check only one)

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X	10

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40 OF

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advance for various legal, administrative Mastroianni, Stephanie, , , Mailing Address 2021 L St NW Ste 101-193 State Zip Code Washington DC 20036 Transaction ID: SD10-879043 Outstanding Balance Beginning This Period 2920.07 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2920.07 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Telephone fundraising LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN 00909 Outstanding Balance Beginning This Period Transaction ID: SD10-879045 7262.44 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 7262.44 22155.92 22155.92 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 25075.99 1) SUBTOTALS This Period This Page (optional)..... 25075.99 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 25075.99

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice issued and paid after close of books.	TION LLC	<b>✗</b> Memo	Item	Date of Public Distribution/Dissemination  M
Mailing Address 1607 Ponce de Leon ave				04 27 2022
Suite GM8				Amount
City	State	Zip Code		830.85
SAN JUAN	PR	00909		Transaction ID : SE-S888014 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M M / D D / Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office	Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		17930.42	Disbur 2026	rsement For: 🗶 Primary General
Per Election for Office Sought	7 7	17000.12	2020	Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice issued and paid after close of books.  Mailing Address ACCZ Report to Learning	EATION LL	.C Memo	Item	Date of Public Distribution/Dissemination
1607 Ponce de Leon ave				Amount
Suite GM8 City	State	Zip Code		830.85
SAN JUAN	PR	00909		Transaction ID : SE-S888016 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	7	17930.44	Disbur 2026	resement For:   Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		. •	7 7 7
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed1 -	M	M / D D / Y Y Y Y Y Y
Signature		Date	9 04	27 2022

TEMIZED INDEPENDENT EXPENDITURES			PAGE 42 OF 60
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		FEC IDENTIFICATION NUMBER ▼
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Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice issued and paid after close of books.	TION LLC	🗶 Memo	Item Date of Public Distribution/Dissemination  04 27 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	830.85
SAN JUAN	PR	00909	Transaction ID : SE-S888018 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:   House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	17930.45	Disbursement For:   ✓ Primary General  2022 Other (specify)   ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice issued and paid after close of books.  Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	.C Memo	Item Date of Public Distribution/Dissemination  M 04 / 27 / Y 2022  Amount
City	State	Zip Code	830.84
SAN JUAN	PR	00909	Transaction ID : SE-S888020 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:   House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 7	17930.44	Disbursement For:   ✓ Primary General  2022 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditure  (c) TOTAL Independent Expenditures	es		0.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized		
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	04 27 2022

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES	5			PAGE 43 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIA	NCE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
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Full Name of Payee LIVE TRANSFERS AND DONOR CRE	ATION LLC	<b>X</b> Memo	Item	Date of Public Distribution/Dissemination
Invoice issued and paid after close of books.  Mailing Address				04 27 2022
1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		830.84
SAN JUAN	PR	00909		Transaction ID : SE-S888022 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President X Senate State: NH
Calendar Year-To-Date			Disbu	rsement For: 🗶 Primary General
Per Election for Office Sought		17930.43	2026	Other (specify)
Full Name of Payee		<b>X</b> Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR C Invoice issued and paid after close of books.	REATION LL	.C		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				A
Suite GM8				Amount
City	State	Zip Code		830.84
SAN JUAN	PR	00909		Transaction ID : SE-S888024 Date of Disbursement or Obligation
Purpose of Expenditure		Category/		M - M / D - D / Y - Y - Y - Y
Telephone Fundraising		Type 004		
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date		17930.42		rsement For: 🗶 Primary General
Per Election for Office Sought	7 7		2022	Other (specify) ▶
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(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candio party committee) any political party committee or it	date or authorized		of either	, or (if the reporting entity is not a political
MASTROIANNI, STEPHANIE, , ,	[Flectronically Fil	led1 _	M	M / D D / Y Y Y Y Y

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Date

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TEMIZED INDEPENDENT EXPENDITURES				
TEMIZED INDEPENDENT EXPENDITORES				PAGE 44 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice issued and paid after close of books.	ATION LLC	<b>X</b> Memo	Item	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8	Ctoto	Zin Codo		830.85
City SAN JUAN	State PR	Zip Code 00909		Transaction ID : SE-S888026 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	.1	Category/ Type 004	4	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
MURRAY, PATTY, , ,		Oppose		President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7	17930.43	Disbu 2022	ursement For:   Primary General  Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF Invoice issued and paid after close of books.  Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination  M 04
Suite GM8				
City SAN JUAN	State PR	Zip Code 00909		830.85  Transaction ID : SE-S888028  Data of Dishussement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		Date of Disbursement or Obligation
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose		President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7	17930.43	Disbu 2022	ursement For:   ✓ Primary General  Other (specify)  ✓
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Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		·
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
				C 000733034
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Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC			M M / D D / Y Y Y Y Y Y 30 30 2022
Mailing Address 1607 Ponce de Leon ave				00 00 101
Suite GM8			Amo	unt
City	State	Zip Code		907.81
SAN JUAN	PR	00909		nsaction ID : SE-S840030 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	ı	Category/ Type 004		04 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Presi	
Calendar Year-To-Date			Disburseme	
Per Election for Office Sought		14322.49	2026	Other (specify) ▶
Full Name of Payee		Memo	1 _	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL			M M / D D / Y Y Y Y
Mailing Address				03 30 2022
1607 Ponce de Leon ave Suite GM8			Amo	unt
City	State	Zip Code		907.81
SAN JUAN	PR	00909		nsaction ID : SE-S840032 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 06 7 2022
Name of Federal Candidate:		<b>x</b> Support	Office Sou	ght: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presi	NC NC
Calendar Year-To-Date			Disburseme	
Per Election for Office Sought	7	14322.50	2026	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1815.62
(b) SUBTOTAL of Unitemized Independent Expenditure	res		• I	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ad1	M = M	
Signature	<u> Биси описану Г н</u>	Date	9 03	30 2022

TEMIZED INDEPENDENT EXPENDITORES				PAGE 46 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼ C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amo	03 30 2022
Suite GM8			AIIIC	out.
City	State	Zip Code		907.81
SAN JUAN  Purpose of Expenditure	PR	00909		nsaction ID : SE-S840034 e of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004	4	04 06 7 2022
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ght: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		ident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	14322.52	Disbursement 2022	ent For: <b>x</b> Primary General  Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	С		03 30 / Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			Amo	punt
Suite GM8 City	State	Zip Code	— Г	907.81
SAN JUAN	PR	00909		nsaction ID : SE-S840036 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04
Name of Federal Candidate:		<b>∡</b> Support	Office Sou	ght: X House District: 08
LESKO, DEBBIE, , ,		Oppose		ident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	14322.51	Disbursement 2022	ent For: <b>x</b> Primary General  Other (specify) ▶
			1	
(a) SUBTOTAL of Itemized Independent Expenditures			· • [	1815.62
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures				
(b) 10 1AE maopondont Exponditation				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	e 03	30 2022
Signature		_ Date	, ,,	لحنحا لحا

# SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 60
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	FEC IDENTIFICATION NUMBER ▼			
ONITED WOWLING HEALTH ALLIAN	CL FAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	of Public Distribution/Dissemination			
Mailing Address 1607 Ponce de Leon ave	03 30 2022			
Suite GM8			Amou	ınt
City	State	Zip Code		907.80
SAN JUAN	PR	00909		saction ID : SE-S840038 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / 06 / 2022
Name of Federal Candidate:		<b>X</b> Support	Office Soug	ht: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Presid	lent Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		14322.50	Disburseme	
Tot Election to office deagns	7			Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo		of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				03 30 2022
Suite GM8			Amou	ınt
City	State	Zip Code	- II :	907.80
SAN JUAN	PR	00909	Tran	saction ID : SE-S840040 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / 06 / 2022
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: House District: 00
BLUNT, ROY, , ,		Oppose	Presid	MO
Calendar Year-To-Date Per Election for Office Sought		14322.50	Disburseme 2022	
	1			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				1815.60
(a) COLIC ME OF NOTIFICATION EXPONENTIAL E				1010.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			. —	
				7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	e 03	30 / 2022
Signature	-	_ Date	03	2022

TIENIZED INDEFENDENT EXPENDITORES	•		PAGE 48 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	NCE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			03 30 2022
Suite GM8			Amount
City	State	Zip Code	907.80
SAN JUAN	PR	00909	Transaction ID : SE-S840042  Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	04 / 06 / 2022
Name of Federal Candidate:		<b>X</b> Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	14322.50	Disbursement For:   ✓ Primary General  2022 Other (specify)   ✓
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR C	REATION LL	C	03 30 7 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	907.80
SAN JUAN	PR	00909	Transaction ID : SE-S840044  Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	04 / 06 / 2022
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7	14322.50	Disbursement For:   ✓ Primary General  2022 Other (specify)   ✓
(a) SUBTOTAL of Itemized Independent Expenditure	s		1815.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized	•	•
MASTROIANNI, STEPHANIE, , ,	[Electronically File	[ed] Date	03 30 2022
Signature			

TEMIZED INDEPENDENT EXPENDITURES				PAGE 49 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
				0
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	TIONILLO	☐ Memo	Item Da	te of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC			04 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			An	nount
City	State	Zip Code		923.73
SAN JUAN	PR	00909		ansaction ID : SE-S887966 te of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	,	Category/ Type 004		04 / 13 / 2022
Name of Federal Candidate:		<b>✗</b> Support	Office So	ught: House District: 00
CORNYN, JOHN, , Sen,		Oppose		sident X Senate State: TX
Calendar Year-To-Date			Disburser	
Per Election for Office Sought	7-1-1-7-	15246.22	2026	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	.C		M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				04 06 2022
Suite GM8			Am	nount
City	State	Zip Code		923.74
SAN JUAN	PR	00909		ansaction ID : SE-S887968 te of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / 13 / 2022
Name of Federal Candidate:		<b>✗</b> Support	Office So	ught: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Pre	sident State: NC
Calendar Year-To-Date			Disburser	
Per Election for Office Sought	7-1-1-1	15246.24	2026	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			[	1847.47
			_	
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
				, , , , , , , , , , , , , , , , , , , ,
(c) TOTAL Independent Expenditures			· • _	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ed1	M = M	/ D D / Y Y Y Y Y
Signature	ъеснописину Г и	Date	9 04	06 2022

TEMIZED INDEFENDENT EXPENDITORES				PAGE 50 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on Mam / Dad / Yayayay
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				04 06 2022
Suite GM8				Amount
City	State	Zip Code		923.74
SAN JUAN	PR	00909		Transaction ID : SE-S887970 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4	04 / 13 / 2022
Name of Federal Candidate:		<b>X</b> Support	Office	Sought:  House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	F	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	15246.26	Disburs 2022	sement For:   Primary General  Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL			04 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		923.74
SAN JUAN	PR	00909		Transaction ID : SE-S887972 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / 13 / 2022
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought:  House District:08
LESKO, DEBBIE, , ,		Oppose	F	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		15246.25	Disburs	sement For: 🗶 Primary General
Fer Election for Office Sought	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1847.48
(b) SUBTOTAL of Unitemized Independent Expenditure	'es			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•		• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed1	M =	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 04	2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 51 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
	Newsan	A	at Clark an	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amo	لىنىا لىا لى
Suite GM8 City	State	Zip Code		923.74
SAN JUAN	PR	00909	<b>Tran</b> Date	saction ID : SE-S887974 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	ı	Category/ Type 004		M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Name of Federal Candidate:		<b>X</b> Support	Office Soug	ht: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Presi	dent Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		15246.24	Disburseme	
	,			Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				04 00 2022
Suite GM8			Amo	unt
City	State	Zip Code		923.74
SAN JUAN	PR	00909		nsaction ID : SE-S887976 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: House District: 00
BLUNT, ROY, , ,		Oppose	Presi	dent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	15246.24	Disburseme 2022	ent For: <b>x</b> Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		· •	1847.48
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			· • [ ]	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 04	06 2022
Signature				لحضيا لحبا

NAME OF COMMITTEE (In Full)  UNITED WOMEN'S HEALTH ALLIANCE PAC  Check if	TEMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 60	
UNITED WOMEN'S HEALTH ALLIANCE PAC  C C00755684  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address 1607 Ponce de Leon ave Suite GM8  City State Zip Code PR 00909  Name of Federal Candidate:  MURRAY, PATTY  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address 1607 Ponce de Leon ave Suite GM8  City Support  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address 1607 Ponce de Leon ave Suite GM8  City State  Calendar Year-To-Date President ▼ Senate State:  Monout  City State Calendar Year-To-Date Suite GM8  City State Calendar Year-To-Date Suite GM8  City Suite GM8  City State Calendar Year-To-Date Suite GM8  City Suite GM8  Calendar Year-To-Date Telephone Fundraising Calendar Year-To-Date Telephone Fundraising Calendar Year-To-Date Telephone Fundraising Calendar Year-To-Date Per Election for Office Sought  Calenda	NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
Check if _ 24-hour report	, ,	CE PAC				
Sheck if   24-hour report   48-hour report   Amends report filled on					C C00755694	
Mailing Address Suite GM8  City SAN JUAN PR  Category/ Type  Calendar Year-To-Date Per Election for Office Sought  City SAN JUAN  Calendar Sear-To-Date Per Election Fundraising  City SAN JUAN  PR  Cood  City SAN JUAN  City SAN JUAN  PR  Cood  Cother (specify)  Category/ Type  Cod  Transaction ID: SE-S887980  Date of Public Distribution/Dissemination  City Cod  Cod  Cod  Cod  Cod  Cod  Cod  Cod	Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y Y	
Mailing Address Suite GM8  City SAN JUAN Purpose of Expenditure Telephone Fundraising  Category/ Type  Oppose  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address Suite GM8  City SAN JUAN  Category/ Type  Category/ Type  Oppose  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address Suite GM8  City SAN JUAN  Category/ Type  Oppose  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address Suite GM8  City SAN JUAN  PR  Oppose  Category/ Type  Oppose  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Disbursement For:  Amount  Amount  Amount  Furnasaction ID: SE-S88798 Date of Disbursement or Obligation  Mailing Address Date of Disbursement For:  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Disbursement For:  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Disbursement For:  Transaction ID: SE-S88798 Date of Disbursement For:  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Disbursement For:  Transaction ID: SE-S88798 Date of Disbursement For:  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Disbursement For:  Transaction ID: SE-S88798 Date of Disbursement For:  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Disbursement For:  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Disbursement For:  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Disbursement For:  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Disbursement For:  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Disbursement For:  Memo Item  Date of Public Distribution/Dissemination  Mailing Address Date of Public Distribution/	Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	itom = and		
Suite GM8  City SAN JUAN Purpose of Expenditure Telephone Fundraising  Category/ Name of Federal Candidate:  MURRAY, PATTY,  Calendar Year-To-Date Per Election for Office Sought  City SAN JUAN  PR  O0909  Category/ Type  O04  Transaction ID: SE-S887978  Date of Disbursement or Obligation  MURRAY, PATTY,  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address  City SAN JUAN PR  O0909  Memo Item  Category/ Type  O04  Transaction ID: SE-S887980  Date of Public District:  Outher (specify) ▶  Date of Public Distriction/Dissemination  Outher (specify) ▶  Date of Public Distriction/Dissemination  Outher (specify) ▶  Purpose of Expenditure Telephone Fundraising  Category/ Type  O04  Transaction ID: SE-S887980  Date of Disbursement or Obligation  Outher (specify) ▶  Outher (specify) ▶  Outher (specify) ▶  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: SE-S887980  Date of Disbursement or Obligation  Office Sought:  House District:  Outher (specify) ▶  Office Sought:  Fundation ID: SE-S887980  Date of Disbursement or Obligation  Outher (specify) ▶  Outher (specify) ▶  1847.48  (b) SUBTOTAL of Unitemized Independent Expenditures	Mailing Address 1607 Ponce de Leon ave			L	04 06 2022	
Purpose of Expenditure Telephone Fundraising  Category/ Type  Name of Federal Candidate:  MURRAY, PATTY,  Calendar Year-To-Date Per Election for Office Sought  City SAN JUAN  PR  O9909  Transaction ID: SE-S887978 Date of Disbursement or Obligation  Mod 1 13 2022  Name of Federal Candidate:  MURRAY, PATTY,  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address  1607 Ponce de Leon ave Suite GM8  City SAN JUAN  PR  O9909  President	Suite GM8			Amou	int	
Purpose of Expenditure Telephone Fundraising    Category/	City	State	Zip Code		923.74	
Telephone Fundraising    Category/ Type		PR	00909			
MURRAY, PATTY, ,				— I r	M M / D D / Y Y Y Y	
MURRAY, PATTY,	Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: House District:00	
Per Election for Office Sought  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address Suite GM8  City SAN JUAN PR 00909  Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate: VAN HOLLEN, CHRIS,  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Unitemized Independent Expenditures  Date of Public Distribution/Dissemination Memo Item Date of Disbursement	MURRAY, PATTY, , ,		Oppose	Presid	ent Senate State: WA	
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address  1607 Ponce de Leon ave Suite GM8  City SAN JUAN PR  00909  Purpose of Expenditure Telephone Fundraising  Category/ Type  Name of Federal Candidate:  VAN HOLLEN, CHRIS, ,  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures.  Date of Public Distribution/Dissemination  Memo Item  Date of Public Distribution/Dissemination  Page 1923.74  Transaction ID : SE-S887980  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Page 1923.74  Transaction ID : SE-S887980  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Memo Item  Date of Public Distribution/Dissemination  Memo Item  Date of Public Distribution/Dissemination  Memo Item  Date of Public Distribution/Dissemination  Memo Item  Date of Public Distribution/D		7 1 7	15246.24	2022 —	,	
LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address  1607 Ponce de Leon ave Suite GM8  City SAN JUAN PR  00909  Purpose of Expenditure Telephone Fundraising  Category/ Type  Name of Federal Candidate:  VAN HOLLEN, CHRIS,  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures.  Mamount  Amount  Transaction ID: SE-S887980 Date of Disbursement or Obligation  Odd / Pay 2022  Transaction ID: SE-S887980 Date of Disbursement or Obligation  Odd / Pay 2022  Transaction ID: SE-S887980 Date of Disbursement or Obligation  Odd / Pay 2022  Transaction ID: SE-S887980 Date of Disbursement or Obligation  Odd / Pay 2022  Other (specify)   1847.48	Full Name of Pavee		Memo	l _		
Mailing Address 1607 Ponce de Leon ave Suite GM8  City SAN JUAN PR 00909  Purpose of Expenditure Telephone Fundraising  Category/ Type 004  Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,		EATION LL		_	M = M / D = D / Y = Y = Y	
Suite GM8  City SAN JUAN PR 00909  Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate:  VAN HOLLEN, CHRIS, ,	Mailing Address				04 00 2022	
City SAN JUAN PR 00909 Transaction ID: SE-S887980 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate:  VAN HOLLEN, CHRIS, ,  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures.  State  Zip Code  923.74  Transaction ID: SE-S887980 Date of Disbursement or Obligation  Odd  7 13 / 2022  Other (Specify)  Disbursement For:  X Primary General Candidate:  15246.24  Disbursement For:  Other (Specify)  1847.48				Amou	int	
Purpose of Expenditure Telephone Fundraising  Category/ Type  Out  Date of Disbursement or Obligation  M	City	State	Zip Code	— Г.	923.74	
Telephone Fundraising    Category   Type   004   04   13   2022     Name of Federal Candidate:	SAN JUAN	PR	00909			
VAN HOLLEN, CHRIS, , ,	· ·				04 / 13 / 2022	
Calendar Year-To-Date Per Election for Office Sought  15246.24  Disbursement For: X Primary 2022  Other (specify) >  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures	Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: House District:00	
Per Election for Office Sought  15246.24  2022  Other (specify)   (a) SUBTOTAL of Itemized Independent Expenditures	VAN HOLLEN, CHRIS, , ,		Oppose	Presid	ent Senate State: MD	
(a) SUBTOTAL of Itemized Independent Expenditures			15246.24	2022 —	,	
(b) SUBTOTAL of Unitemized Independent Expenditures		1 1			Other (specify) ►	
	(a) SUBTOTAL of Itemized Independent Expenditures			· [	1847.48	
(c) TOTAL Independent Expenditures	(b) SUBTOTAL of Unitemized Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conc with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.						
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 04 06 2022		Electronically File	ed] Date	e 04		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	, , , , , , , , , , , , , , , , , , , ,
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amo	سندا ليا لن
Suite GM8 City	State	Zip Code		928.09
SAN JUAN	PR	00909	<b>Tra</b> r	saction ID : SE-S887982 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04
Name of Federal Candidate:		<b>X</b> Support	Office Soug	ght: House District:00
CORNYN, JOHN, , Sen,		Oppose	Presi	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		16174.31	Disburseme	, .
Edit Maria of Paris				Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				04 10 2022
Suite GM8			Amo	unt
City	State	Zip Code		928.09
SAN JUAN	PR	00909		nsaction ID : SE-S887984 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / 20 / Y 2022
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ght: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presi	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	16174.33	Disburseme 2026	ent For: <b>x</b> Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i			1856.18
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 04	13 2022
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 54 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M
			.   D	of Bullius Biotherica (Biocomication
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	itom _	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amou	ınt
Suite GM8 City	State	Zip Code	— Г	928.08
SAN JUAN	PR	00909	Trans	saction ID : SE-S887986 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / 20 / Y Y Y Y Y 2022
Name of Federal Candidate:		<b>X</b> Support	Office Soug	ht: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid	lent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		16174.34	Disbursemen	
Edit Maria of Paris				Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	itom _	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	ınt
City SAN JUAN	State	Zip Code 00909	Tran	928.08 saction ID : SE-S887988
Purpose of Expenditure	110			of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		04 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Soug	ht: X House District:08
LESKO, DEBBIE, , ,		Oppose	Presid	lent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	A     A	16174.33	Disbursement 2022	
	,			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [	1856.16
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 04	13 2022
Signature				

TEMIZED INDEPENDENT EXPENDITORES				PAGE 55 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date o	
Mailing Address 1607 Ponce de Leon ave			Amour	04 13 2022
Suite GM8		T = 0 .		
City SAN JUAN	State PR	Zip Code 00909		928.08  action ID : SE-S887990  of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	04 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	t: House District:00
SHAHEEN, JEANNE, , ,		Oppose	Preside	□ N⊔
Calendar Year-To-Date Per Election for Office Sought	7 1 7	16174.32	Disbursemen 2026 O	t For: <b>x</b> Primary General ther (specify) ▶
Full Name of Payee		☐ Memo	Item Date of	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL	С	М	04 13 7 2022
Mailing Address 1607 Ponce de Leon ave			Amour	nt
Suite GM8 City	State	Zip Code	$ \Gamma$	928.08
SAN JUAN	PR	00909		saction ID : SE-S887992 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	04 20 / 2022
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	t: House District:00
BLUNT, ROY, , ,		Oppose	Preside	ent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	, , ,	16174.32	Disbursemen 2022 O	t For: <b>x</b> Primary General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	1856.16
(b) SUBTOTAL of Unitemized Independent Expenditur	es		<b>.</b>	
(c) TOTAL Independent Expenditures			<b>•</b> [ ]	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	e 04	13 2022
Signature	-		, 04	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 56 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	Memo	_	of Public Distribution/Dissemination  104 13 13 2022
Mailing Address 1607 Ponce de Leon ave			Amou	nt
Suite GM8 City	State	Zip Code	$ \Gamma$	928.08
SAN JUAN	PR	00909	Trans	saction ID : SE-S887994 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 20 7 2022
Name of Federal Candidate:		<b>X</b> Support	Office Sough	nt: House District:00
MURRAY, PATTY, , ,		Oppose	Presid	ent Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		16174.32	Disbursemer	,
Edit Maria of Paris				Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo		of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				·
Suite GM8			Amou	nt
City SAN JUAN	State	Zip Code	Tran	928.08 saction ID : SE-S887996
Purpose of Expenditure	PR	00909		of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		04 / 20 / Y 2022
Name of Federal Candidate:		<b>x</b> Support	Office Sough	nt: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Presid	ent Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	2	16174.32	Disbursemer	nt For: <b>x</b> Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	;		· [	1856.16
(1) OUDTOTAL (1) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	7 7 7
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	M M /	13 2022
Signature	<u> </u>	_ Date	, 04	

# SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 60	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
UNITED WOMEN'S HEALTH ALLIAN		FEC IDENTIFICATION NUMBER ▼			
				C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y	
Full Name of Payee	of Public Distribution/Dissemination				
LIVE TRANSFERS AND DONOR CREA	N	04			
Mailing Address 1607 Ponce de Leon ave			Amau		
Suite GM8			Amou		
City	State	Zip Code		925.26	
SAN JUAN	PR	00909		saction ID: SE-S887998 of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	N	04 27 2022	
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	nt: House District:00	
CORNYN, JOHN, , Sen,		Oppose	Preside		
Calendar Year-To-Date			Disbursemen		
Per Election for Office Sought	7-1-1-7-	17099.57	2026	Other (specify)	
LIVE TRANSFERS AND DONOR CREATION LLC				of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave Amo				nt	
Suite GM8 City	State	Zip Code		925.26	
SAN JUAN	PR	00909	Trans	saction ID : SE-S888000 of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / 27 / 2022	
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	nt: House District:00	
TILLIS, THOM, R., Sen,		Oppose	Preside	NC	
Calendar Year-To-Date Per Election for Office Sought		17099.59	Disbursemen		
	7		C	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			<b>•</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ledl –	M = M /	2022	
Cianatura	Jincany Pil	_ Date	9 04	20 2022	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y
				(D.1) Division (D)
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo		of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amou	
Suite GM8 City	State	Zip Code	— r	925.26
SAN JUAN	PR	00909	Trans Date	action ID : SE-S888002 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	N	04 27 2022
Name of Federal Candidate:		<b>X</b> Support	Office Sough	it: Nouse District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		17099.60	Disbursemen	, .
Full Name of Payer	, , , , , , , , , , , , , , , , , , , ,	□ Mama		of Public Distribution/Dissemination
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	Item Date (	
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	nt
City SAN JUAN	State	Zip Code 00909	Trans	925.27 saction ID : SE-S888004
Purpose of Expenditure	1			of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		04 / 27 / 2022
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	t: Nouse District: 08
LESKO, DEBBIE, , ,		Oppose	Preside	ent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	17099.60	Disbursemen	t For: <b>x</b> Primary General
(a) SUBTOTAL of Itemized Independent Expenditures			•	1850.53
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	M M /	20 / 2022
Signature				لحنحا لحا

TEMIZED INDEPENDENT EXPENDITURES				PAGE 59 OF 60 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Da	ate of Public Distribution/Dissemination	
Mailing Address				04 / 20 / Y Y Y Y Y Y	
1607 Ponce de Leon ave Suite GM8			An	nount	
City	State	Zip Code	— r	925.27	
SAN JUAN	PR	00909		ansaction ID : SE-S888006 ate of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		<b>✗</b> Support	Office Sc	ought: House District: 00	
SHAHEEN, JEANNE, , ,		Oppose	l	esident X Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		17099.59	Disbursei	ment For: 🗶 Primary General	
Per Election for Office Sought	7 7			Other (specify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC				ate of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave					
Suite GM8			An	nount	
City	State	Zip Code		925.26	
SAN JUAN	PR	00909		ransaction ID : SE-S888008 ate of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / 27 / 2022	
Name of Federal Candidate:		<b>x</b> Support	Office Sc	ought: House District: 00	
BLUNT, ROY, , ,		Oppose	Pre	esident Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	17099.58	Disbursei 2022	ment For:   Primary General  Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			•	1850.53	
(b) SUBTOTAL of Unitemized Independent Expenditur	96		, г		
(b) 300101AL of Officernized independent Expenditur	63				
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		Date	9 04	20 2022	

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Itom Date	e of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC	□ Iviemo	item Batt	04 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			Amo	punt
Suite GM8 City	State	Zip Code	— r	925.26
SAN JUAN	PR	00909		nsaction ID : SE-S888010 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M 04 / 27 / Y Y Y Y Y 2022
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ght: House District: 00
MURRAY, PATTY, , ,		Oppose	Pres	ident State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	17099.58	Disburseme 2022	ent For: <b>x</b> Primary General  Other (specify) ▶
Full Name of Payee		Memo	1_	e of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL		nem Ban	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amo	punt
City	State	Zip Code		925.26
SAN JUAN	PR	00909		nsaction ID : SE-S888012 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Pres	ident Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		17099.58	Disburseme 2022	,
	,			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				1850.52
(b) SUBTOTAL of Unitemized Independent Expenditure	res		, [	
(c) TOTAL Independent Expenditures			· •	29479.11
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed]	M M M M M M M M M M M M M M M M M M M	20 2022
Signature	<u>, , , , , , , , , , , , , , , , , , , </u>	Date	5 04	2022